

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

**Region 6: Clay, Parke, Putnam, and Vermillion
Counties**



Prepared for Indiana
Department of Transportation

August, 2022

Prepared by:
RLS & Associates, Inc.

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

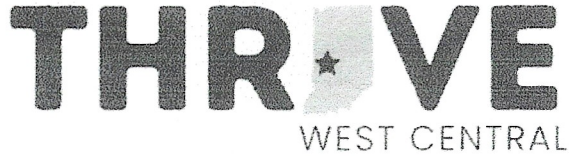


INDIANA DEPARTMENT OF TRANSPORTATION
PUBLIC TRANSIT – HUMAN SERVICE TRANSPORTATION COORDINATION PLAN
Region 6 Report

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Region 6 Coordinated Public Transit-Human Services Transportation Plan

A RESOLUTION SUPPORTING THE REGIONAL COORDINATED TRANSPORTATION PLAN UPDATE IS 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

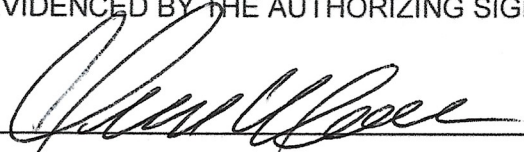
WHEREAS, the Executive Board of Thrive West Central (a non-profit transportation provider) met on AUGUST 2, 2022; and

WHEREAS, the Executive Board of Thrive West Central 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 EXECUTIVE BOARD OF THRIVE WEST CENTRAL:

That this resolution takes effect immediately upon its adoption.


ADOPTED BY THE EXECUTIVE BOARD OF THRIVE WEST CENTRAL THIS AUGUST 2, 2022 AS EVIDENCED BY THE AUTHORIZING SIGNATURES BELOW.



Jim Meece, Board President

August 2, 2022

Date



Tim Garrett, Secretary

August 2, 2022

Date

INTRODUCTION

OVERVIEW

This plan updates the Public Transit-Human Services Transportation Coordination (PT-HSTC) Plan for Clay, Parke, Putnam, and Vermillion Counties, Region 6. The original plan was initially developed in 2008 and updated in 2012 to fulfill the planning requirements for the United We Ride initiative and the Federal Transit Administration's (FTA) Safe, Accountable, Flexible, and Efficient Transportation Equity Act – A Legacy for Users (SAFETEA-LU); and updated in 2014 to meet the planning requirements for Moving Ahead for Progress in the 21st Century (MAP-21). The SAFETEA-LU and MAP-21 were the Federal surface transportation authorizations effective through September 30, 2015.

On December 4, 2015, the Fixing America's Surface Transportation (FAST) Act, was signed into law as a reauthorization of surface transportation programs through fiscal year 2020. The FAST Act applies new program rules to all FTA funds and authorizes transit programs for five years. Locally developed, coordinated public transit-human services transportation plans must be updated to reflect the changes established by the FAST Act. The PT-HSTC Plan was updated in 2017, and now, to meet 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 Coordination plan was provided by the Indiana Department of Transportation (INDOT), Office of Transit and involved active participation from local agencies that provide transportation for the general public, older adults, and individuals with disabilities.

Some human service agencies transport their clients with their own vehicles. Others may also serve the general public. Still others may 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. Coordinated transportation planning provides the best opportunity to accomplish this objective.

RELEVANT FAST ACT PROGRAMS

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

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

Section 5310 Program projects are eligible to receive an 80 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

According to Federal Transit Administration (FTA) requirements, the coordinated plan must be developed and approved through a process that includes participation by older adults and individuals with disabilities. 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 virtual public meeting, telephone interviews, email conversations, and completion of a public survey available both online and on paper. Social distancing protocols led to changed and improved 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. 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, American Community Survey data is provided to accompany any conclusions drawn based on general public information;
4. Conduct of one virtual meeting for stakeholders and the general public to solicit input on transportation needs, service gaps, 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 to determine 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;
8. Development of an updated implementation plan including current goals, strategies, responsible parties, and performance measures, including an open stakeholder process for prioritizing the strategies and goals; and
9. Adoption of the updated coordination plan by regional and state authorities.

GLOSSARY OF TERMS

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.

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 at the U.S. Department of Transportation through September 2021. Details about the Act related to transit and public transportation are available at www.transit.dot.gov/FAST.

H+T Index — The Housing and Transportation (H+T) Affordability Index provides nationwide data on the cost of housing and transportation at the neighborhood level in an effort to explore sustainability and affordability through location efficiency. The information is available at <https://htaindex.cnt.org/>.

Human Service Agency (HSA) — Government/public and nonprofit agencies that provide social assistance programs (from healthcare to food and shelter to employment) designed to contribute to the welfare and happiness of communities by delivering a broad range of support to individuals and families. In many communities, transportation is one of the services provided to agency clients, or to a broader segment of the general public.

Individuals with Disabilities — This document classifies individuals with disabilities based on the definition provided in the Americans with Disabilities Act implementing regulations, which is found in

49 CFR Part 37.3. This definition, when applied to transportation services applications, is designed to permit a functional approach to disability determination rather than a strict categorical definition. In a functional approach, the mere presence of a condition that is typically thought to be disabling gives way to consideration of an individual's abilities to perform various life functions.

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

Medicaid-Funded Transportation — Medicaid services low-income populations and individuals with disabilities, and relies primarily on state funding. State Medicaid programs also qualify people who are eligible for waivers (waiving the admission into an institution or nursing facility), also called home and community-based services, that include transportation as a supportive service.

Older Adults — For the purposes of the Section 5310 Program, people who are 65 years of age and older are defined as older adults or seniors.

Older Americans Act, Title III-B funding — The Supporting Older Americans Act of 2020 reauthorizes programs for FY 2020 through FY 2024 and is considered to be a major vehicle for the organization and delivery of social and nutrition services to this group and their caregivers. The purpose of Title III of the OAA is to encourage and assist state and local agencies in the development of comprehensive and coordinated in-home and community based long-term services for older adults (age 60 and older). The 2006 reauthorization contained specific requirements for States and area agencies to develop and implement comprehensive and coordinated systems for home and community-based services, including transportation, and explicitly allowed grantees to use Title III B funds to meet the match requirements of FTA programs for the transport of seniors and caregivers who are escorting seniors.

Public Transportation — Transportation service that is available to any person upon payment of the fare and that cannot be reserved for the private or exclusive use of one individual or group. "Public" in this sense refers to the access to the service, not the ownership of the system providing the service. Public transportation service must be open door. Public transportation must provide a shared-ride on a regular basis. Shared ride means two or more passengers in the same vehicle who are otherwise not traveling together. Every trip does not have to be a shared ride but the general nature of the service must include shared rides.

Section 5307; Urban Transit Program — The FTA's Urbanized Area Formula Funding program (49 U.S.C. 5307) makes federal resources available to urbanized areas and to governors for transit capital and operating assistance in urbanized areas and for transportation-related planning. An urbanized area is an incorporated area with a population of 50,000 or more that is designated as such by the U.S. Department of Commerce, Bureau of the Census.

Section 5310; Enhanced Mobility of Seniors & People with Disabilities program — Also known as the Specialized Transportation or Section 5310 program makes federal resources available 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. Transportation services are supported in all areas — large urbanized (over 200,000), small urbanized (50,000-200,000), and rural (under 50,000). The INDOT Office of Transit administers the Section 5310 Program in Indiana for small urban and rural areas. Large urban area programs are administered at a regional level. The Federal share is 80 percent for capital projects. In Indiana, the program has historically been used for capital program purchases.

Section 5311; Rural Transit Program — The Formula Grants for Rural Areas program provides capital, planning, and operating assistance to States to support public transportation in rural areas with populations of less than 50,000, where many residents often rely on public transit to reach their destinations. The program also provides funding for state and national training and technical assistance through the Rural Transportation Assistance Program. Additional information is available at www.transit.dot.gov/funding/grants/grant-programs/formula-grants-rural-areas-5311. The INDOT Office of Transit administers the Section 5311 program in Indiana. The Federal share is 80 percent for capital projects and 50 percent for operating assistance.

Section 5339; Bus and Bus Facilities Grants 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 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. Note: public transit agencies under 5311 are now using 5339 to purchase vehicles. INDOT no longer receives grant applications under the 5310 program from the 5311 services. In this way Section 5310 funding is freed up for the subrecipients that are not public transit operators.

Subrecipient — A non-Federal entity that receives a sub-award (grant funding) from direct or designated recipient 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.

Urban(ized) Area (UZA) — As of the 2010 Census, an urban area comprises a densely settled core of census tracts and/or census blocks that meet minimum population density requirements, along with adjacent territory containing non-residential urban land uses as well as territory with low population density included to link outlying densely settled territory with the densely settled core. To qualify as an urban area, the territory identified according to criteria must encompass at least 2,500 people, at least 1,500 of which reside outside institutional group quarters. The Census Bureau identifies areas as follows:

- Urbanized Areas (UAs) of 50,000 or more people; Small Urban Areas contain between 50,000 and 200,000 people, while Large Urban Areas have more than 200,000 people.
- Urban Clusters (UCs) of at least 2,500 and less than 50,000 people.
- “Rural” encompasses all population, housing, and territory not included within an urban area.

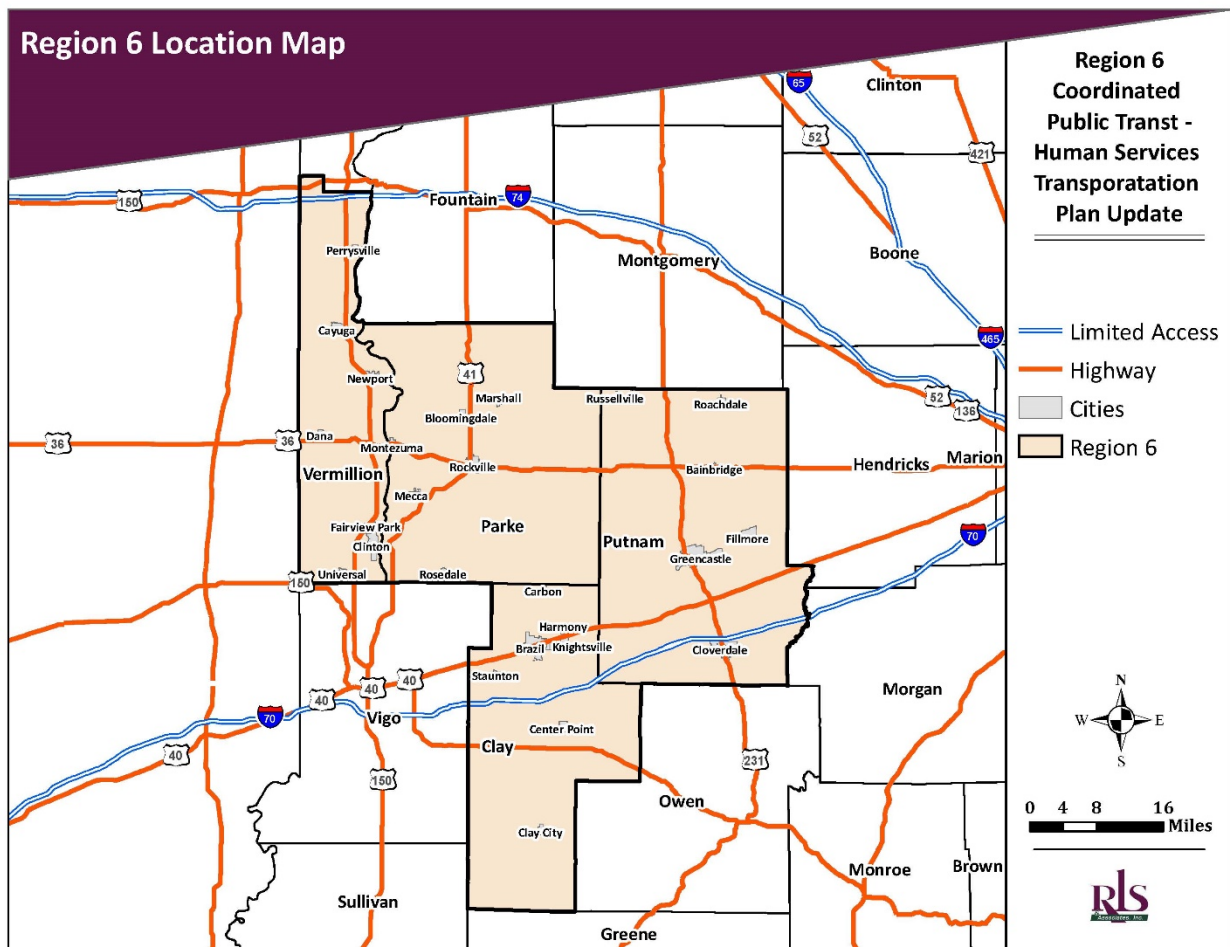
Zero Vehicle Households — No vehicles available to a housing unit, according to American Community Survey data. This factor is an indicator of demand for transit services.

EXISTING CONDITIONS

Region 6 is in the central-western part of Indiana along the Indiana-Illinois boundary and includes the counties of Clay, Parke, Putnam, and Vermillion in Indiana. The map in Exhibit 1 depicts the area included in this study. The study area is served by the following major highways: Interstate 70 and 74 and U.S. Routes 36, 40, 41, 150, and 231.

The demographics of an area are a strong indicator of demand for transportation service. The data provided in this section has been 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 data represent a percentage based on a national sample and does not represent a direct population count.

Exhibit 1. Region 6 Location Map



The provision of transportation service at State, regional, and local levels has been affected by the COVID-19 pandemic, beginning in March 2020 in the United States. The sensible public health precautions taken by transit have increased costs, which were partially covered for public transit agencies by Federal CARES Act funding. As stay-at-home orders and social distancing were implemented to reduce the spread of disease, many Human Service Agencies had to close or reduce

their programs, while the seniors, individuals with disabilities, and other riders limited travel to essential trips or completely quarantined. The general loss of individual incomes and agency or government revenues was widespread, and the ridership of many transit programs has been significantly decreased. This decline in ridership and continuing health impact for vulnerable populations will affect the landscape of transportation planning. With the development of vaccines in 2021, there is more likelihood of returning to full operation, but many agencies are planning for a slow recovery of ridership.

POPULATION PROJECTIONS

STATS Indiana, using data from the Indiana Business Research Center at IU Kelley School of Business, projects the Region’s population will fall from a 2020 population of 95,710 to 88,718 by 2050, an estimated loss of seven percent over 30 years. Exhibit 2 shows population trends between 2020 and 2050 for each county in Region 6. All counties are projected to experience a similar, gradual reduction in population. These projections were formulated prior to the COVID-19 national increase in death rates.

Exhibit 2. Population Trends for Region 6, 2020-2050



The decline or growth of a population can affect the local tax revenues the counties gather and the services they can offer in return for those taxes. The cost effectiveness of transportation service is also impacted by

fewer or more users. As public transportation grants often require a local match, the loss of local tax revenue could impact the amount of matching dollars the counties have available. If public transportation services are a priority for the counties, they may look at this issue early to determine another source of reliable funds.

Within the general population, several segments have a higher likelihood of using community transportation services. School-aged children and youth are typically the responsibility of families and school district transportation programs and are not a subject of this study. Older adults experience typical health changes that restrict or change their ability to drive. Individuals with disabilities may also have health factors that restrict their driving or require specialized transportation options. Individuals with low income also may choose to use community transportation if they are faced with a choice between paying for a car and insurance or affording other priorities. These three groups can be seen as distinct, but tend to overlap, where an individual with disabilities might also have a low income, or an older adult may develop some disability or live with a reduced income.

OLDER ADULT POPULATION

Older adults are most likely to use transportation services when they are unable to drive themselves or choose not to drive. On average, men outlive their ability to drive by seven years, and women outlive their driving ability by 10 years. Older adults also tend to be on a limited retirement income and, therefore, transportation services may be a more economical option than owning, insuring, fueling, and maintaining a personal 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 who were born during the post-WWII “baby boom,” era defined by the Census Bureau as persons born from 1946 through 1964 are the largest population demographic in the nation. These baby boomers are now reaching the ages of 57 to 75 and are becoming more likely to use transportation services if they are available.

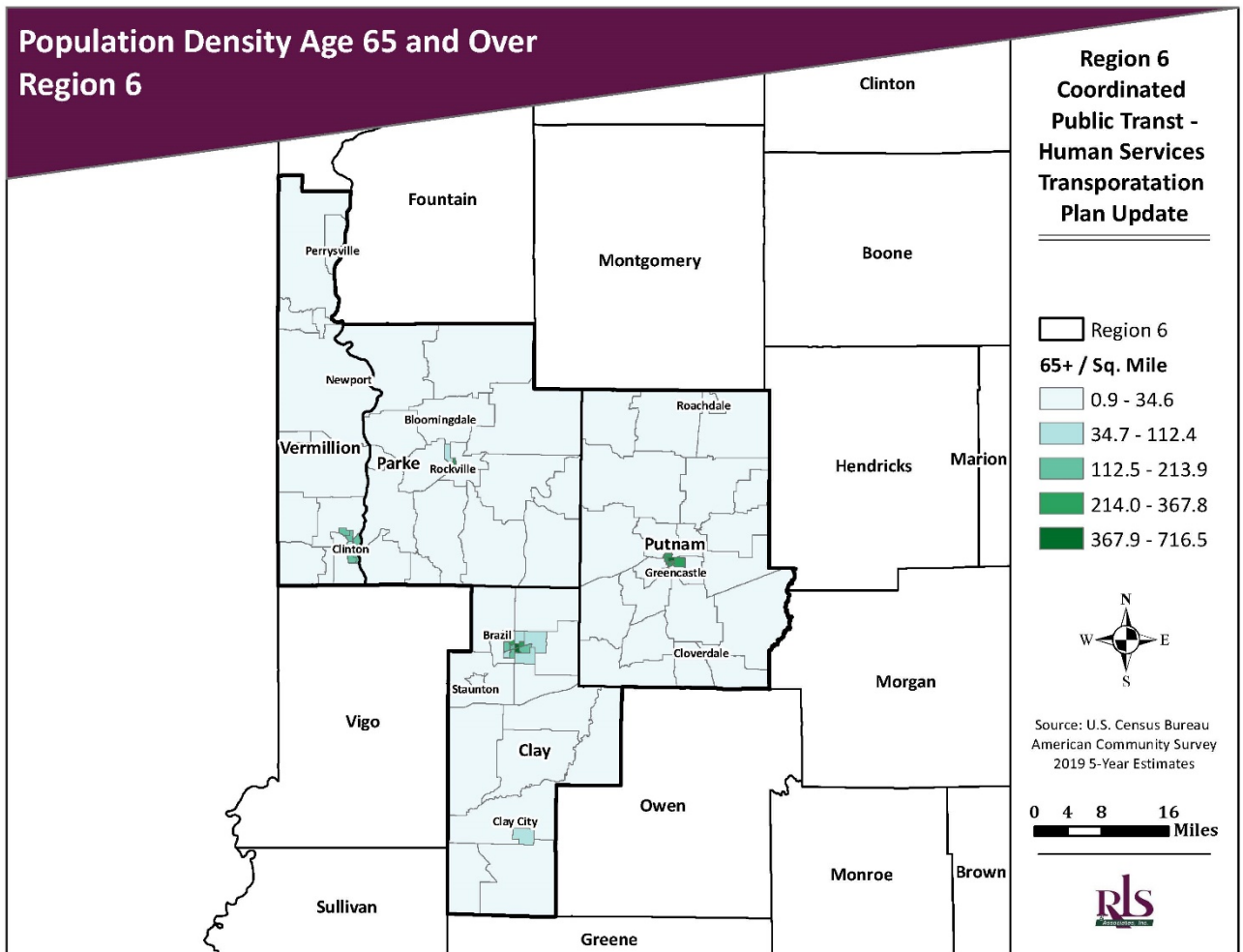
The Administration on Aging (U.S. Department of Health and Human Services) reports that, based on a comprehensive survey of older adults, longevity is increasing and younger seniors are healthier than in all previously measured times in our history. As seniors ‘age in place’ by staying in their own homes or communities, the transportation to their suburban or rural locations transitions from being a personal choice to a social negotiation, with senior centers, friends, and family brought in, sometimes at a cost, to assist with mobility. 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 and human service agency transportation is greatly increased.

Exhibits illustrating the population density of persons over 65 years of age by block group are provided for each county of the Region in the [County Profile](#) section. The 2020 estimated percentage of population over the age of 65 for each county in the region is:

- ◆ 18% in Clay County
- ◆ 19% in Parke County
- ◆ 17% in Putnam County, and

- ◆ 21% in Vermillion County
- ◆ 16% Indiana state average

Exhibit 3. Region 6 Density of Persons 65 Years and Over



INDIVIDUALS WITH DISABILITIES

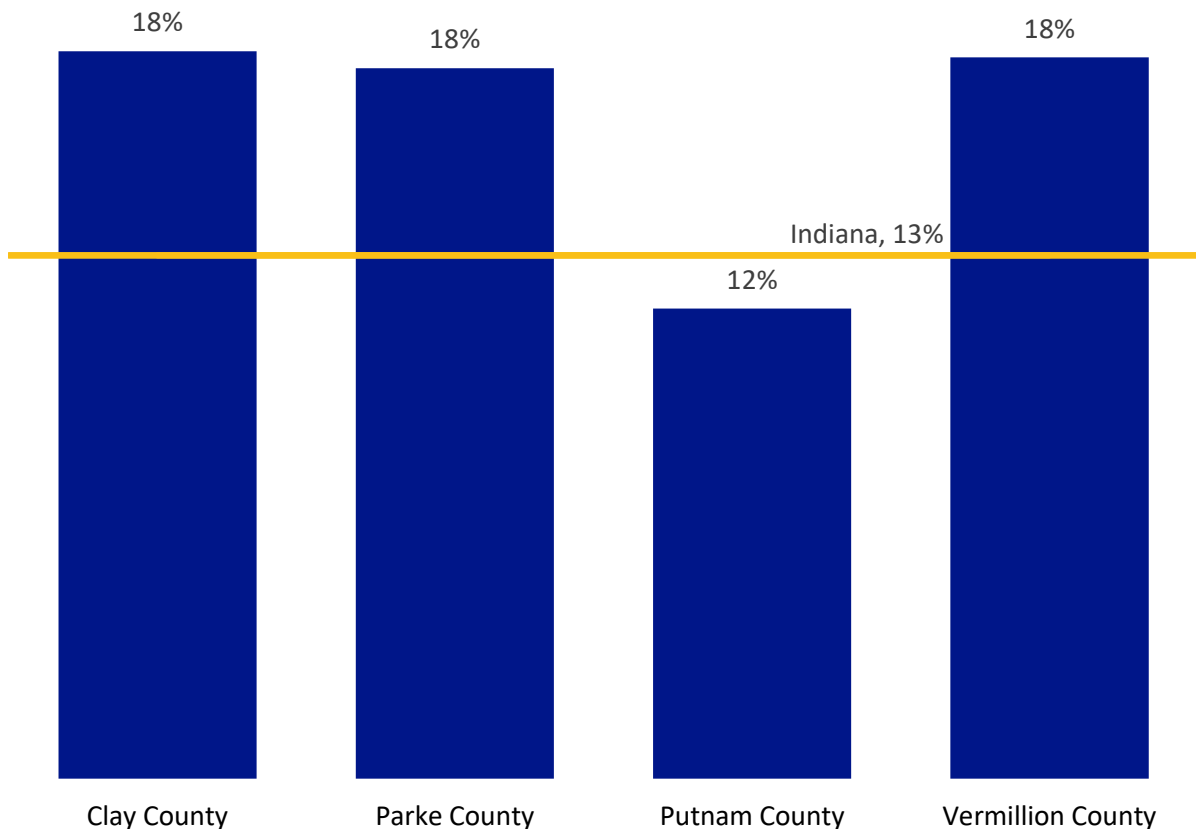
Enumeration of the population with disabilities in any community presents challenges. First, there is a complex and lengthy definition of a person with a disability in the Americans with Disabilities Act implementing regulations, which is found in 49 CFR Part 37.3. This definition, when applied to transportation 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 6 is available through the 2019 ACS Five-Year Estimates of disability for

the noninstitutionalized population. Exhibit 4 is intended to provide a comparison of the disabled population in each county within the region.

In the 2017 Coordinated Plan, the highest population of individuals with a disability lived in Putnam County. Based on current estimates, Clay County is currently home to the largest number of individuals with a disability, at 4,741, or 18 percent of the population. The total disabled population estimate for Putnam County is 4,365, or 12 percent of the population. Parke County has 2,991 (18%) individuals with disabilities and Vermillion County has 2,784 (18%). This region has a higher incidence rate than the average 13 percent for Indiana.

Exhibit 4. Estimated incidence of disability as a percent of total population for Region 6, 2019



HOUSEHOLD INCOME AND POVERTY STATUS

Exhibit 5 illustrates the household incomes for the study area according to the 2019 ACS Five-Year Estimates. Given the economic impact of the COVID pandemic, the data from 2019 is presenting a picture of the conditions before 2020’s dramatic changes and recession.

According to the survey, there are an estimated 36,807 households in Region 6, up slightly from 35,397 in 2017. Of those households, 10,956 or 29.8 percent earn less than \$35,000 annually. Of the households earning less than \$35,000, some 10.2 percent earned between \$25,000 and \$34,999. Another 14.1 percent

earned between \$10,000 and \$24,999 and about 5.4 percent earned less than \$10,000 per year. The median household income for each area is shown in Exhibit 6.

Exhibit 5. Distribution of Household Income by County

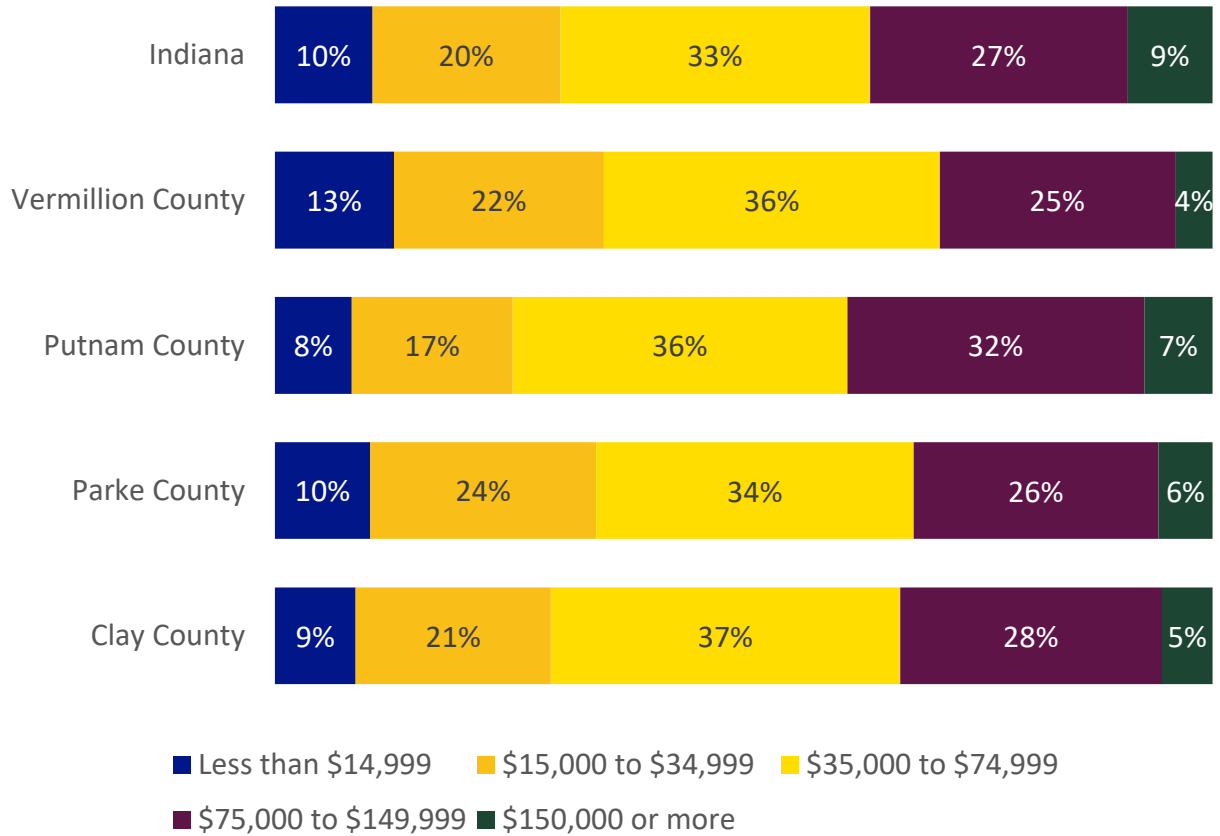


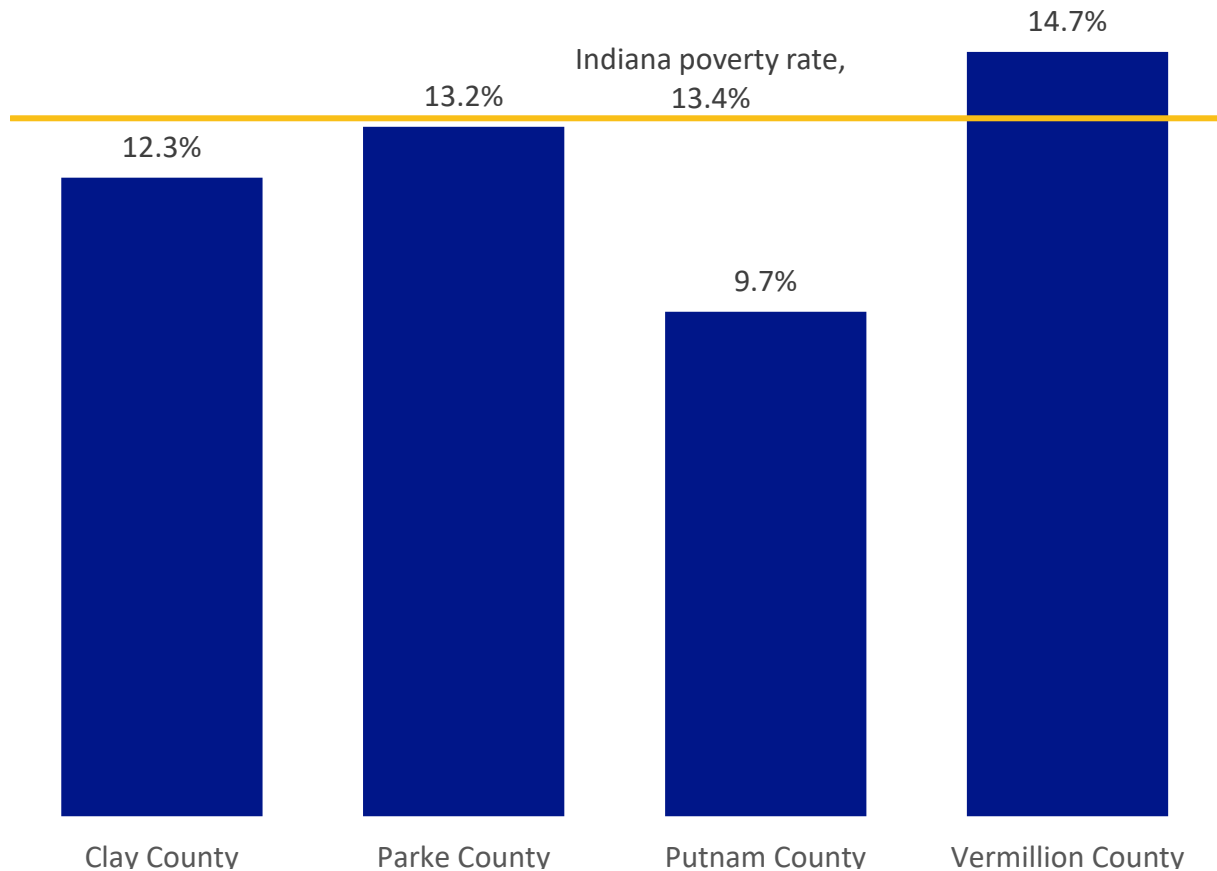
Exhibit 6. Median Household Income

County	Median Household Income
Clay County	\$55,637
Parke County	\$52,618
Putnam County	\$61,047
Vermillion County	\$50,243
Indiana	\$56,303

Exhibit 7 illustrates the estimated percentage of the population in each county that is living below the poverty level. The estimates were reported for the period between 2014–2019. The poverty guideline for 2019 was set at an annual income of \$25,750 for a family of four. Vermillion County has the highest percent

of population living below the poverty level with 14.7 percent. Parke County had the second highest percentage of population living in poverty with 13.2 percent while Clay and Putnam Counties had 12.3 and 9.7 percent respectively. Vermillion is the only county higher than the state average of 13.4 percent. In 2021, the poverty guideline is an annual income of \$26,500 for a family of four or \$12,880 for an individual.

Exhibit 7. Percent Population Below Poverty by County



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 an estimated 1,813 households in the region that have no available vehicle, or about five percent of all the households. The counties range from 3 percent in Clay County up to 8 percent of households with no vehicle available in Parke, in comparison with a 6 percent average for Indiana. An Amish community in Parke County creates the higher demographic percentage. An additional 10,621 or 29 percent of households in the Region have only one vehicle. Exhibit 8 shows the total number of vehicle availability per household in each county. Exhibit 9 compares the counties’ percentages of zero-car, one-car, two-car, and three- or more car households with each other and the state averages. The percentages in this region have not significantly changed from the 2017 study.

Exhibit 8. Vehicles Available per Household for Region 6

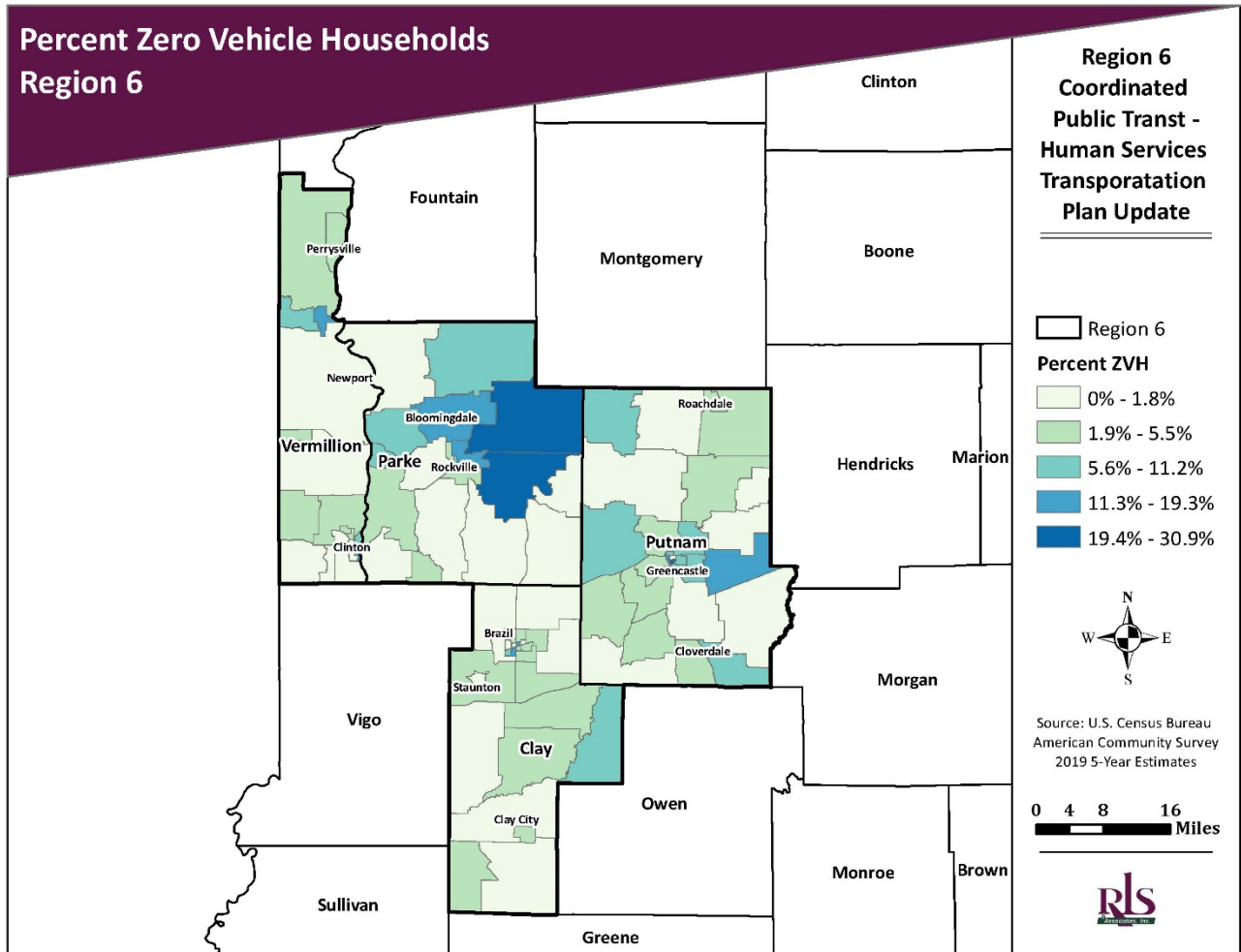
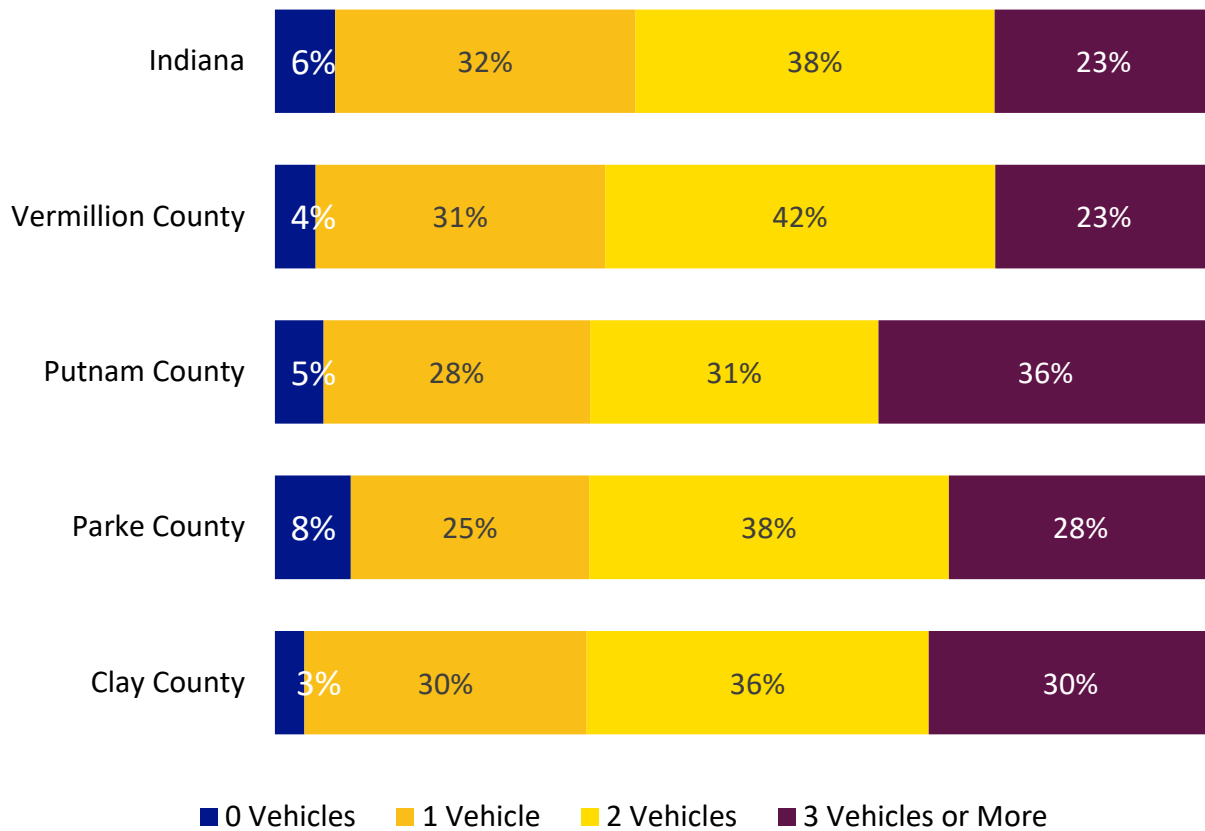


Exhibit 9. Percentage of Zero-Car, One-Car, Two-Car, and Three- or More Car Households in Region 6



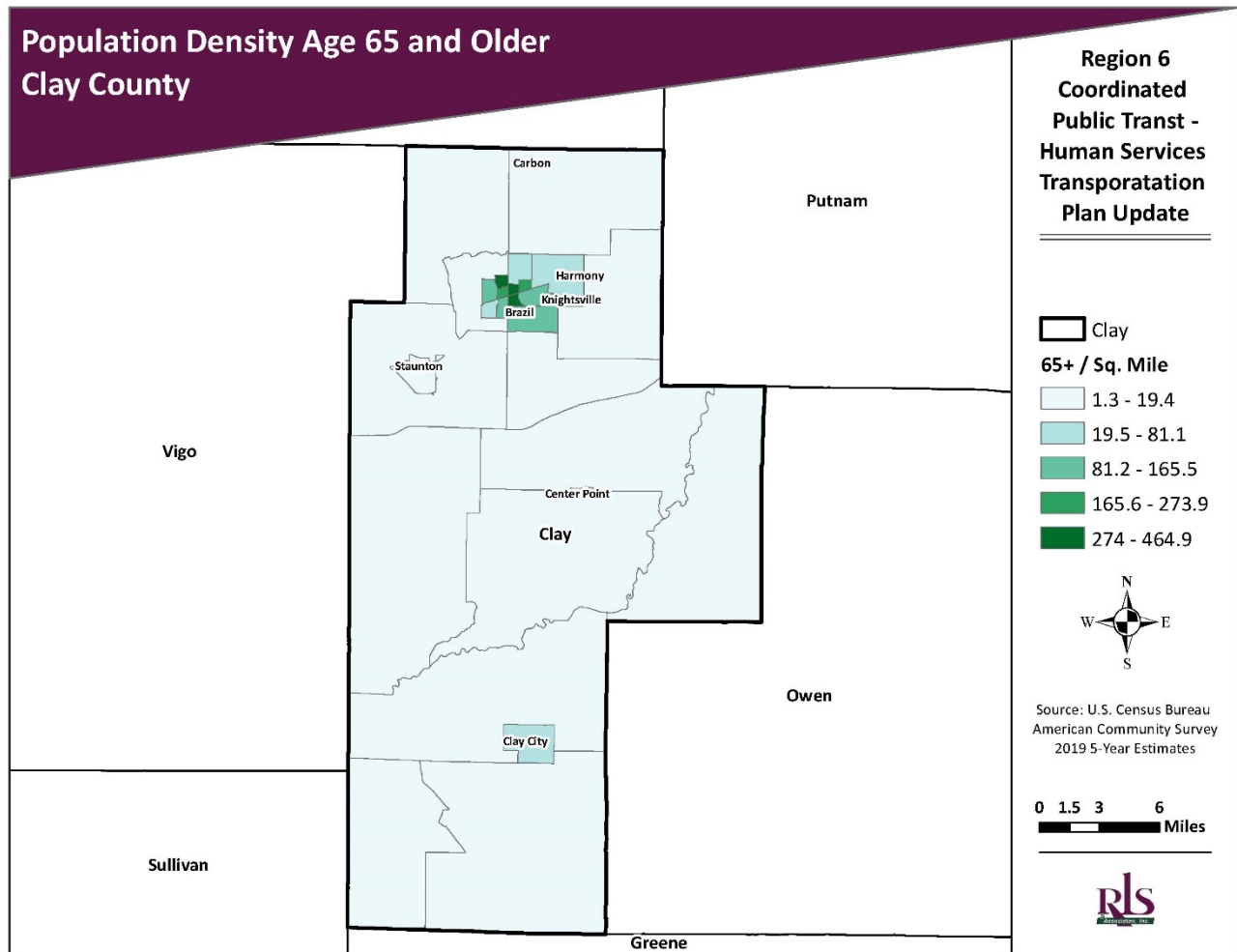
COUNTY PROFILES

Clay County

Older Adult Population

Exhibit 10 illustrates the density of persons aged 65 and older by Census block group. The block groups with the highest density of Clay County residents aged 65 and older are in Brazil. These block groups had densities of older adults between 274 and 465 persons per square mile. Moderately high densities of older adults are also in Brazil and Clay City. The remainder of the County had low to very low densities of people age 65 and older.

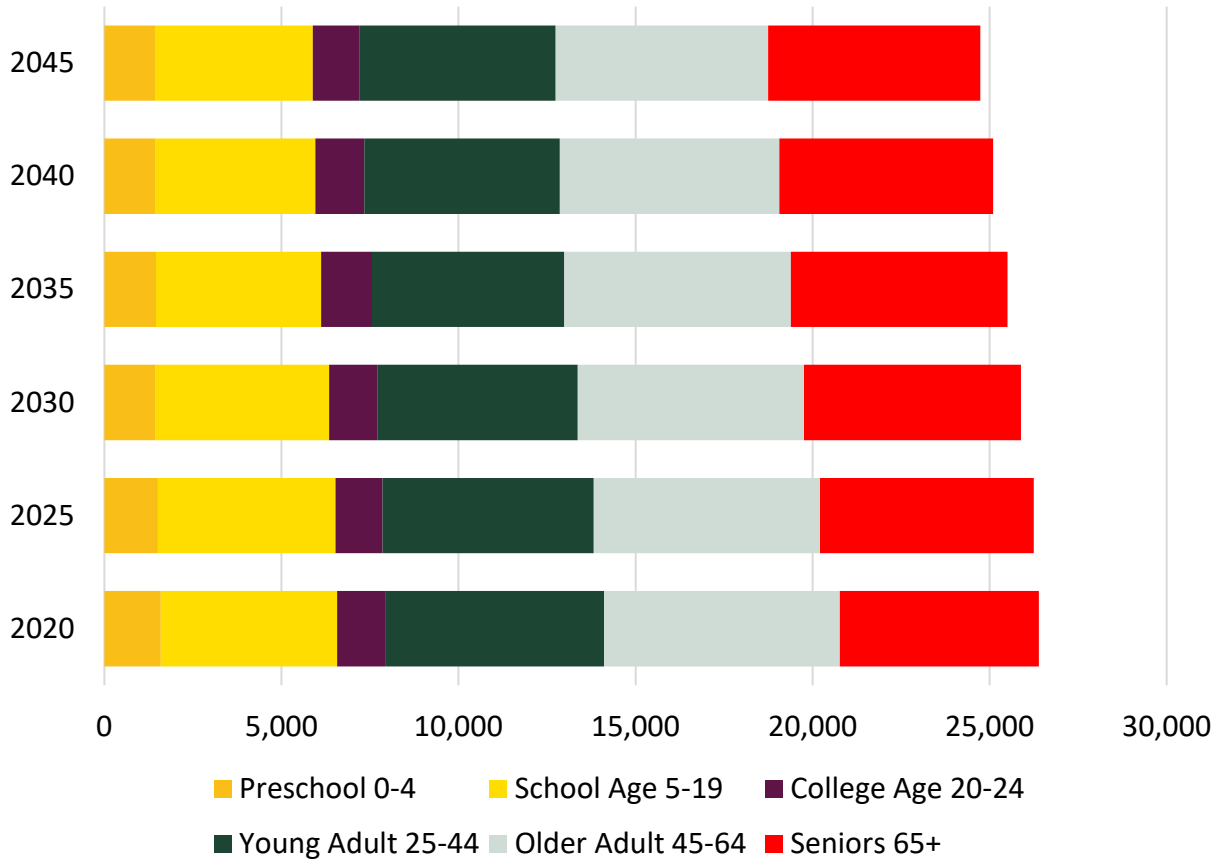
Exhibit 10. Clay Older Adults Density Map



Population by Age

The largest age cohort projected for Clay County was older adults, aged 45-64, followed by young adults, aged 25-44, and seniors, age 65 and over in 2020. The senior population is projected to grow from 4,996 individuals or 18.9 percent of the county’s population in 2020 to 6,129 individuals in 2035, then level off at 6,034 individuals or 24 percent of the county population in 2045. The other age groups are projected to decline slightly over time, except for the college age group (20-24) that stays essentially level. The projections help explain changes in the transportation needs of each age cohort, which the plan can prepare for.

Exhibit 11. Clay County Projection of Age Distribution, 2020 – 2045

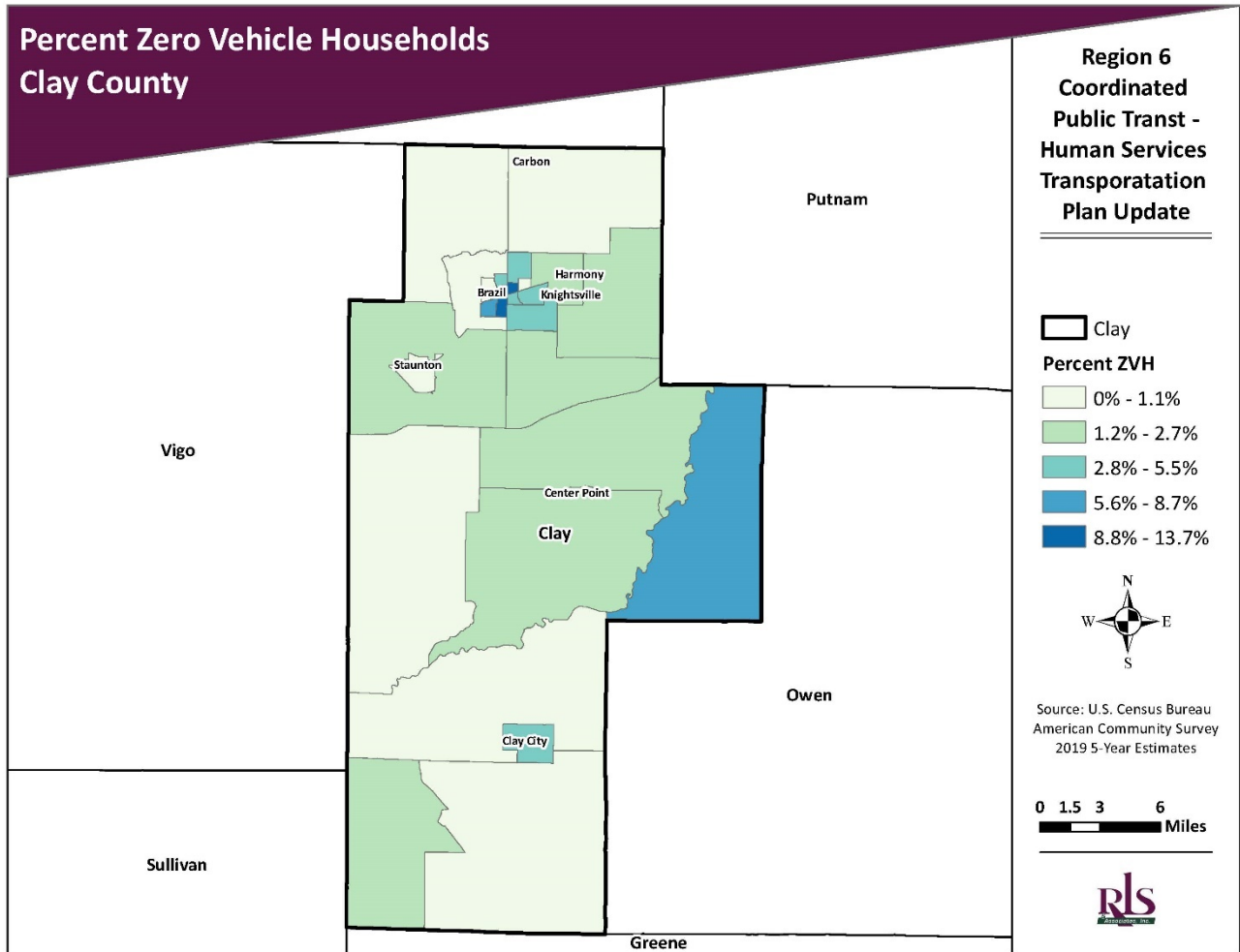


Economic Profile

Transportation is typically a household’s second-largest expense after housing itself. The characteristics of the neighborhood or community a household chooses to live within will impact the costs of transportation. Locations that are close to services and employment will allow the household to spend less time, energy, and money on transportation, while more rural locations may create additional costs and time for transportation. The national average cost to own, fuel, insure, and maintain a personal vehicle is \$12,164 per the 2019 Consumer Expenditure Survey, or an average of 16% of household expenses each year. In Clay County, the H+T Index calculates the typical regional household spends \$13,575 on transportation.

Exhibit 12 illustrates the percentage of housing units that have no available vehicle, according to the 2019 ACS Five-Year Estimates. The block groups with the darkest shading have the highest percentage of housing units with no available vehicles. These block groups are concentrated in and around Brazil, with moderate percentages of zero vehicle households in Clay City, in the rural east of the county, and additional areas of Brazil. Between 8.8 and 13.7 percent of the households in the most concentrated areas have no access to a vehicle.

Exhibit 12. Clay County Zero Vehicle Household Concentrations



Industry and Labor Force

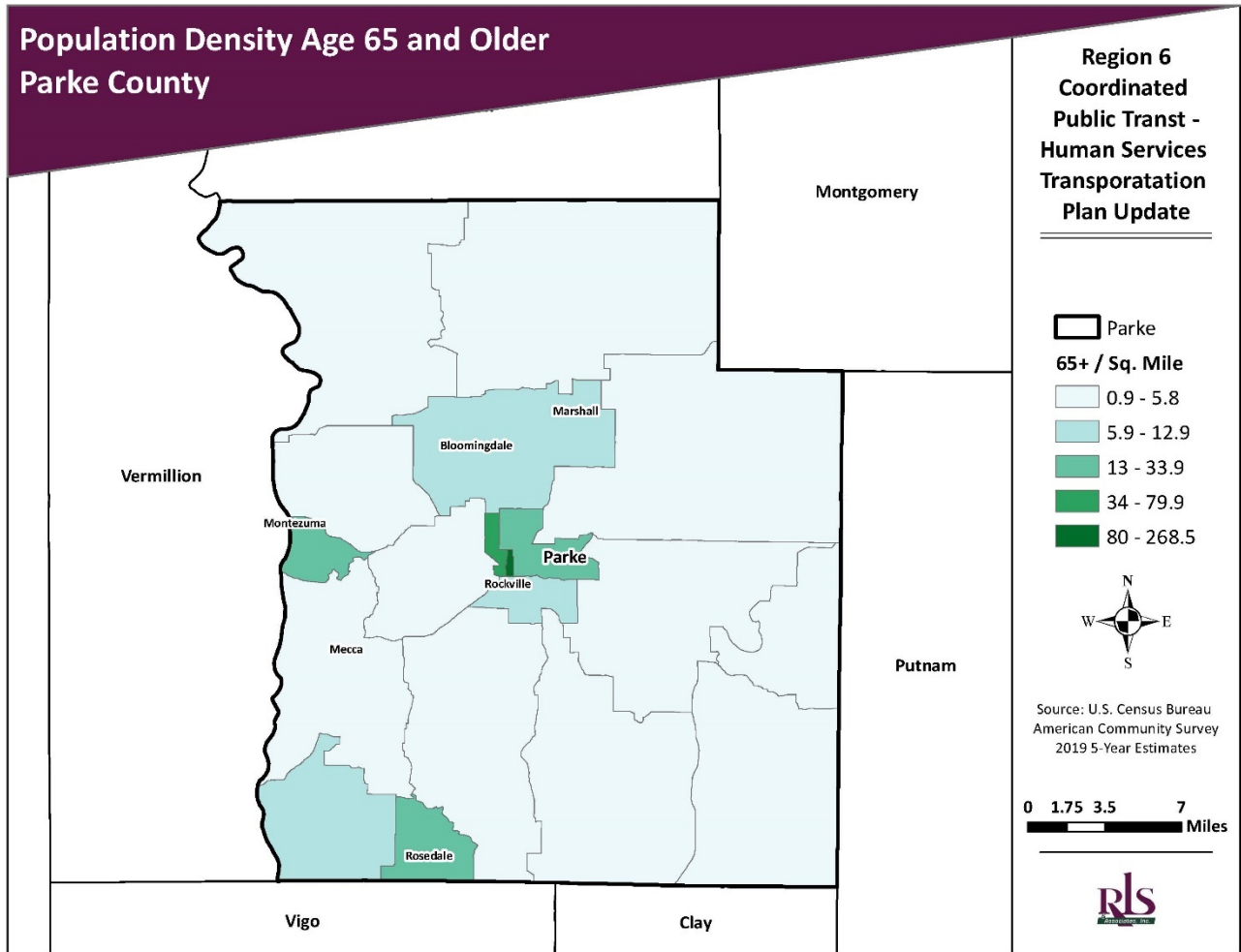
According to data from Stats Indiana, the largest percentage of jobs in Clay County is in the manufacturing sector, at 26.4 percent. Local government (12%), retail (11%), and other private business (17%) are the next highest employment sectors. Clay County has a total resident labor force of 12,124 individuals. The unemployment rate for Clay County was 3.5 percent for 2019 but has risen to 5.1 percent of the labor force in February 2021 as a result of the pandemic and recession.

Parke County

Older Adult Population

Exhibit 13 illustrates the density of persons aged 65 and older by Census block group. The block groups with the highest density of Clay County residents aged 65 and older are in Rockville. These block groups had densities of older adults between 80 and 268 persons per square mile. Moderately high densities of older adults are also in Rockville, Montezuma, and Rosedale. The remainder of the county had low to very low densities of people age 65 and older.

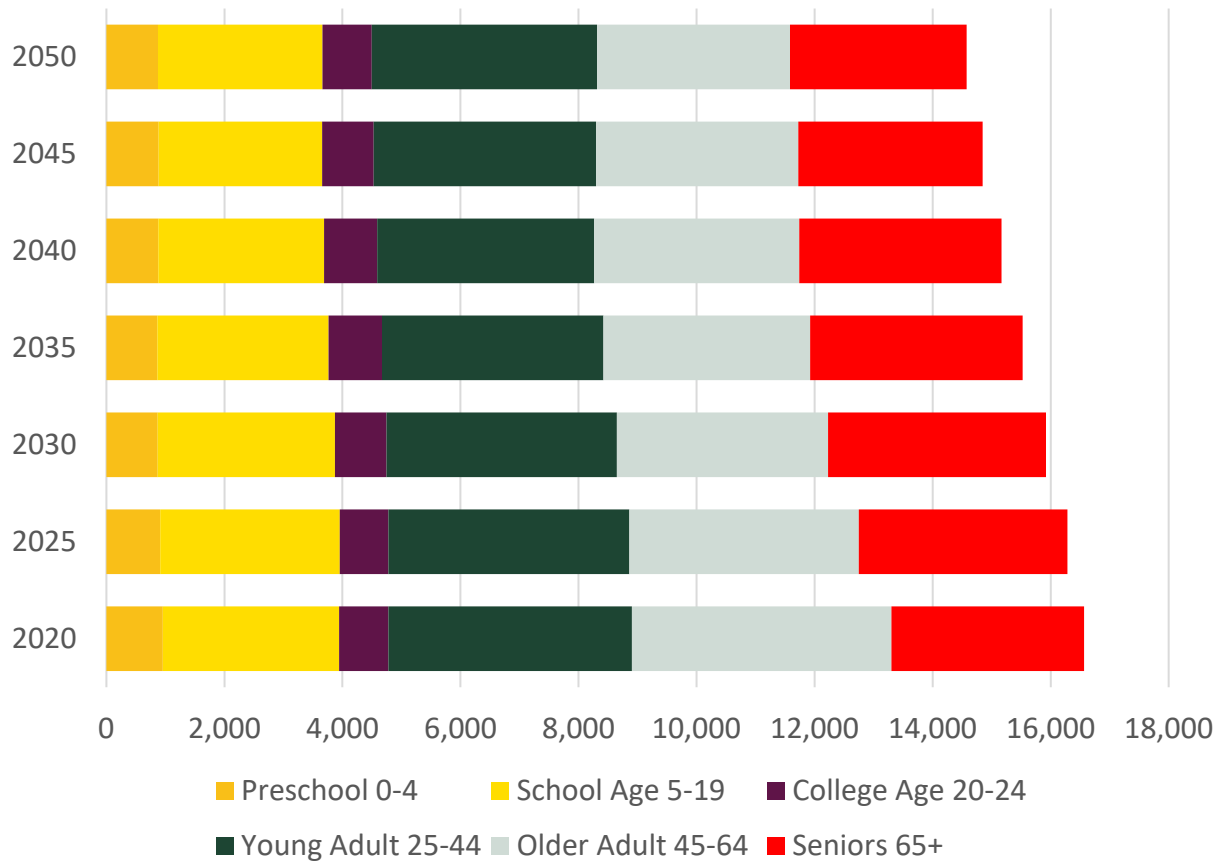
Exhibit 13. Population Density Age 65 and Older



Population by Age

The largest age cohort projected for Parke County was older adults, age 45-64, followed by young adults, age 25-44, and seniors, age 65+ in 2020. The senior population is projected to grow from 3,264 individuals or 19.7 percent of the county’s population in 2020 to 3,690 individuals in 2030, then decline to 2,995 individuals or 20.5 percent of the county population in 2050. The other age groups are projected to decline slightly over time, with the exception of the college age group (20-24) that stays essentially level. The projections help explain changes in the transportation needs of each age cohort, which the plan can prepare for.

Exhibit 14. Parke County Projection of Age Distribution, 2020 – 2045

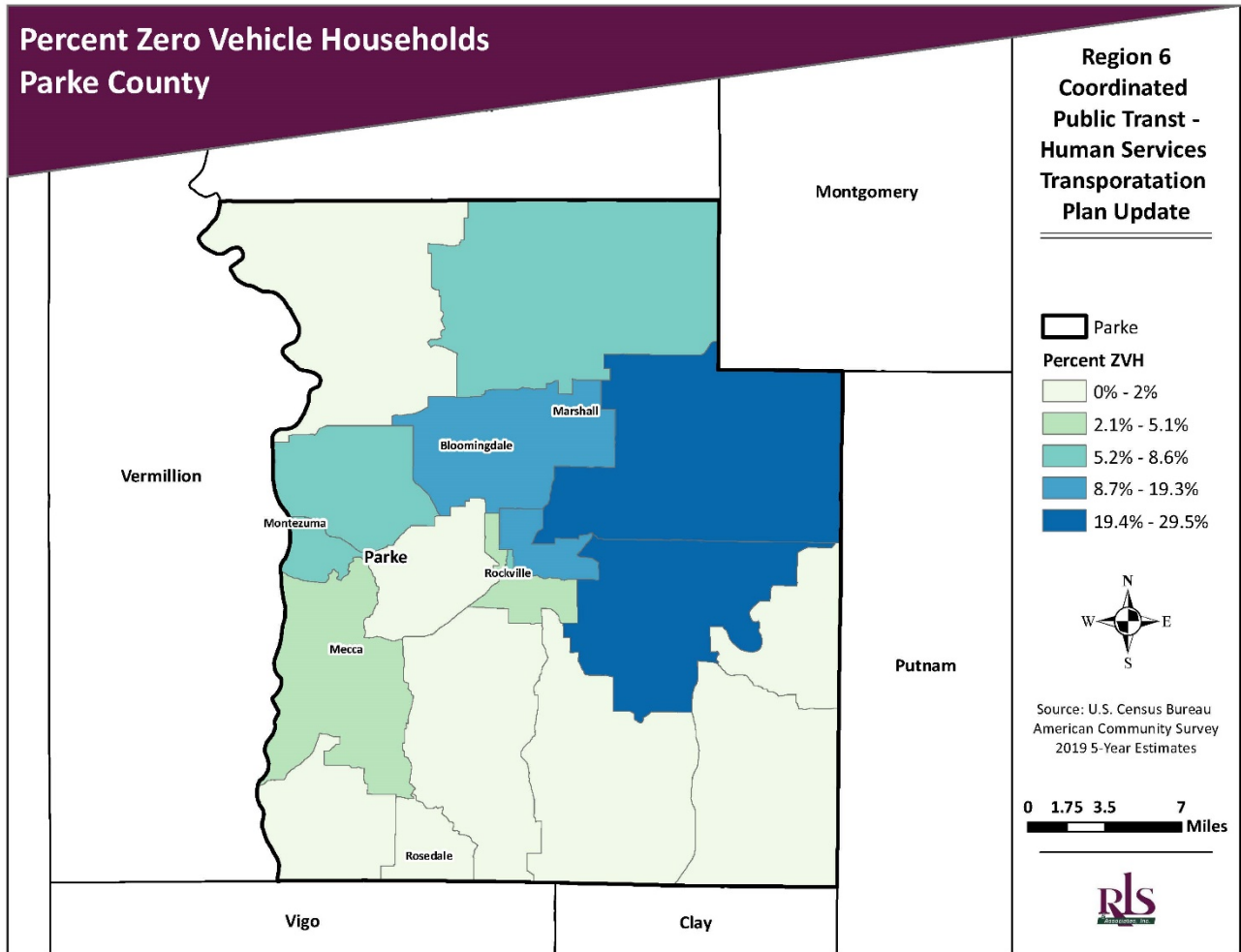


Economic Profile

Transportation is typically a household’s second-largest expense after housing itself. The characteristics of the neighborhood or community a household chooses to live within will impact the costs of transportation. Locations that are close to services and employment will allow the household to spend less time, energy, and money on transportation, while more rural locations may create additional costs and time for transportation. The national average cost to own, fuel, insure, and maintain a personal vehicle is \$12,164 per the 2019 Consumer Expenditure Survey, or an average of 16% of household expenses each year. In Parke County, the H+T Index calculates the typical regional household spends \$14,382 on transportation annually.

Exhibit 15 illustrates the percentage of housing units that have no available vehicle, according to 2019 ACS Five-Year Estimates. The block groups with the darkest shading have the highest percentage of housing units with no available vehicles. These block groups are concentrated east of Rockville, with moderate percentages of zero vehicle households in the north of the county. Between 19.4 and 29.5 percent of the households in the most concentrated areas have no access to a vehicle.

Exhibit 15. Parke County Zero Vehicle Household Concentrations



Industry and Labor Force

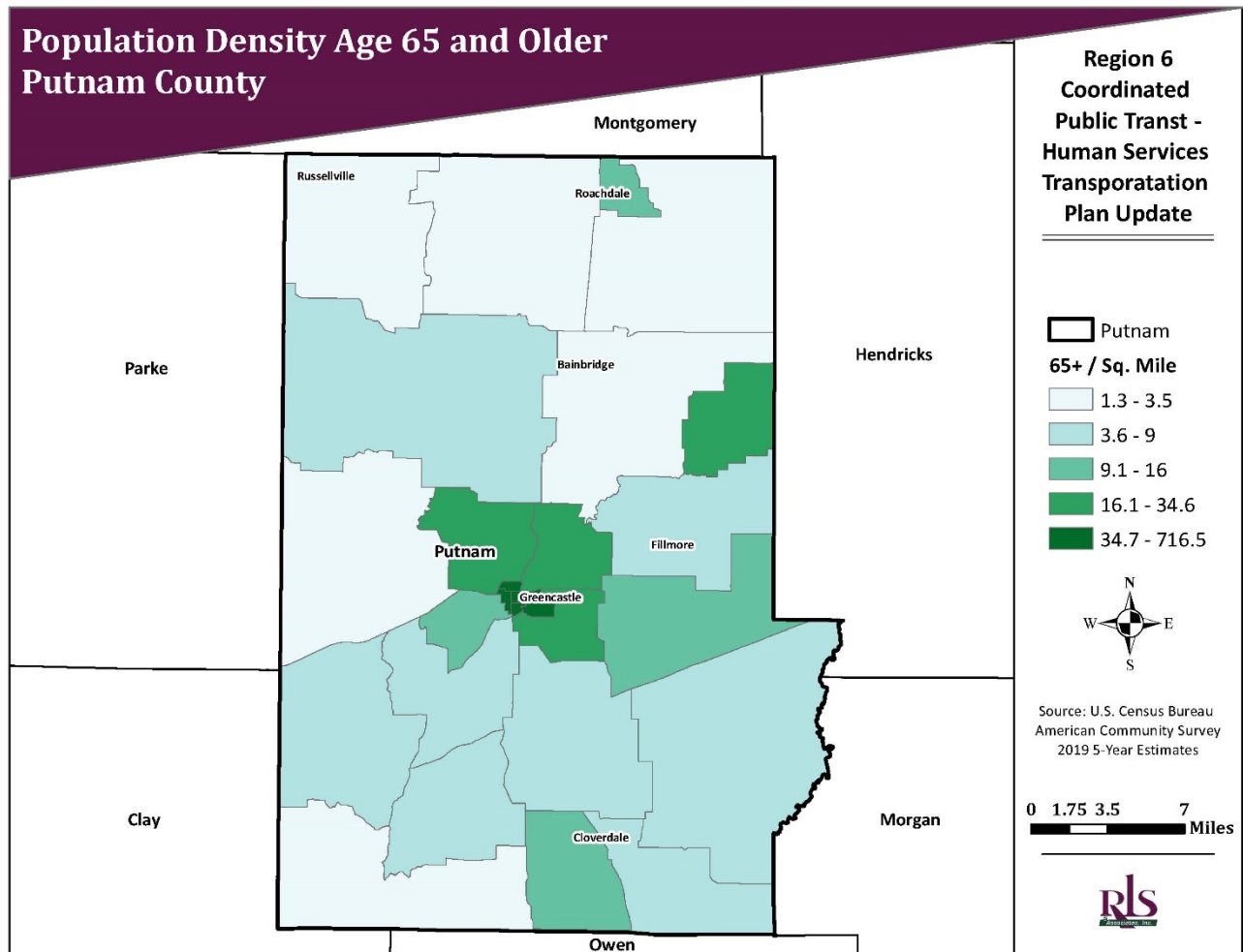
According to data from Stats Indiana, the largest percentage of jobs in Parke County is in the government sector, at 19.4 percent. Retail (10.9%), manufacturing (10.3%), and farming (10%) are the next highest employment sectors. Parke County has a total resident labor force of 7,116 individuals. The unemployment rate for the county was 3.9 for 2019 but has risen to 4.3 percent of the labor force in February 2021 as a result of the pandemic and recession.

Putnam County

Older Adult Population

Exhibit 16 illustrates the density of persons aged 65 and older by Census block group. The block groups with the highest density of Putnam County residents aged 65 and older are in Greencastle. These block groups had densities of older adults between 34 and 716 persons per square mile. Moderately high densities of older adults are also the areas surrounding Greencastle, in the Heritage Lakes area, and Roachdale and Cloverdale to the north and south of the county. The remainder of the county had low to very low densities of people age 65 and older.

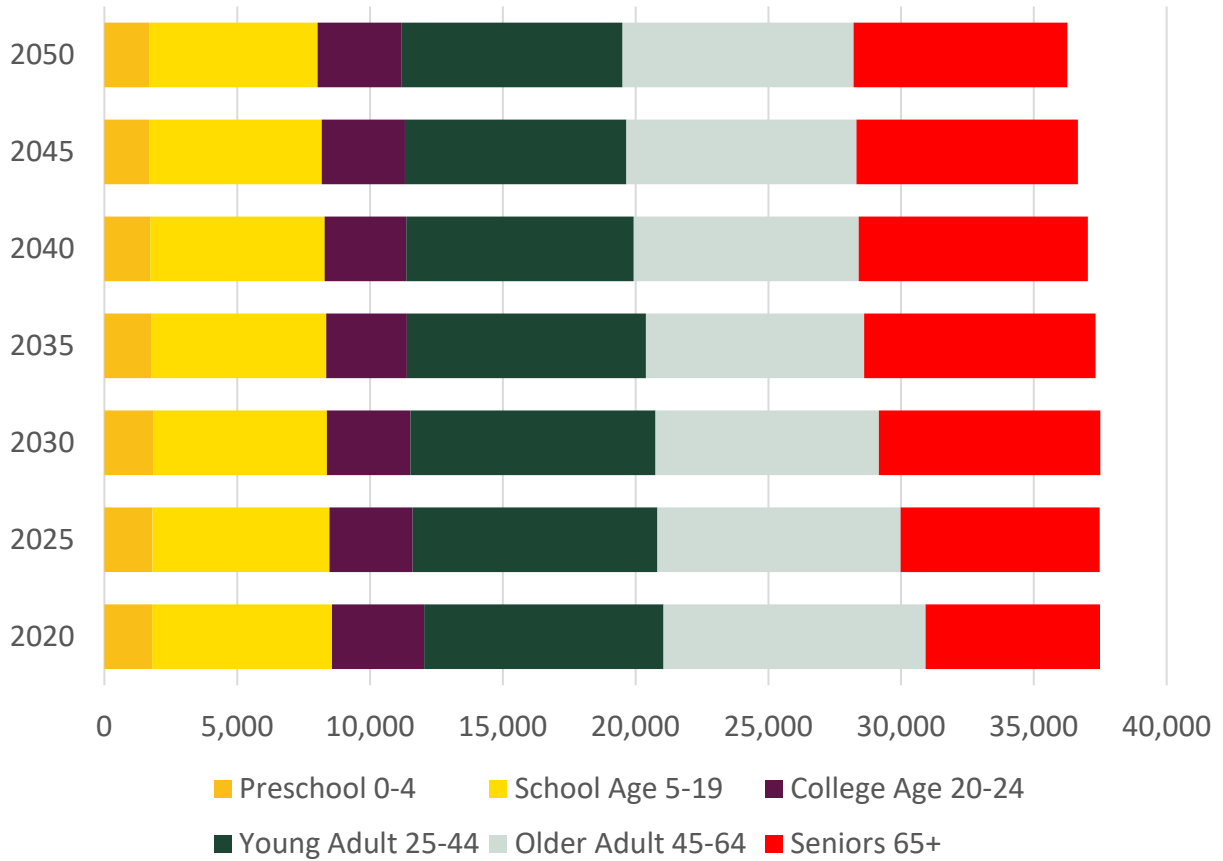
Exhibit 16. Population Density Age 65 and Older



Population by Age

The largest age cohort projected for Putnam County in 2020 was older adults, age 45-64, followed by young adults, age 25-44, and seniors, age 65+. The senior population is projected to grow from 6,559 individuals or 17.5 percent of the county’s population in 2020 to a peak of 8,709 individuals in 2030, then decline to 8,053 individuals or 22.2 percent of the county population in 2050. The older adults are projected to decline slightly over time and be surpassed by the young adults in population until 2040 when the older adult cohort total will rebound. The projections help explain changes in the transportation needs of each age cohort, which the plan can prepare for.

Exhibit 17. Putnam County Projection of Age Distribution, 2020 – 2050

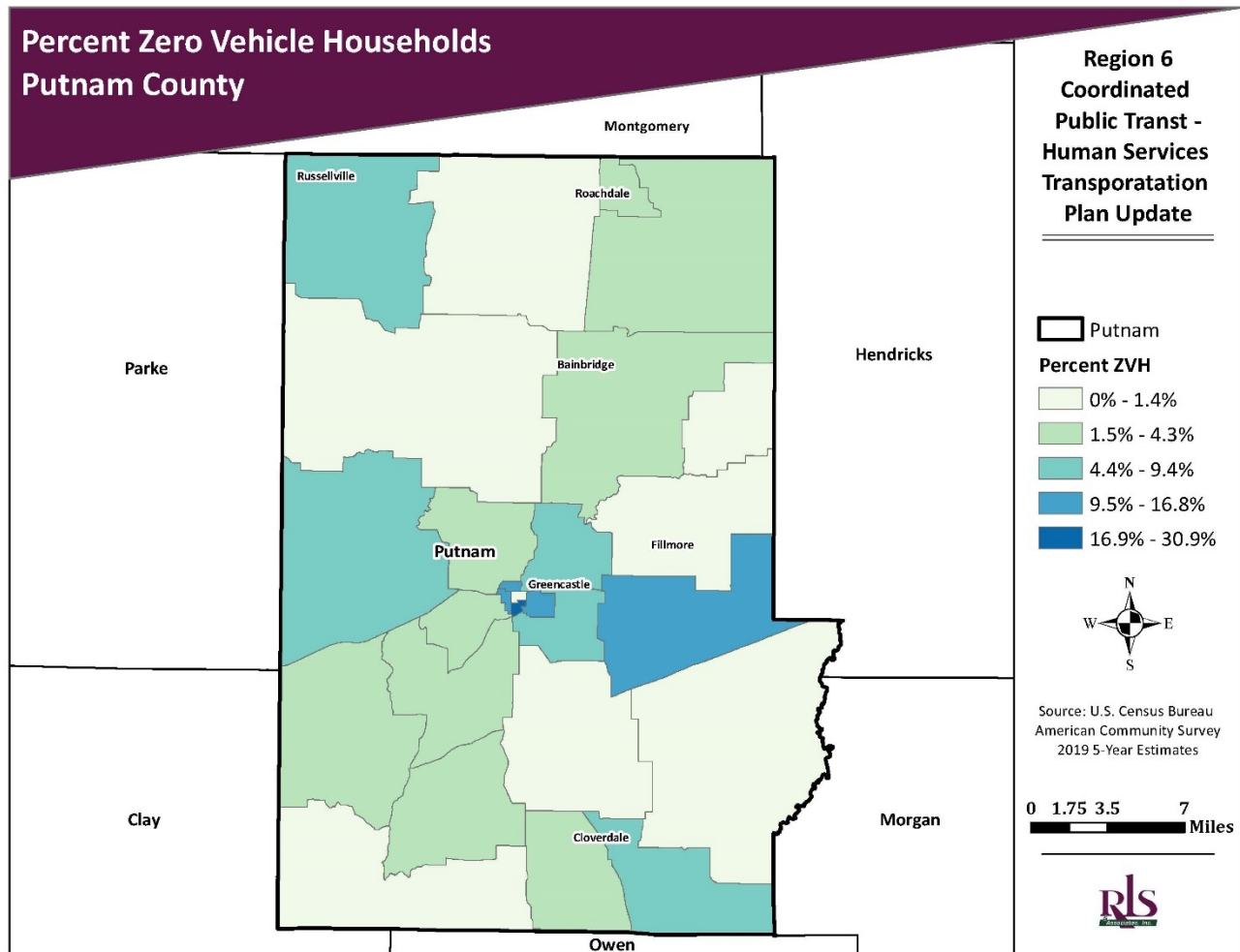


Economic Profile

Transportation is typically a household’s second-largest expense after housing itself. The characteristics of the neighborhood or community a household chooses to live within will impact the costs of transportation. Locations that are close to services and employment will allow the household to spend less time, energy, and money on transportation, while more rural locations may create additional costs and time for transportation. The national average cost to own, fuel, insure, and maintain a personal vehicle is \$12,164 per the 2019 Consumer Expenditure Survey, or an average of 16% of household expenses each year. In Putnam County, the H+T Index calculates the typical regional household spends \$14,755 on transportation annually.

Exhibit 18 illustrates the percentage and location of housing units that have no available vehicle, according to 2019 ACS Five-Year Estimates. The block groups with the darkest shading have the highest percentage of housing units with no available vehicles. Between 16.6 and 30.9 percent of the households in the most concentrated areas have no access to a vehicle. These block groups are concentrated on the south side of Greencastle in Fox Ridge, with moderate percentages of zero vehicle households in a ring around Greencastle, to the east of the county between Mt Meridian and Stilesville, north by Russellville, and south by Cloverdale.

Exhibit 18. Putnam Zero Vehicle Household Concentrations



Industry and Labor Force

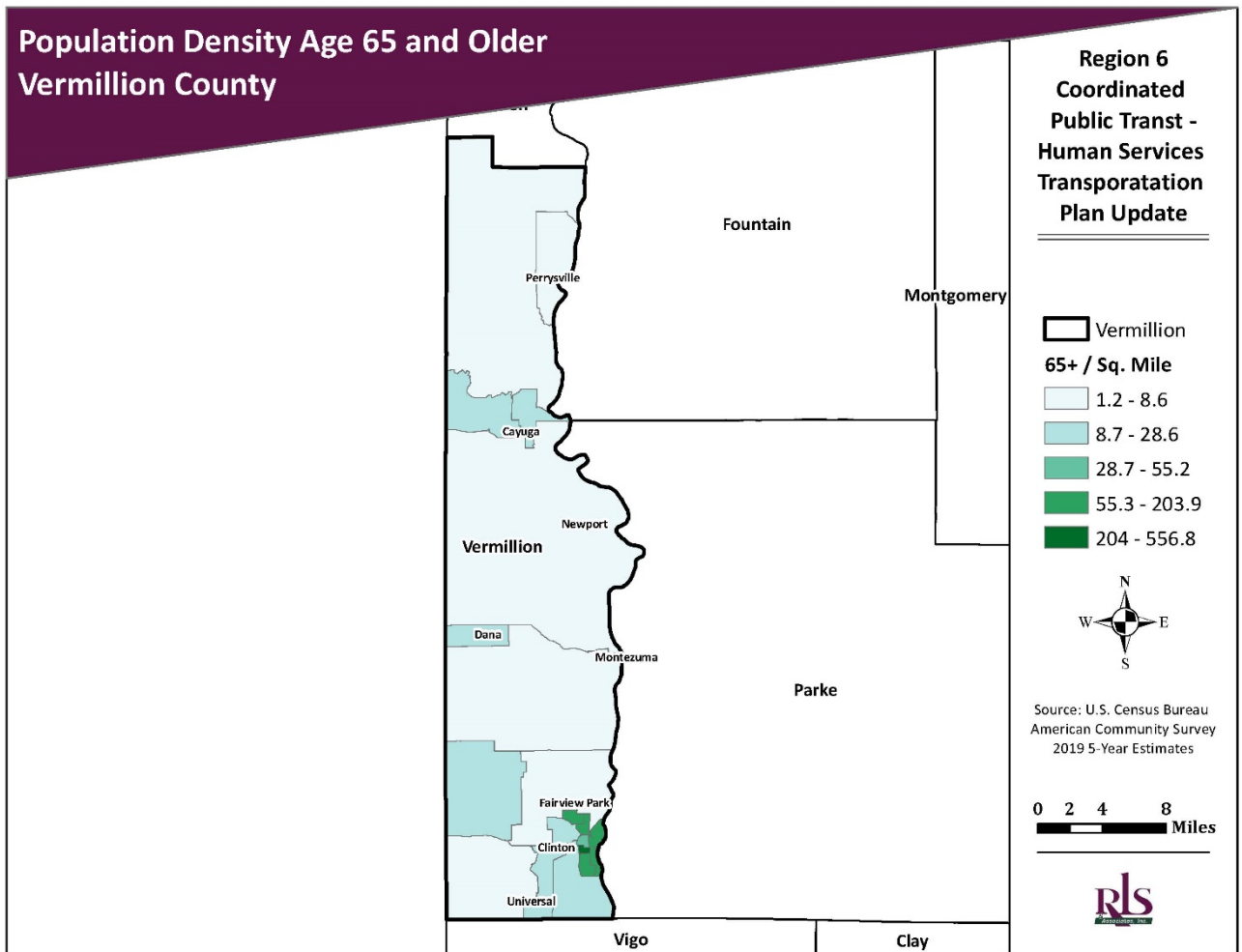
According to data from Stats Indiana, the largest percentage of jobs in Putnam County is in the ‘Other Private business’ sector, at 16 percent. Manufacturing (14.3%), government (13.3%), and transportation/warehousing (10.6%) are the next highest employment sectors. Putnam County has a total resident labor force of 16,868 individuals. The unemployment rate for the County was 3.5 for 2019 but has risen to 4.3 percent of the labor force in February 2021 as a result of the pandemic and recession.

Vermillion County

Older Adult Population

Exhibit 19 illustrates the density of persons aged 65 and older by Census block group. The block groups with the highest density of Vermillion County residents aged 65 and older are in Clinton. These block groups had densities of older adults between 204 and 557 persons per square mile. Moderately high densities of older adults are also in a ring around Clinton up to Fairview Park, and moderate densities are found in Universal, Blanford, Dana, and Cayuga. The remainder of the county had low to very low densities of people age 65 and older.

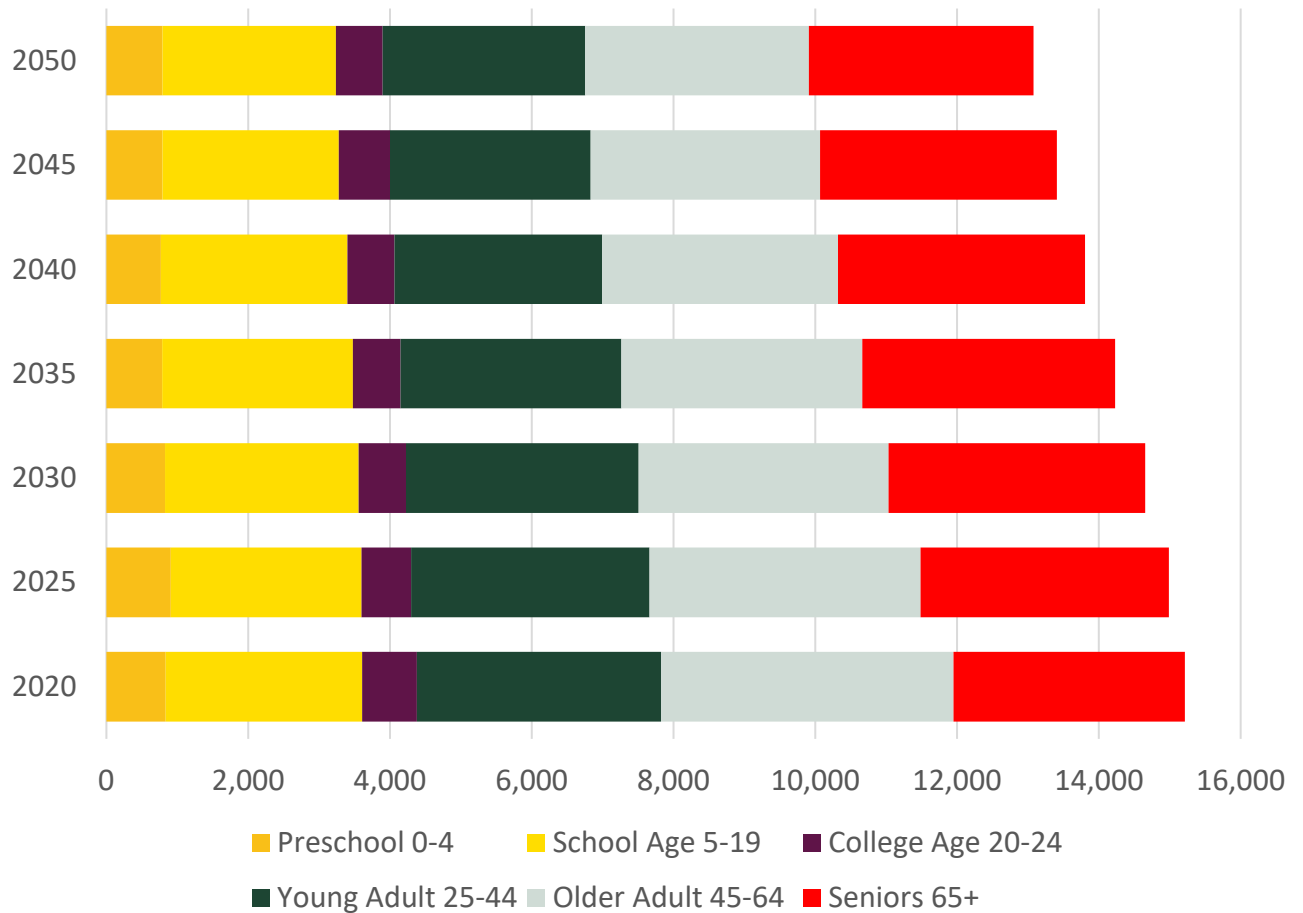
Exhibit 19. Population Density Age 65 and Older



Population by Age

The largest age cohort projected for Vermillion County was older adults, age 45-64, followed by young adults, age 25-44, and seniors, age 65+ in 2020. The senior population is projected to grow from 3,266 individuals or 21.5 percent of the county’s population in 2020 to 3,622 individuals in 2030, then decline to 3,168 individuals or 24.9 percent of the county population in 2050. The other age groups are projected to decline slightly over time. The projections help explain changes in the transportation needs of each age cohort, which the plan can prepare for.

Exhibit 20. Vermillion County Projection of Age Distribution, 2020 – 2050

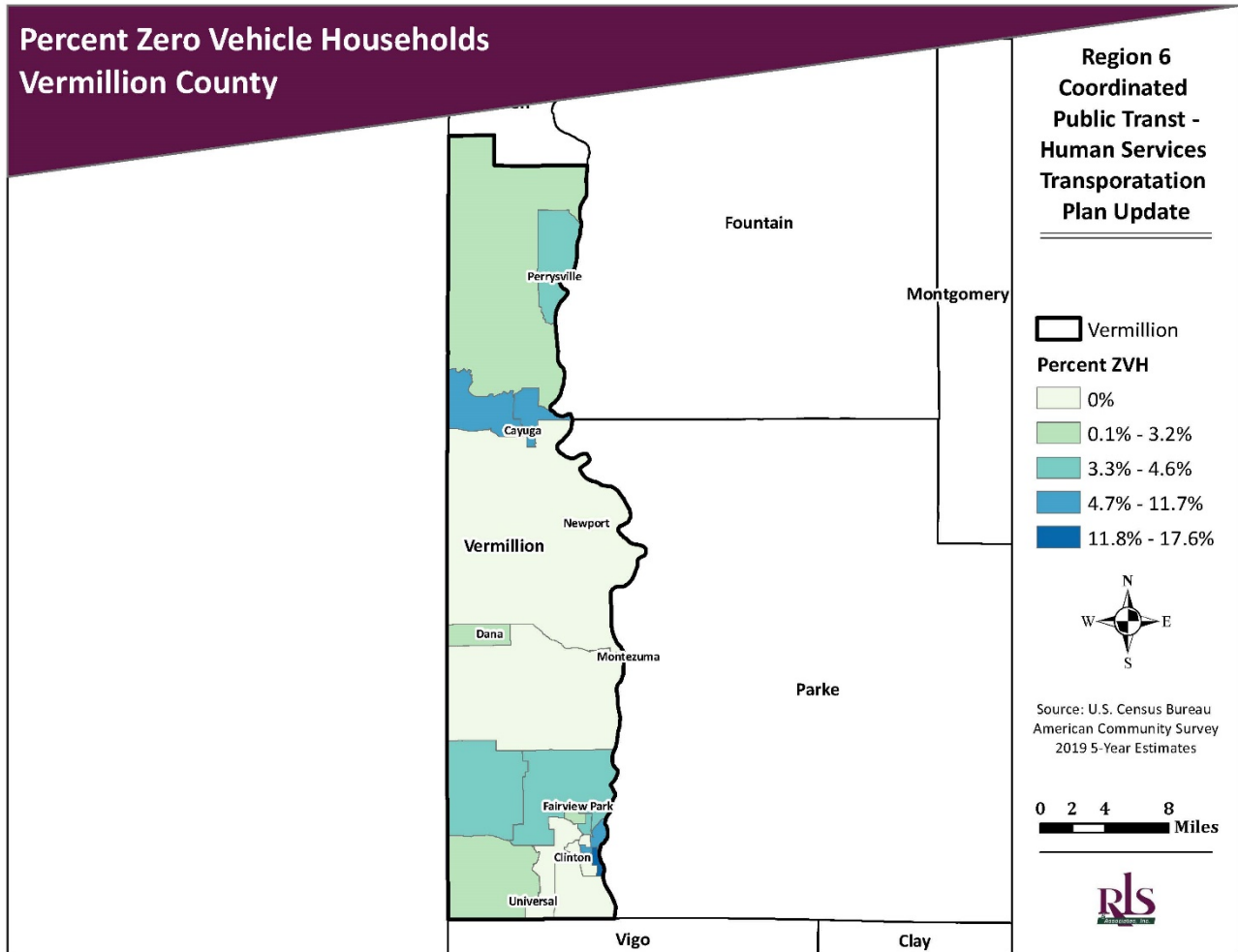


Economic Profile

Transportation is typically a household’s second-largest expense after housing itself. The characteristics of the neighborhood or community a household chooses to live within will impact the costs of transportation. Locations that are close to services and employment will allow the household to spend less time, energy, and money on transportation, while more rural locations may create additional costs and time for transportation. The national average cost to own, fuel, insure, and maintain a personal vehicle is \$12,164 per the 2019 Consumer Expenditure Survey, or an average of 16% of household expenses each year. In Vermillion County, the H+T Index calculates the typical regional household spends \$13,705 on transportation annually.

Exhibit 21 illustrates the percentage of housing units that have no available vehicle, according to 2019 ACS Five-Year Estimates. The block groups with the darkest shading have the highest percentage of housing units with no available vehicles. These block groups are concentrated around Cayuga and Clinton, with moderate percentages of zero vehicle households in the areas from Fairview Park to Blanford and St. Bernice, in Dana, and north in Perrysville. Between 11.8 and 17.6 percent of the households in the most concentrated areas have no access to a vehicle.

Exhibit 21. Vermillion County Zero Vehicle Household Concentrations



Industry and Labor Force

According to data from Stats Indiana, the largest percentage of jobs in Vermillion County is in the ‘Other Private’ business sector, at 14.4 percent. Retail (13.4%), government (12.6%) and construction (12%) are the next highest employment sectors. Vermillion County has a total resident labor force of 7,041 individuals. The unemployment rate for the county was 5.2 for 2019 but has risen to 5.9 percent of the labor force in February 2021 as a result of the pandemic and recession.

INVENTORY OF EXISTING TRANSPORTATION SERVICES

OVERVIEW

Providers of public and human service transportation were asked to participate in interviews and to share service and asset data to update the transportation provider inventory for the Region. Provider agencies were also invited to participate in a virtual 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 was obtained through phone interviews and e-mail requests conducted prior to the public meeting. This was done 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. A set of scripted questions was used for the interviews to ensure that similar information was gathered from all agencies.

The Region 6 provider summaries listed below include Section 5310 providers who serve primarily older adults and individuals with disabilities. These agencies, including the Child Adult Resource Services (CARS), Clay County Seniors, and Thrive West Central (formerly West Central Indiana Economic Development District) provide transportation primarily to their agency consumers but may have the potential for expanded shared services with other providers in the future.

Rural public transit agencies, those funded with FTA Section 5311 funding, also serve these same populations of older adults and individuals with disabilities along with the general public. One transit agency, Rural Transit, serves individuals with disabilities as well as the general public in Putnam County. No other counties in the Region have countywide public transportation services. Thrive West Central is a public transit provider outside the region in neighboring Vigo County (Terre Haute area). There are other providers in the area that serve public populations that meet certain eligibility requirements such as veterans (Parke County Veterans Office) and individuals eligible for non-emergency medical transportation provided through Medicaid (various private providers).

Many of these public and non-profit agencies also receive operating funding through Medicaid for people with low incomes or qualifying disabilities, Title III-B of the Older Americans Act, which focuses on serving persons 60 and over, and the FTA Section 5310 program. These programs exemplify the goal of promoting mixed client riding, where people from more than one nonprofit agency are sharing a ride on the same vehicle at the same time, and coordinated mobility services for a range of customer categories and trip destinations.

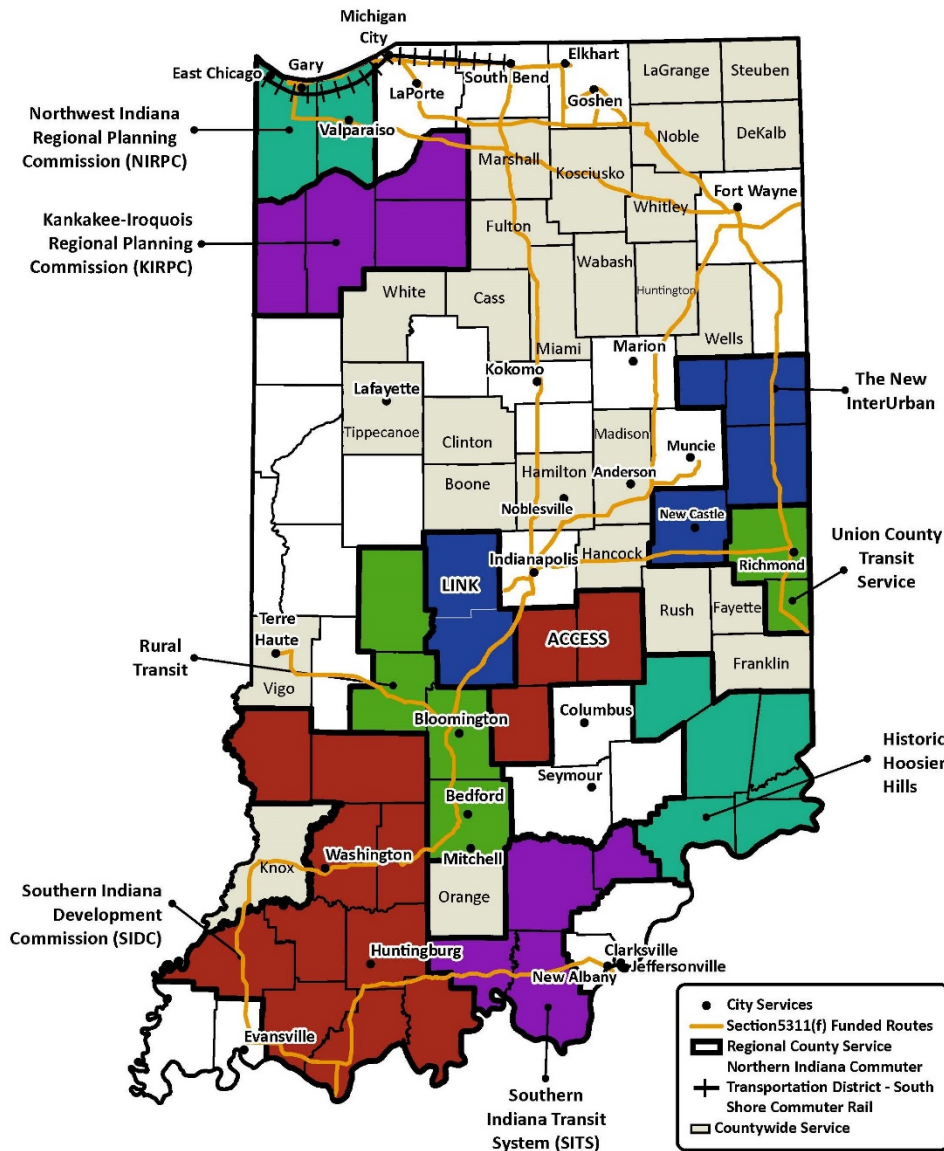
The provider list below also includes agencies that are eligible subrecipients for the Section 5310 Program funding but have experienced limited coordination with other providers, remaining focused on providing services to their agency's consumers. Their participation in the coordinated transportation plan process is important. Participation in the plan keeps the option of Section 5310 funding open to the agency should

they choose to coordinated services at a later date. Developmental Services Inc. and Hamilton Center are examples of programs offering limited transportation, only for agency consumers.

Some taxi companies operate in the region, but most stay within the urban Terre Haute area. Private transportation network companies such as Lyft and Uber are also concentrated in more urban communities where the drivers have a higher likelihood of picking up riders.

The map in Exhibit 22 shows where public transit systems are working across the state, including intercity bus connections between cities. The map does not include private transportation services such as taxi companies. In Region 6, there are few public transit providers and one intercity route that crosses a portion of the region to stop at Miller Bus Station in Terre Haute.

2020 Public Transit Systems in Indiana



EXISTING TRANSPORTATION RESOURCES

The following summaries are based on information provided by the participating agencies in an interview, and/or through research of the agency’s website or the 2020 INDOT Public Transit Annual Report. Where information is incomplete, it was not provided or not available.

Public Providers

The first table, Exhibit 23, shows transportation services available to the general public. Rural Transit operates in Putnam County. Thrive West Central operates public transit in Vigo County, outside of Region 6, and offers transportation for older adults and individuals with disabilities in Parke and Vermillion counties.

Exhibit 23. Public Transportation in Region 6

	Thrive West Central (West Central Indiana Economic Development District / Area 7 Agency on Aging)	Rural Transit (Area 10 Agency on Aging)
Location	2800 Poplar St Ste 9A Terre Haute, IN 47803 (812) 232-2675	631 W. Edgewood Dr Ellettsville, IN 47429 (812) 876-9922
Contact	https://thrivewestcentral.com	www.area10agency.org
Service Area	Vigo County public transit, Parke and Vermillion Counties Senior and Disability transportation	Putnam County in Reg. 6, and Monroe, Owen, Lawrence Counties
Days/Hours of Service	Monday – Friday	Monday – Friday
	8 AM – 4 PM	6 AM – 6 PM
Ridership*	2019: 19,341	2019: 77,174
	2020: 9,550	2020: 90% decrease some months
Fare/Donation Structure	\$1 for first 3 miles + 10 cents/additional mile (out of county trips have flat fees based on destination)	\$3.00 each way per county; Passes available
Funding Sources	Section 5311; PMTF; Head Start; Medicaid; Fuel tax reimbursement	Section 5311; PMTF; Medicaid; OAA Title III-B; local contract services (I/DD programs); local government allocations; bus advertising wraps; donations and fundraisers
Operating Budget	\$352,050	\$1,497,088

Thrive West Central (West Central Indiana Economic Development District / Area 7 Agency on Aging)		Rural Transit (Area 10 Agency on Aging)
Fleet by Location and Wheelchair Accessibility	9 vehicles, 8 WC	not provided
Service Type(s)	Demand Response; Same Day Service (upon availability)	Fixed or Deviated Fixed, Demand Response; Same Day Service (upon availability)
Scheduling/	Manual (pen/paper)	Spreadsheets and software, accepts subscription trips, reservations first come-first served 72 hours up to 3 months in advance
Dispatching		
Trip Denials	5-6 per month (most are for out of county trips)	12 per month
*2019 total represents normal ridership; 2020 ridership was heavily impacted by COVID-19		

Human Service Agency Providers

Exhibit 24 lists the human service agencies that offer transportation to their clients, or purchase transportation for their clients. C.A.R.S. and Clay County Council on Aging Center provide open-door transportation, meaning that a segment of the general public (such as older adults) is eligible to ride even if they are not registered clients of the agency. The other agencies provide ‘closed door’ service to their registered clients only. The Parke County Veterans Office provides transportation to veterans attending medical appointments at the VA.

Additionally, Region 6 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 Indiana’s contracted managed care organizations through transportation brokerages.

Exhibit 24. Human Service Agency Transportation in Region 6

	C.A.R.S. (Child Adult Resource Services, Inc.)	Clay Co. Council on Aged and Aged	Developmental Services, Inc.	Parke Veterans Services	Hamilton Center
Location	201 North Dormeyer, Rockville, IN 47872 (765) 569-2076	120 South Franklin St., Brazil IN 47834 812-448-8848	1625 Eagle Street Terre Haute, IN 47807 (812) 238-1500	Rockville, IN (765) 569-4036	620 Eighth Avenue Terre Haute, IN 47804 (800) 742-0787
	https://www.cars-services.org/	ccsc1base@yahoo.com	https://www.dservices.org/	https://www.in.gov/dva/locate-your-cvso/parke-county/	https://www.hamiltoncenter.org/
Service Area	Fountain, Warren, Tippecanoe, Montgomery, Parke, Vermilion, Putnam, Hendricks, Vigo, Clay, Delaware, Madison, Henry, Randolph	Clay County	Service Facility in Terre Haute provides service to clients in Vermillion, Parke, and Clay counties	Medical appointment transportation for veterans available to Terre Haute Clinic, Danville, IL VAMC, and Indianapolis VAMC	Vigo, Vermillion, Parke, Clay, Sullivan, Greene, Owen, Putnam, Hendricks, Marion
Eligibility Criteria	Indiana Medicaid Waiver program or Vocational Rehabilitation	Age 59 or better, or younger with a disability	Indiana Medicaid Waiver program	Veteran	Indiana Medicaid Waiver program
Fare/ Donation Structure	none	Age 59 or younger with a disability: \$3 in-county; \$5 out-of-county Age 60 or older: donations accepted	none	free	none

	C.A.R.S. (Child Adult Resource Services, Inc.)	Clay Co. Council on Aged and Aged	Developmental Services, Inc.	Parke Veterans Services	Hamilton Center
Days/Hours of Service	6 AM to 6 PM Monday-Friday for regular routes, 24/7 for Residential-waiver services	Tuesday, Wednesday, Friday 8 AM – 3 PM	8 AM – 5 PM M-F	Monday – Wednesday 8 AM – 4 PM	Information not available
Ridership	2019: 36,427 trips	Information not available	Information not available		Information not available
	2020: 23,435 trips			closed in 2020 due to COVID, reopened in spring 2021	
Funding Sources	Waiver programs, some community grants	Older Americans Act, Section 5310, Other	Local disability services (ARCs), County Commissioners, Indiana Division of Aging and Rehabilitative Services, United Way funds	Veterans Administration, County Commissioners	Information not available
Operating Budget	2019 \$583,198.95	Information not available	Information not available	Information not available	Information not available
	2020 \$425,104.20				
Fleet by Location and Wheelchair Accessibility **	57 vehicles, 32 WC	Information not available	Information not available	1 van (another van is available in Terre Haute)	partners with InMotion for transportation
Service Type(s)	Fixed routes access to Day Services and Employment, Demand response (Errands),	Offers door-to-door transportation within Clay County for seniors or	Information not available	Veteran demand response service,	Hamilton Center operates a mobile crisis van, and will occasionally

	C.A.R.S. (Child Adult Resource Services, Inc.)	Clay Co. Council on Aged and Aged	Developmental Services, Inc.	Parke Veterans Services	Hamilton Center
	Vocational Rehabilitation & Head Start	persons of any age with disabilities. Rides can be scheduled for medical and dental appointments, grocery, pharmacy, and other general errands. Trips to and from Terre Haute and Brazil may be scheduled for medical appointments.		volunteer drivers	purchase taxi service for clients to come to appointments
Scheduling	advance notice, except residence-based transportation 24/7	24-hour advance	Program based	24-hour advance	Information not available

Private Transportation Providers

Private companies that provide taxi, client, or other transportation are included in an attempt to make the region’s transportation inventory as complete as possible. As transportation is not generally a big revenue-generating industry, there is normally a high turn-over of companies, making it difficult to track over time. A yellow-pages or internet search will find businesses that are currently operating in a particular city or county. Discussion at the regional level identified:

- ◆ TransCare EMT provides transportation from hospital and nursing facilities, <http://www.trans-care.com/>
- ◆ InMotion Transport provides private pay transportation Monday through Saturday in Vigo County and the surrounding area, <https://www.inmotion812.com/home>
- ◆ Miller Transportation provides intercity bus routes through Indiana’s Hoosier Ride, and provides private charter bus service, <https://millertransportation.com/> or <https://hoosieride.com/>

VEHICLE INVENTORY AND UTILIZATION

Vehicle inventories were obtained by e-mail from transportation providers who reported a total of 25 vehicles serving the counties in Region 6 plus access to an additional 48 vehicles available to alternate service in Vigo County and Putnam County and connect to Region 3 counties. Approximately 84 percent of the vehicles available in all or a portion of the Region were accessible for wheelchairs and other mobility devices. All agencies operating vehicles were contacted to provide an updated vehicle inventory. If the agency did not provide the updated inventory, alternative fleet information was derived from the 2020 INDOT Annual Report. If an agency listed above is not included in the table, the detailed vehicle utilization information was not available for the report.

Between 2016 and 2020, the region received 23 vehicles through the INDOT Section 5310 program. The value of the vehicles was \$992,968.00, leveraging \$198,593.00 in local dollars. All of these vehicles were acquired by CARS. The seven vehicles owned and managed by Thrive West Central and 32 vehicles owned and managed by Rural Transit were acquired through the Section 5311 (or Section 5339) program.

All of the transportation operators operate with fleets that include a large percentage of wheelchair-accessible vehicles. However, given the demand for wheelchair-accessible service, the absence of public transportation options in Vermillion, Parke, and Clay Counties, and the growing aging population and individuals with physical challenges living independently in the community, agencies should continue to offer a wheelchair-accessible fleet of vehicles that are in excellent or good condition.

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

NEEDS ASSESSMENT

OVERVIEW

Local human service agencies, all transportation providers serving each county, and the general public were invited to participate in the coordinated transportation plan needs assessment process. An online public survey and public meeting were used to gather input. The provider interviews described in Chapter 3 supplemented the needs assessment. The following paragraphs outline transportation needs identified through public surveys and stakeholder coordinated transportation meetings.

GENERAL PUBLIC AND STAKEHOLDER MEETINGS

Due to COVID-19 pandemic restrictions, an in-person community input meeting was not possible, so online regional meetings were organized to discuss changes since the prior plans were adopted and to identify ongoing or new transportation needs. Virtual local public meetings were facilitated for each region of the state from March 17-31, 2021 to discuss the unmet transportation needs and gaps in service for older adults, individuals with disabilities, people with low incomes, and the general public.

The Indiana Department of Transportation (INDOT) advertised the meetings online, with press releases, and with emails to the current FTA Section 5310 and 5311 program participants. A meeting flyer was emailed to all FTA Section 5310 and 5311 program funded agencies, organizations that participated in the previous Coordinated Plan, and to several statewide networks or associations for general distribution. Meeting invitation postcards were mailed to 51 identified organizations in Region 6 including those that participated in prior Coordinated Public Transit Human Services Transportation Plans, County Commissions, and agencies that have applied for FTA Section 5310 grants from INDOT since 2017.

The general public was invited and notified of the meeting, held in Region 6 on March 24, 2021, from 4:30 PM-6:00 PM, through the following websites and newspapers:

- ◆ The Brazil Times
- ◆ Parke County Sentinel
- ◆ Banner Graphic

The meetings were held via Zoom or GoToMeeting. Where requested, meeting captions were used to aid verbal communication. Each participant had an opportunity to introduce themselves and who they were representing, allowing a record of participation to be created. A presentation was used to spark discussion on topics including:

- ◆ the use of Section 5310 funding and the impact of the Coordinated Plan on funding projects
- ◆ project selection and funding in the region since the 2017 plan
- ◆ updates of coordination activities that have occurred since the 2017 plan
- ◆ the availability and partial results of the transportation public survey
- ◆ demographic data that impact transportation need, such as zero vehicle households, population age 65 and over, and population of individuals with disabilities
- ◆ the inventory of transportation providers available in each region
- ◆ the needs recognized in 2017

- ◆ the goals adopted in 2017 to meet those needs
- ◆ progress on meeting goals,
- ◆ new identification of unmet needs and potential goals that would address them, and
- ◆ local plans and projects that should be included in the Coordinated Plan

Documentation of the meeting outreach and participation, and the presentations shared at the regional meeting are provided in the Appendix.

Through the conversations held in the regional input meetings and the stakeholder interviews a number of transportation needs and gaps in availability were identified. In Region 6, the meeting participants represented Thrive West Central, and in the interviews Thrive, CARS, and Parke County Veterans office all serve people with disabilities and seniors.

CURRENT AND ONGOING COORDINATION

There is no standing coordination committee in Region 6, but there are good relationships between the staff at several human service agencies managing transportation service in the area. The relationships allow for informal networking and coordination in the community. For example,

- ◆ THRIVE, located in the Terre Haute area and operating in Clay and Putnam Counties, also contracts with Valley Professionals to take patients to clinics in Vermillion County
- ◆ CARS, which operates throughout the region, mentioned sharing information with THRIVE about maintenance and logistics that increased safety and security for both agencies
- ◆ THRIVE is looking into policy changes that will allow the transport of individuals from other programs

As a result of the last Coordinated Plan, there was a push to increase service in Vermillion and Parke Counties. CARS reported that their involvement in public speaking opportunities and the increased efforts to share information about available transportation services resulted in more trips provided in both counties, with the most significant increase being in Vermillion County.

RESULTS OF THE GENERAL PUBLIC SURVEY

A general public survey regarding transportation needs was distributed statewide. Online survey links were sent to all transit and human service agencies, who were asked to share it with their clients and consumers. The survey form was made available in paper/pdf format for the local agencies to print and distribute to clients as appropriate. Spanish translation and large type versions were also available. The survey link was advertised in local newspapers, on the Indiana RTAP website, and through statewide advocacy organizations. The survey was open from November 2020 through April 2021, and was advertised repeatedly throughout this period through emails and reminders in meetings to encourage participation. The Survey form is included in the Appendix.

In Region 6, the survey received 56 responses. Results are shown in the following charts. Each chart is based on the number of responses received for individual questions. The survey results offer insights into the unmet transportation needs and gaps in service for the region. Although Vigo County is outside of Region 6, it is included in the survey analysis because it is the destination for many of the region's trips,

with medical, shopping, and other activities concentrated in Terre Haute. The distribution of results is as follows:

- ◆ Clay County: 20 responses, 46%
- ◆ Parke County: 11 responses, 20%
- ◆ Putnam County: 9 responses, 16%
- ◆ Vermillion County: 2 responses, 4%
- ◆ Vigo County: 8 responses, 14%

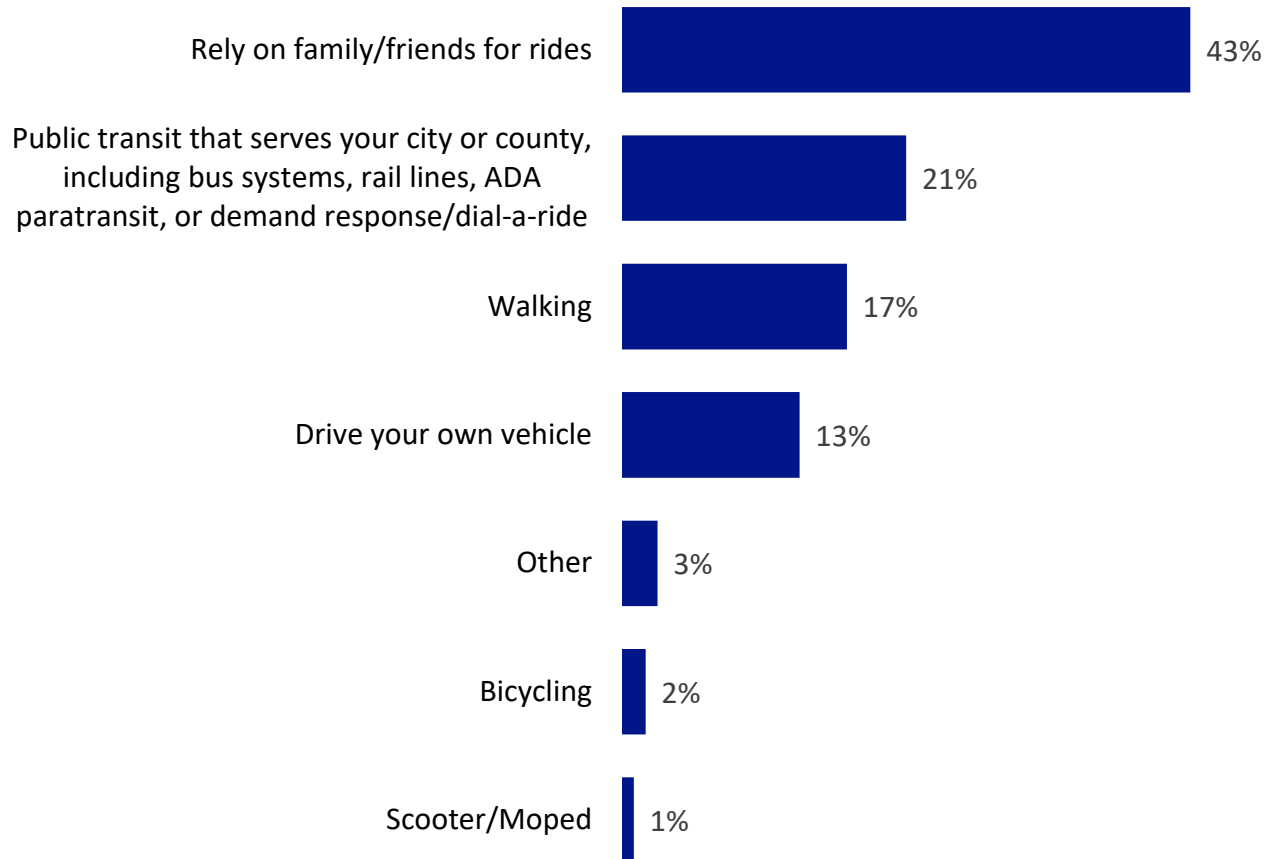
Transportation Modes Used

Survey respondents were asked to report all forms of transportation they typically use. Choices ranged from bicycling and walking to using public or agency transportation services. As indicated in Exhibit X, the most prevalent choice for respondents was relying on friends and family to get where they need to go, with 48 of the 56, or 86% choosing this answer. In order of response rate, the other respondents were using public transit that serves their city or county (43%), walking (34%), driving their own vehicle (27%), bicycling (4%), scooter/moped (2%), and other options including waiver provider (did not specify Human Service Agency or Non-Emergency Medical), and 4-wheeler that were written in. In this region there were zero responses that used the following modes of transportation:

- ◆ Medicaid Non-emergency Medical Transportation
- ◆ Demand Response/Dial-a-Ride Services
- ◆ Transportation offered by volunteer drivers
- ◆ Carpool or vanpool to work
- ◆ Uber/Lyft
- ◆ Taxi
- ◆ Intercity bus, such as Greyhound

Exhibit 25 outlines the modes of transportation that were listed by survey participants.

Exhibit 25. Modes of Transportation Used



Transportation Services

When asked what transportation service they used, 26 respondents wrote in CARS and Rural Transit. When asked what secondary service they used, Prime Care (a private home health and residential services provider) and Compass (a private disabilities services provider) were written in.

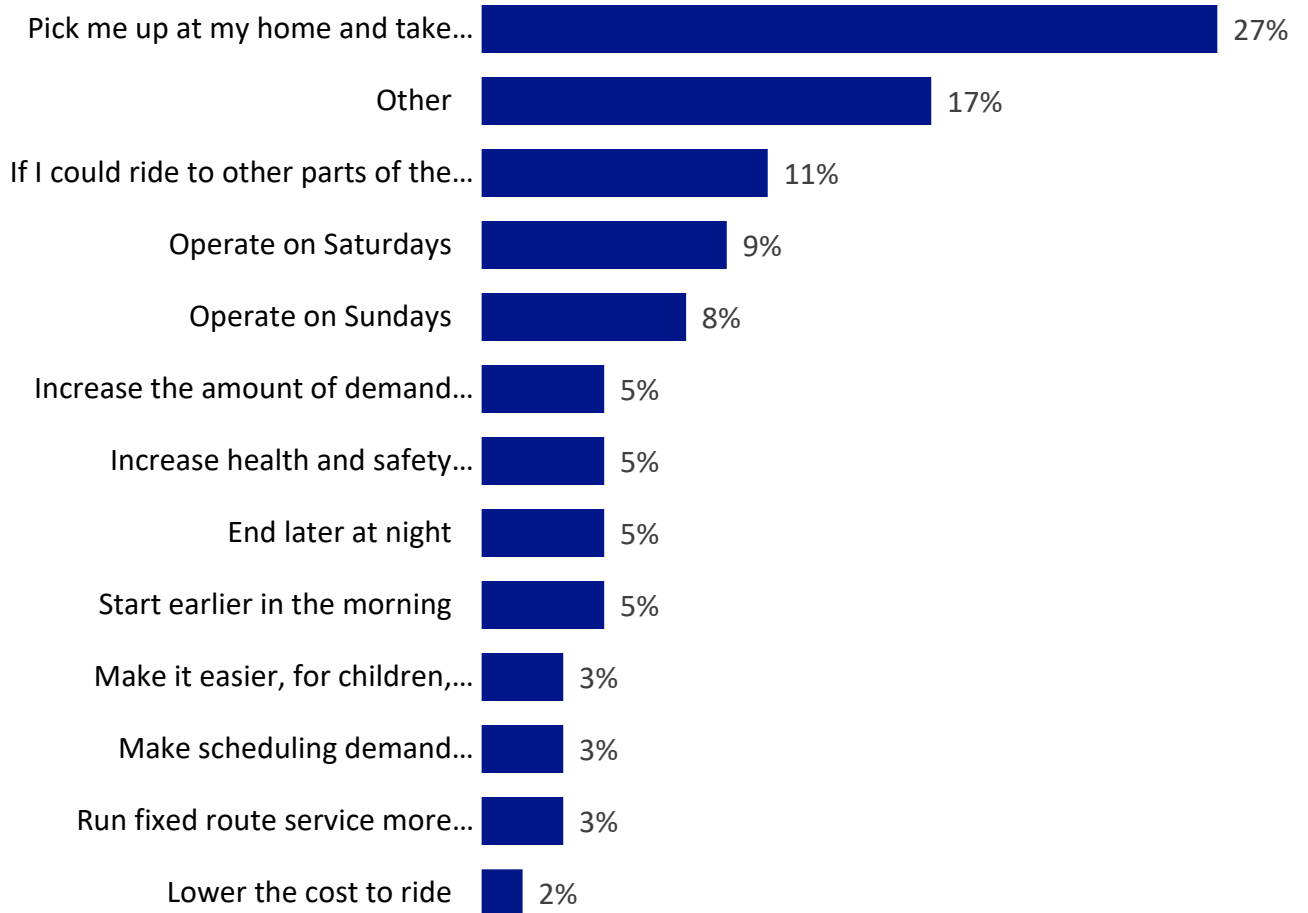
Changes to Make Transportation More Appealing

When asked what changes could be made to the local transportation options to make using them more appealing, the most common response was the option to be picked up at their home and taken directly to their destination. With the exception of Rural Transit in Putnam County, the region does not have demand response transportation available unless an individual qualifies as a human service agency or Medicaid client. The area may not have Uber or Lyft, and has very few taxis that serve areas outside of Terre Haute. If those services are available, the respondents might not be aware of them, or the price of service might be out of reach.

In order of response, the other common selections were to be able to ride to other parts of the state, for transit or transportation service to operate on Saturdays and Sundays. In the write-in responses, seven people indicated their community did not have a local transportation option and three more said their

transportation options were limited and inconvenient. The most specific suggest was to add a transportation route from Spencer through Cloverdale to Bainbridge and east/west along I-40 from Terre Haute to Indianapolis. The full set of responses in shown in Exhibit 26.

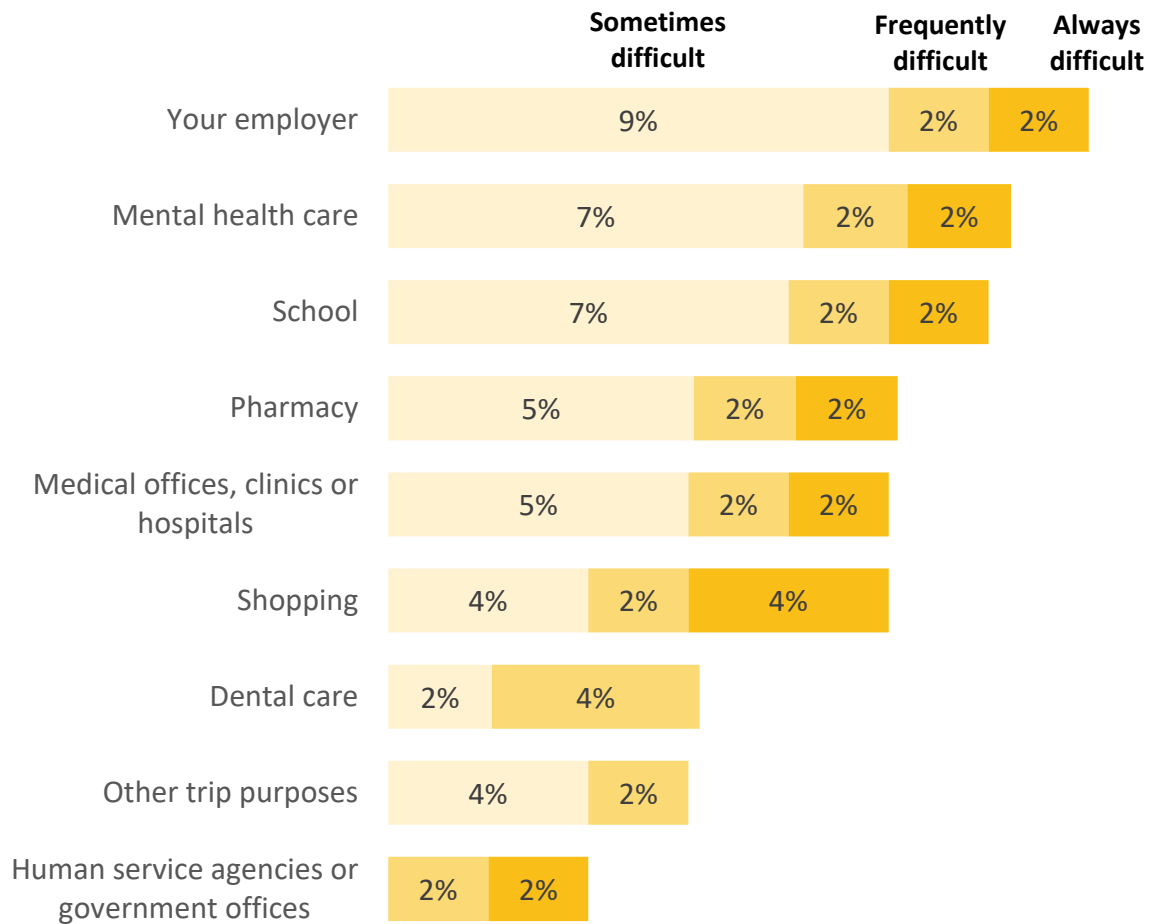
Exhibit 26. Changes to Make Transportation More Appealing



Getting Transportation Needed to Access Destinations

The survey next asked if the respondent had difficulty getting the transportation they needed to a variety of destinations. Many respondents did not report difficulty. Those who answered the survey affirmatively reported that they had some difficulty getting to where they needed to go. Two individuals in Parke and Vigo Counties had frequent difficulty getting to mental health care appointments. And two individuals in Putnam County always have difficulty getting to human service agencies or government offices in addition to all the other destinations. The individuals responding that they sometime had difficulty came from all the counties in the region.

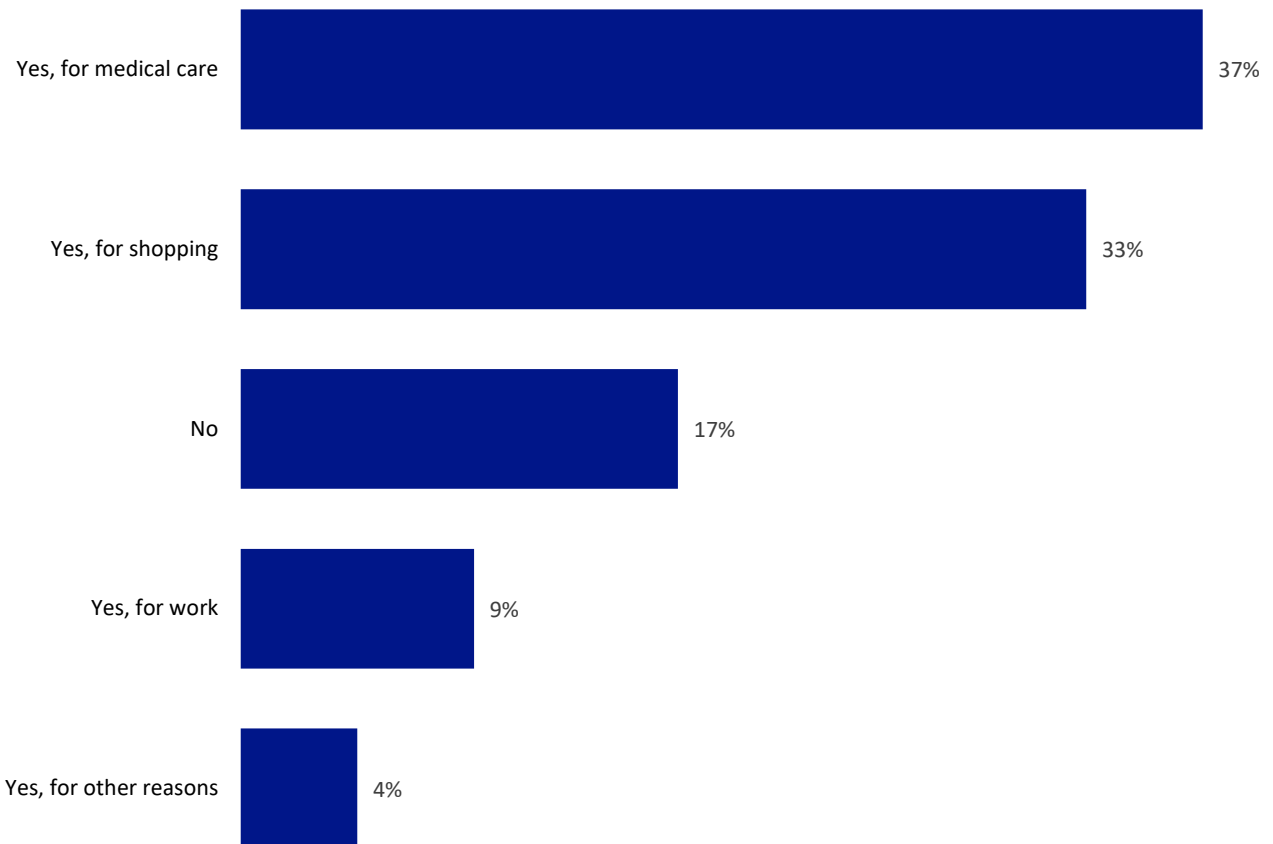
Exhibit 27. Difficulty in Getting the Transportation Needed to Access Destinations



Travel to Destinations Outside the County

More than half the individuals surveyed reported needing to travel to destinations outside their county for medical care and shopping. Another 14 percent need to go out of the county to work, and 7 percent go out of county for other reasons including visiting family, attending probation classes, and specific shopping needs.

Exhibit 28. Traveling Out of the County to Access Destinations



Respondents were asked if they faced difficulty in traveling outside the county, and nine of the respondents (17 percent) said they did, giving the following information:

- ◆ Only 1 car for household
- ◆ Without my hours for the waiver, I would not be able to access areas outside of my county
- ◆ I rely on family
- ◆ I rely on offers for a ride, no public transportation
- ◆ Only when there is a scheduling conflict
- ◆ Getting a van at Prime Care
- ◆ I only have a moped. 10-20 miles is the farthest can go on it

Demographic and Socio-Economic Conditions

The majority of respondents to the public survey were between 18-54 years of age. Nine of the respondents, or 16 percent, rely on a mobility device such as a cane, walker, wheelchair, service animal, or another device. Eleven percent of respondents were age 60 or older. In comparing the respondents that

reported using a mobility device, and respondents that had difficulty traveling to destinations outside of their county of residence, there was only one person that responded yes to both questions.

Exhibit 29. Age of Respondents

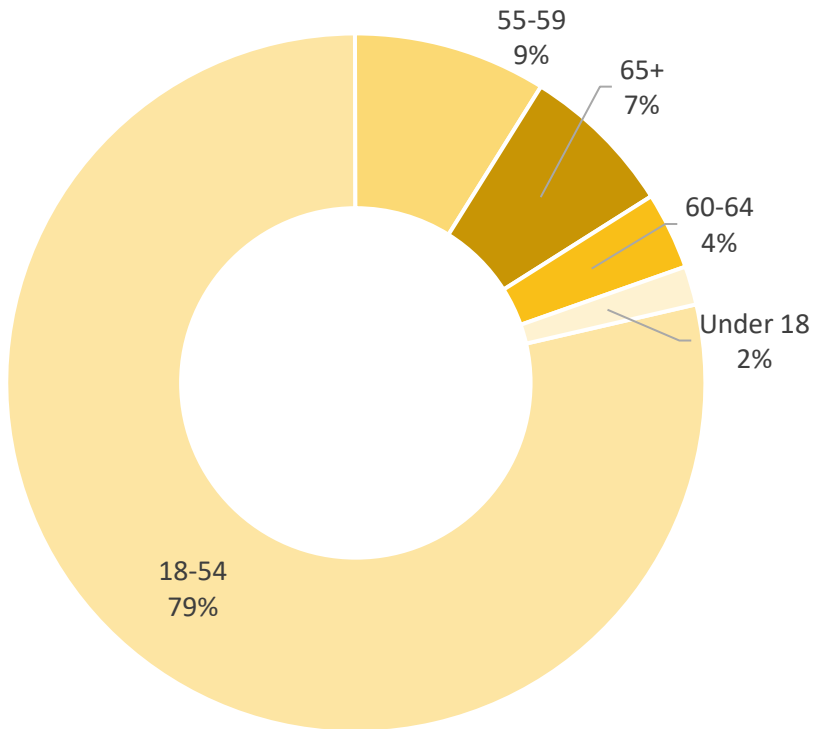
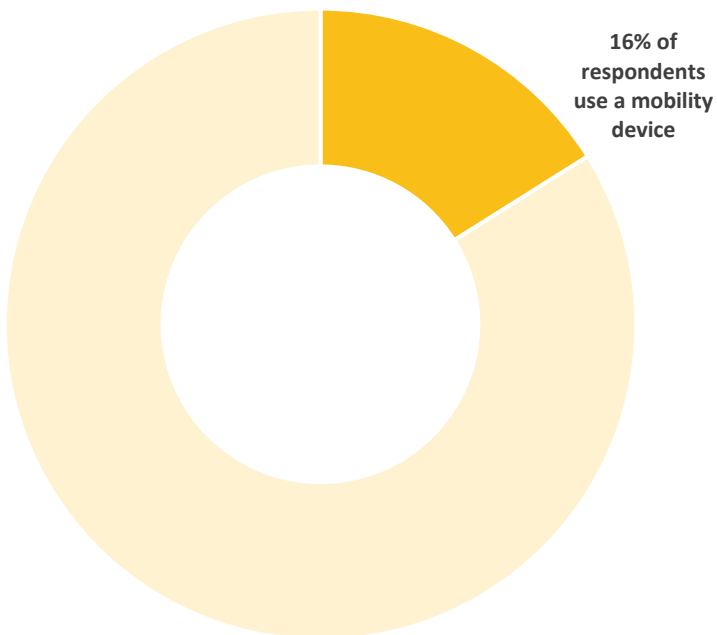


Exhibit 30. Need for Mobility Device



Survey Comments

The survey closed by asking if people had comments or suggestions regarding transportation in their community, and the following comments were sent in:

- ◆ Clay County needs public transportation (3 responses).
- ◆ I would like to be more independent as I do not have 24-hour waiver services. I live in a small town and unable to have transportation outside of my waiver (person with a disability).
- ◆ There doesn't seem to be any transportation in Clay County for people with special needs who doesn't live in a group home.
- ◆ We do not have transportation in our area, but would utilize it if it became available (person with a disability).
- ◆ Need more vans (older adult with a disability).
- ◆ Transit is almost non-existent in my community. Only Greencastle the county seat has any real routes. Very inconvenient for me, no car (older adult).
- ◆ I wish we had something to help get around.

SUMMARY OF IDENTIFIED MOBILITY NEEDS AND GAPS IN TRANSPORTATION

Coordinated transportation stakeholders will consider these needs and gaps in service when developing transportation strategies and grant applications. Needs were consistent within each county, except where noted otherwise.

Increase availability of public service options and ADA accessibility in rural areas of the region

Participants reported that rural areas do not receive the same level of service as central communities, where more public service is available. In an urban area such as Terre Haute, transportation may be available five days a week. Further out, for example, on the north end of Vermillion County, people are isolated with few transportation options. Because Clay, Parke, and Vermillion counties do not have countywide public transit coverage, people may need to qualify for Medicaid services, or for client-based services with a human service agency to receive transportation.

Few taxi services go outside of the Terre Haute city limits. Other private providers, including InMotion and TransCare EMT may be available for hospital and nursing home trips. There are few options available in the rural area.

Need to maintain and expand service with accessible vehicles, including taxis

Taxis are not generally wheelchair accessible, with a ramp or lift to accommodate a person in a mobility device. Current and potential Section 5310 providers will need to maintain their accessible fleets to deliver service to older adults and people with disabilities in the region.

Trip Denials and surveys indicate need for on-demand service

The Medicaid broker that serves the area, Southeast Trans, is refusing to provide some requested trips according to the meeting participants. Local providers are called on to serve last-minute trip requests, sometimes within a couple hours of the appointment. However, on-demand service and non-shared-ride service can be difficult for agencies to accommodate due to driver capacity and scheduling capability.

The survey respondents would like to have transportation that picks them up at their home and takes them directly to their destination.

Increase hours of service to include evenings and weekends

Responses to the survey listed Saturday and Sunday service high on the list of items that would improve transportation resources in the region.

Long-distance trips within and outside the region

The rural nature of Region 6 requires residents to make long trips to access services. Many specialized medical services are only available in Terre Haute or larger communities outside the region including Indianapolis. The providers' trips must cross county lines, possibly taking a vehicle and driver out of local service for half or a full day. For riders this may mean a long ride, longer than a driver going straight there and back, or changing vehicles at county lines to chain trips together. In the COVID-19 era, vehicles are transporting fewer clients at a time, but, in the words of the CARS supervisor, "The amount of miles in rural counties aren't any shorter." This decreases the program's efficiency. With the increase in ridership post-pandemic, the efficiency of long trips will still be an issue for local providers trying to maximize capacity and availability. Service to Indianapolis is challenging and there are few options. Getting to distant shopping and medical locations are important to survey respondents.

Technology needs for providers

THRIVE feels their dispatch software is good, and they are working to understand where efficiency improvements can be made, so they can create additional growth in the transportation network. They will need to update their tablets and increase the number of tablets in the system.

CARS is satisfied with their manual scheduling process, as it allows them to assign staff schedules several weeks out, but has considered working with their insurance to use a GPS program to understand where the next available vehicle is in case of a breakdown.

Driver recruiting tools and training

In interviews, providers reported the difficulty of retaining, finding, and training drivers, and that the difficulties had been increased by the COVID pandemic. The shortage of drivers is a common issue across the state and nation at this time. Having fewer drivers available may dramatically reduce the capacity of some agencies to provide service, even when that service is scheduled in advance.

Volunteer driver programs are undeveloped in the region

Volunteer programs are not set up, and would need to be created. THRIVE would like to use volunteers and reimburse them for mileage. Volunteer programs are often useful for making longer trips as the expense of a paid driver and vehicle taking a full day out of service to drive to Indianapolis and back is more than many human service agencies can support. However, many Indiana agencies have discovered that liability and insurance can be a road-block for volunteer programs.

There is an Amish population in the region that needs transportation. The regional also has a higher than state average number of seniors and individuals with disabilities. The typical cost of transportation is 16% of household income across the region, higher than national averages. Several demographic factors converge to increase the need for public transportation options.

Continuing needs

The transportation needs from previous Coordinated Plans that continue to be needed, confirmed by participants in the public meeting, are listed below:

- ◆ Developing additional funding to sustain and expand transportation options
- ◆ Educating the public by getting more information out about existing options
- ◆ On-demand medical transportation
- ◆ Additional coordination with local apartment complexes and transportation providers, and
- ◆ Filling evening and weekend service gaps

GOALS AND STRATEGIES FOR IMPLEMENTATION

Overview

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

PRIORITIZING IDENTIFIED NEEDS AND GAPS

All stakeholders who were invited to participate in the coordinated planning process through meetings, surveys, or interviews were invited to review the goals and strategies and to prioritize them in order of importance toward addressing needs. The results of the priority rating activity are provided below. Details about the goals and strategies are provided in the following chapter.

Exhibit 31. Unmet Mobility Needs and Gaps in Service, Region 6

2021 Needs and Gaps	Priority Ranking	Related Goal(s)
Increase public transportation options in Vermillion, Parke, and Clay counties	Medium	#1, 2
Additional accessible vehicles are needed to maintain and expand service in the region, including accessible taxis	High	#2
Last minute or On-Demand service for medical and other trips are needed	High	#2, 3
Saturday, Sunday, and after-hours services are needed	Low	#2, 4
Need long-distance and out-of-county trips, including to Terre Haute and Indianapolis	High	#2, 4
Technology to aid transportation programs will need to be maintained and updated	High	#3, 6
Driver recruiting tools and local training needed to increase transportation capacity	High	#1, 5
Volunteer transportation programs are needed	Medium	#2, 3, 4
(Continued on next page)		

2021 Needs and Gaps	Priority Ranking	Related Goal(s)
<p>Continuing needs from prior study</p> <ul style="list-style-type: none"> ◆ Developing additional funding to sustain and expand transportation options ◆ Educating the public by getting more information out about existing options ◆ On-demand medical transportation ◆ Additional coordination with local apartment complexes and transportation providers ◆ Filling evening and weekend service gaps 	<p>Medium to High</p>	<p>#1, 2, 3, 4, 5, 6</p>

GOALS AND STRATEGIES

Local stakeholders set the following coordinated transportation goals to address the high, medium, and low priority needs. The goals should be addressed by the responsible parties, as identified in each goal description. Goals should be addressed in order of priority, unless funding or other factors are present which make accomplishing a lower priority goal more feasible. The strategies under each goal are prioritized in concert with the needs (high, medium, low) based on stakeholder input.

The following paragraphs outline the timeframe, responsible party, and performance measure(s) for implementation of each of the strategies. The implementation milestones are defined as:

- ◆ 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.

In their dedication to continuing progress in the coordinated transportation effort, local stakeholders will continue with the following successful efforts, at minimum:

- ◆ Distribute the new adopted Coordinated Plan to their agency stakeholders and all elected officials within their jurisdictions
- ◆ Expand public speaking engagements to improve awareness of existing services and the gaps and unmet needs that exist in each county
- ◆ All transportation providers will submit informational articles on public and/or coordinated transportation successes and needs to various local agency/residential center newsletters

- ◆ Transportation providers will encourage riders and rider families to write positive letters to the editor regarding their transportation experiences and identifying additional transportation needs

Some transportation needs are more difficult to meet than others, particularly in a rural setting. The distances to travel are longer, the costs are higher as a result, and the geographic conditions may create more difficulties to drive in some types of weather. The workforce of drivers, maintenance, health care, and administrators needed to support a successful transportation program are harder to recruit in a rural area as well. Expenses related to risk management including training and insurance are essential but can be difficult to fund.

While certain needs may be identified as top priorities, some strategies to address them may take more time to implement. In some cases, other necessary steps and changes must precede implementation, or require a regional leader to coordinate the providers and lead them through the steps. Some strategies may be more easily addressed, even though they are a low priority, or may be a step that improves the likelihood of implementing a priority improvement. While there are challenges to implementing coordination among various transportation providers and funding sources, it is important to note that transportation coordination is being successfully implemented across Indiana and throughout the country. There are many resources available to assist local communities as they work together on coordination. Contact the Indiana Department of Transportation, Office of Transit, for assistance.

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

Priority: Medium

Counties Included: Clay, Parke, Putnam, and Vermillion

Responsible Parties: Representatives from each Section 5311 and Section 5310 recipient organization.

Implementation Time Frame:

Ongoing

Staffing Implications:

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

Implementation Budget:

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

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

Performance Measures:

- ◆ Tally of vehicles applied for and received in region.
- ◆ Percent of fleet in region that is accessible to individuals with disabilities.

Strategy 1.2: Develop local tools for driver recruitment and retention

A region-wide, common advertising campaign to recruit drivers has the potential to benefit several agencies at minimal cost to each. Typically, advertising for driver positions also raises the awareness of the agencies' resources for consumers as well.

Providers should communicate to the state DOT office how their recruitment efforts are impacted by statewide policy. For example, the requirement that drivers go to a location outside of Indianapolis for their medical exam has been reported as a challenge for rural agencies. Potentially, solutions could be found that would minimize the need for recruits to travel long distances to meet medical qualification requirements.

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

Priority: High

Counties Included: Clay, Parke, Putnam, and Vermillion

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

<u>Implementation Time Frame:</u>	<u>Staffing Implications:</u>
Near Term (1-12 months)	Staff time to prepare media, recruit, on-board, and train drivers.
<u>Implementation Budget:</u>	
Minimal expenses to develop recruiting media but significant time to develop new employment pathways.	
<u>Potential Grant Funding Sources:</u>	Not required.

Performance Measures:

- ◆ “Drivers wanted” media campaign produced and launched
- ◆ New, regular and ongoing engagement with development and job-training programs
- ◆ Create bus driver practicum for CDL training

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

Strategy 2.1: Expand transportation service for new hours, days, and new geographic areas of the region

There is a need to increase the level of service in certain areas so that public transportation becomes a viable alternative for commuters, including those who need to stop at a childcare facility and attend appointments in addition to their normal workday. This creates a challenging quality of life situation for people who do not have access to a vehicle or choose not to drive. Although they meet the basic needs of many who need access to medical appointments, shopping, or agency programs, transit services that only operate from early morning to late afternoon make evening/weekend work shifts and recreational activities out of reach for those who rely on transit. Weekend service was mentioned by survey respondents as a desired improvement. Transportation providers are encouraged to consider expanding their hours and days of service to facilitate access to weekend employment opportunities for older adults, individuals with disabilities, and people with low incomes.

Some areas in the region, such as Vermillion County, have only minimal service. Capacity needs to be expanded to allow drivers to cover long distances and cross county lines, as that takes a vehicle out of service for local shared rides. This may be accomplished by meeting neighboring services to transfer passengers; by one agency providing a rural-to-urban leg of the trip and another agency providing the urban-to-rural leg; by extending service boundaries with zoned fares; or by creating a volunteer or premium service that operates outside of typical hours and areas.

Priority: High

Counties Included: Clay, Parke, Putnam, and Vermillion

Responsible Parties: Representatives from each Section 5311 and Section 5310 recipient organization. Representatives from local and regional Human Service Agencies.

Implementation Time Frame:

Near and Mid-Term (1-24 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:

Service would have to be supported by appropriate revenue from ridership or grants.

Potential Grant Funding Sources: Medicaid and Area Agency on Aging contracts; local United Way or HSA funding.

Performance Measures:

- ◆ New hours and days of service provided.
- ◆ Transfer points established.
- ◆ Services expanded across county lines.
- ◆ Ridership on expanded service.

Strategy 2.2: Evaluate the feasibility of providing general public transportation services in Clay, Parke and Vermillion Counties

Expanding service to these communities could potentially be achieved through a combination of efforts by Rural Transit, Child Adult Resource Services (C.A.R.S.), and/or Thrive West Central. A cost-benefit analysis may be necessary to provide project justification. Human service agencies and county officials in this three-county area should meet with the existing Region 6 providers to discuss the provision of general public service in their respective counties.

In order for coordination opportunities to be discussed and realized, there must be a leader in the Region for such an effort. The strongest leader is most likely one of the existing human service agency or public transportation operators in the rural area. Guidance from committees and transit systems in Terre Haute would also be beneficial. However, initiatives from the trusted local, rural operators may be the key to taking the first step.

Priority: Medium

Counties Included: Clay, Parke and Vermillion

Responsible Parties: C.A.R.S. and Thrive West Central transportation managers and agency administration.

Implementation Time Frame:

Long-Term (2 to 4 years)

Staffing Implications:

N/A

Implementation Budget:

To be determined based on chosen alternative(s).

Potential Grant Funding Sources: Section 5311 for public transportation providers (up to 50% local match required). Local match should be sustainable for multiple years.

Performance Measures:

- ◆ Feasibility study or new service completed.
- ◆ Funding secured through sustainable grants and contributions.
- ◆ General public service initiated in Clay, Parke and Vermillion Counties.
- ◆ Ridership on the new service.

Strategy 2.3: Provide multi-county service between the respective counties and develop a protocol for shared-ride long distance trips between the local providers

The providers should meet to discuss the possibility of establishing transfer points to coordinate passenger travel. The providers may also formalize funding arrangements between services, where one leg of a shared trip is provided by one agency and the return leg is provided by the second agency. This would be a step forward in the effort to meet the demand for employment and out-of-county medical trips.

Priority: High

Counties Included: Clay, Parke, Putnam and Vermillion

Responsible Parties: Public transportation providers, human service agencies, and all participating transportation agencies in the Region.

Implementation Time Frame:

Mid-Term (13-24 months)

Staffing Implications:

N/A

Implementation Budget: To be determined based on chosen alternative(s).

Potential Grant Funding Sources: Contracts between partnering agencies if sharing services across jurisdictional boundaries. Additional funding for transfer points may not be needed if an existing facility (i.e., store, church, etc.) will allow shared use of its location. Permission from the existing facility owner must be requested and secured in advance. Always consider passenger safety when planning a transfer location. Distance-based fares should be considered.

Performance Measures:

- ◆ Transfer points established.
- ◆ Services expanded across county lines.
- ◆ Memorandum of Understanding or Cost Sharing agreements developed.
- ◆ Ridership on expanded service.

Strategy 2.4: Adding same-day and on-demand service capacity

Same-day and on-demand transportation would be a beneficial service to the community. Providers have multiple options to provide same-day or on-demand service, although all would require new and additional funding to support the higher level of service.

- ◆ Providers may contract with taxis and private providers to provide same-day service.
- ◆ Providers could evaluate when vehicles are being under-utilized, such as during off-peak hours, and advertise the availability of same-day/on-demand rides to fill in the down time.
- ◆ Adoption of upgraded scheduling and dispatching technology could simplify the process of scheduling same-day or on-demand trips.

Priority: High

Counties Included: Clay, Parke, Putnam, and Vermillion

Responsible Parties: Representatives from each Section 5311 and Section 5310 recipient organization.

Implementation Time Frame:

Mid-Term (13-24 months)

Staffing Implications:

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

Implementation Budget:

Moderate costs for private transportation trips.

Potential Grant Funding Sources: Section 5311 and Matching Funds

Performance Measures:

- ◆ Increase in same day or on-demand trips
- ◆ Reduction in trip denials in off-peak hours

Strategy 2.5: Add volunteer programs to enhance and fill gaps for existing local service

For people living in more rural and exurban areas, and for those going to medical specialists, trips can be longer than 10 miles each way. These long trips can be difficult for agencies to fit onto their schedules, and may be difficult for individuals with disabilities or older adults who are unable to spend a long amount of time riding. Likewise, many transportation agencies are not able to meet travel needs for individuals outside of regular business hours. Evening and weekend trips, and longer trips from rural areas could be provided by trained volunteers.

Volunteer programs may reimburse mileage for individuals who drive their own vehicles to take riders to appointments. Some programs will provide agency-owned vehicles, ask volunteers to work only when there is demand, or schedule specific trips with the volunteer. Other programs ask the volunteer to select and schedule their trips from a centralized list of trip needs. The existing local agencies could organize a volunteer program at the regional level, establishing policies and geographic service areas, and determining each agency’s role in the program. The agencies could share volunteer recruitment responsibilities, insurance and liability risk, and volunteer screening and training. For additional information on insurance for volunteers, the AARP has provided a report: <https://www.aarp.org/ppi/info-2020/volunteer-driver-insurance-in-the-age-of-ridehailing.html>.

Providers in the region should consider incorporating the United Way’s Volunteer Match program for recruitment, inviting existing local programs if they wish to join. Volunteer trip scheduling may also be coordinated with 2-1-1 or regional call center services.

A feasibility study could examine the use of volunteer transportation as a means of providing transportation where transit ridership would be too low to sustain frequent service.

Priority: Medium

Counties Included: Clay, Parke, Putnam, and Vermillion

Responsible Parties: Representatives from each Section 5311 and Section 5310 recipient organization. Representatives from United Way, or similar agency that currently manages volunteers for other programs in the area.

Implementation Time Frame:

3 – 18 months

Staffing Implications:

Staff time to manage volunteer program, recruit and train drivers

Implementation Budget:

Costs would be low to coordinate existing volunteers; medium cost to combine scheduling and purchase coordinating software; medium cost for feasibility study

Potential Grant Funding Sources: Area Agency on Aging, United Way, RSVP, Private faith-based and foundation fundraising

Performance Measures:

- ◆ Number of trips provided by volunteers
- ◆ Stability and growth of trained volunteer driver pool
- ◆ Volunteer hours of service (could potentially be used as in-kind match)

GOAL 3: ADOPT NEW TECHNOLOGIES TO ENHANCE CUSTOMER SERVICE AND INCREASE EFFICIENCY

Strategy 3.1 Add technological capacity for improving scheduling and dispatch, tracking vehicles, and responding to unforeseen changes in service needs

Recent improvements in transit technology have resulted in providers finding new levels of efficiency in terms of communicating with passengers, scheduling trips, billing, and managing safe transportation programs. Automatic vehicle locators, tablets for dispatch communications, automatic passenger counters, cameras, and other tools are becoming more common in rural systems. Even in human service transportation programs, the ability to improve scheduling, dispatching, and vehicle tracking can strengthen operations effectiveness. The ability of scheduling and dispatch software generate reports is also beneficial for many human service providers that are required to file reports with multiple funders.

Priority: High

Counties Included: Clay, Parke, Putnam, and Vermillion

Responsible parties: Representative from Section 5311 and Section 5310 recipient organizations.

Implementation Time Frame:

3 – 12 months

Staffing Implications:

Staff time to evaluate technology alternatives and participate in training

Implementation Budget:

Cost of items purchased

Potential Grant Funding Sources: Section 5311 or 5339 for public transportation providers. Local match may be derived from nonprofit or state/local government sources. For human service transportation, a joint purchasing program may reduce costs over several agencies.

Performance Measures:

- ◆ Software licenses purchased and tablets or other equipment installed
- ◆ Service efficiency increases that are demonstrated following the installation and after
- ◆ Reporting and other administrative efficiencies are noted after installation

Strategy 3.2 Add customer-facing technology for scheduling trips.

Customer-facing web- or app-based scheduling for trips can provide their riders with greater independence and flexibility. In examining options for scheduling and dispatch technology, consideration should be made for the customer experience and the ability for a customer to schedule their own trip. The implementation of electronic fare media may also play a role in reducing fraud. A variety of web tools and mobile apps are available that meet the needs of agencies at different scales. In several years’ time, the use of broadband and broadcasting technology will make online scheduling ubiquitous even in rural areas.

Priority: Medium

Counties Included: Clay, Parke, Putnam, and Vermillion

Responsible parties: Representatives from Section 5311 and Section 5310 recipient organizations.

<u>Implementation Time Frame:</u> 6 – 24 months	<u>Staffing Implications:</u> Staff time to evaluate software options and mobile apps, undergo training, and develop a media and rider roll out.
<u>Implementation Budget:</u> Cost of software license or app licenses purchased	
<u>Potential Grant Funding Sources:</u> Local funds or a part of the agency marketing budget would be appropriate	

Performance measures:

- ◆ Technology is implemented successfully and advertised
- ◆ Training program for the new technology is developed and deployed
- ◆ Number of trips scheduled online compared with overall trips

GOAL 4: COOPERATE AT A REGIONAL LEVEL TO PROMOTE SEAMLESS INTER-COUNTY TRANSPORTATION SERVICE

Strategy 4.1: Activate the Regional Transportation Provider Council or Terre Haute Transportation Advisory Committee (TAC)

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

One of the initial tasks for the committee will be to identify new operating dollars, or re-direct existing operating dollars to expand the driver workforce. A partnership with the United Way, regional health care provider, or other community foundation may provide funding for cross-county-trips or reduced fare options. The Council can accomplish goals through networking and sharing information to generate in for participating counties. The Council should meet at least quarterly.

Priority: Low

Counties Included: Clay, Parke, Putnam, and Vermillion

Responsible Parties: Representatives from each Section 5311 and Section 5310 recipient organization. Representatives from local and regional medical hospitals and clinics and major employers.

Implementation Time Frame:

Immediate and Ongoing

Staffing Implications:

Staff time to provide meaningful participation in meetings.

Implementation Budget:

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

Potential Grant Funding Sources: Not required.

Performance Measures:

- ◆ Provider Council includes representation from transportation providers and representatives from the general public from each county.
- ◆ Implement at least one new coordination activity per year. Activities could range from shared information, grant writing, to trip sharing and coordinated transfers.

GOAL 5: INCREASE PARTICIPATION IN STATEWIDE INITIATIVES TO ENHANCE MOBILITY

Strategy 5.1 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 solution to common problems. The organization holds an annual conference.

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: Low

Counties Included: Clay, Parke, Putnam, and Vermillion

Responsible Parties: Representatives from each Section 5311 and Section 5310 recipient organization and representatives from human service agencies serving individuals with disabilities, older adults, or people with low incomes.

Implementation Time Frame:

Ongoing

Staffing Implications:

No major staff implications

Implementation Budget:

No additional costs.

Potential Grant Funding Sources: Not required.

Performance Measures:

- ◆ Number of Region 6 representatives who attend meetings of INCOST and other statewide organizations
- ◆ Number of contacts with state-level policymakers about transportation needs and funding concerns

Strategy 5.2 Track and communicate concerns about brokered service delivery to FSSA and INDOT

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

Address information for the FSSA/NEMT Commission:

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

Address information for NEMT brokerage as of July 2021:

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

Complaint form available at <https://www.southeastrans.com/indiana-providers/#open-overlay> (scroll to "File a Complaint")

Priority: Low

Counties Included: Clay, Parke, Putnam, and Vermillion

Responsible Parties: Representatives from each Section 5311 and Section 5310 recipient organization and representatives from human service agencies serving individuals with disabilities, older adults, or people with low incomes.

Implementation Time Frame:

Ongoing

Staffing Implications:

No major staff implications

Implementation Budget:

No additional costs.

Potential Grant Funding Sources: Not required.

Performance Measures

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

Strategy 5.3 Educate local elected officials about transportation services and needs

It is critical that transportation providers and stakeholders educate County Commissioners and other local elected officials about the value of public transit and human service transportation. The disconnect between transit and other transportation programs (roads and bridges) can be resolved by bringing transit conversations and trainings to the notice of elected officials. Using venues where the engineering and elected officials are already gathering will make these conversations more impactful. Purdue Road School is an annual event that provides a forum for educating officials about transportation.

Performance Measures:

- ◆ Number of Region 6 officials who receive information about public transit and human service transportation
- ◆ Number of events where information is provided

Priority: High

Counties Included: Clay, Parke, Putnam, and Vermillion

Responsible Parties: Representatives from each Section 5311 and Section 5310 recipient organization.

Implementation Time Frame:

Immediate and Ongoing

Staffing Implications:

Staff time to provide meaningful participation in meetings.

Implementation Budget:

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

Potential Grant Funding Sources: Not required.

Performance Measures:

- ◆ Staff attendance at RTAP, INCOST, and Purdue Road School meetings and trainings.
- ◆ Develop regular reporting channel to FSSA and INDOT regarding observed brokered service strengths and weaknesses.
- ◆ Tracking networking and outreach activities to a variety of service and professional organizations.
- ◆ Develop partnerships and networks to bring transit issues to other transportation conversations and other professional arenas.

GOAL 6: INCREASE PUBLIC AWARENESS OF AVAILABLE TRANSPORTATION SERVICES AMONG COMMUNITY STAKEHOLDERS

Strategy 6.1 Create a “who-to-call” directory with mapped service areas for public use

Using a “no wrong door” approach, the Region 6 transportation providers’ call-takers and schedulers would be able to use the directory to provide information to riders, connecting them with resources beyond transit when appropriate or needed. The directory and mapped service area may also be shared on each agencies’ websites, social media, and on local government sites to create common knowledge about available services. The inventory section of this report could form the backbone of the directory.

Priority: Low

Counties Included: Clay, Parke, Putnam, and Vermillion

Responsible Parties: Representatives from each Human Service Agencies across the region.

Implementation Time Frame:

Immediate and Ongoing

Staffing Implications:

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

Implementation Budget:

Minimal expenses to develop list and map.

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

Performance Measures:

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

Strategy 6.2 Develop an online portal that includes resources and input from Area Agencies on Aging and Independent Living Councils

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

Priority: Low

Counties Included: Clay, Parke, Putnam, and Vermillion

Responsible Parties: Representatives from Human Service Agencies.

Implementation Time Frame:

3-6 months and Ongoing

Staffing Implications:

Staff time to develop and manage an online portal.

Implementation Budget:

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

Potential Grant Funding Sources: Not required.

Performance Measures:

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

IMPLEMENTATION PRIORITIES

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 and improve coordination of human service agency and transportation provider resources. Page numbers are provided in Exhibit 32 for quick reference to detailed information for each objective.

All Section 5310 grant funds will be available through a competitive process. Please also note that each grant application for Section 5310 and Section 5311 will be considered individually to determine if the proposed activities to be supported by the grant adequately meet the requirements of the intended funding program. Section 5310 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 are developed.

Exhibit 32. Implementation Key

Page Number	Strategy Number	Goal 1 Objective/Strategy Description	Priority
52	1.1	Replace and maintain vehicles through FTA/INDOT funding and local sources	Medium
53	1.2	Develop local tools for driver recruitment and retention	High

Page Number	Strategy Number	Goal 2 Objective/Strategy Description	Priority
54	2.1	Expand transportation service for new hours, days, and new geographic areas of the region	High
55	2.2	Evaluate the feasibility of providing general public transportation services in Clay, Parke and Vermillion Counties	Medium
56	2.3	Provide multi-county service between the respective counties and develop a protocol for shared-ride long distance trips between local providers	High
57	2.4	Adding same-day and on-demand service capacity	High
58	2.5	Add volunteer programs to enhance and fill gaps for existing local service	Medium

Page Number	Strategy Number	Goal 3 Objective/Strategy Description	Priority
60	3.1	Add technological capacity for improving scheduling and dispatch, tracking vehicles, and responding to unforeseen changes in service needs	High
61	3.2	Add customer-facing technology for scheduling trips	Medium

Page Number	Strategy Number	Goal 4 Objective/Strategy Description	Priority
62	4.1	Activate the Regional Transportation Provider Council or Terre Haute Transportation Advisory Committee (TAC)	Low

Page Number	Strategy Number	Goal 5 Objective/Strategy Description	Priority
63	5.1	Participate actively in the Indiana Council on Specialized Transportation (INCOST) and other statewide organizations	Low
64	5.2	Track and communicate concerns about brokered service delivery to FSSA and INDOT	Low
65	5.3	Educate local elected officials about transportation about transportation services and needs	High

Page Number	Strategy Number	Goal 6 Objective/Strategy Description	Priority
66	6.1	Create a “who-to-call” directory with mapped service areas for public use	Low
67	6.2	Develop an online portal that includes resources and input from Area Agencies on Aging and Independent Living Councils	Low

Appendices
