

**COORDINATED PUBLIC TRANSIT-
HUMAN SERVICES TRANSPORTATION
PLAN FOR BENTON, CARROLL,
CLINTON, WARREN, AND WHITE
COUNTIES, INDIANA**

FINAL REPORT

**PRESENTED TO:
INDIANA DEPARTMENT OF
TRANSPORTATION**

APRIL 24, 2008

**INTRODUCTION
INDOT
STATEWIDE
COORDINATED
PUBLIC TRANSIT
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I. INTRODUCTION

This document is the regional portion of the Indiana Statewide Coordinated Public Transit-Human Services Transportation Plan. Its function is to document evaluation of existing transportation providers and the unmet transportation needs/duplications in human service agency and public transportation service, and establish transportation related goals for Benton, Warren, White, Clinton, and Carroll counties, Indiana. This documentation fulfills 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).

This study documents the comprehensive efforts of community outreach that have been conducted to date in an effort encourage participation from all of the local stakeholders and general public in the study area that represent these targeted populations. Outreach efforts are based on best practices from coordination efforts across the country as well as strategies suggested by the national United We Ride initiative in human service transportation. The goal is to improve human service and public transportation for older adults, individuals with disabilities of all ages, and people with lower incomes through coordinated transportation.

INDOT requested the assistance of RLS & Associates, Inc. to develop this statewide plan. The following chapters document the demographic conditions, inventory of existing transportation providers, gaps and duplications in transportation, and unmet transportation needs throughout the five county region that have been identified through analysis and community input. Chapter V of this plan outlines suggested goals and implementation strategies to address the unmet needs and gaps in service and improve the quality of life for individuals with disabilities, older adults, and individuals with low incomes.

The appendix of this memorandum is provided to document the comprehensive outreach efforts to date, including a checklist of stakeholder organizations that were contacted to complete the comprehensive stakeholder survey, which was compiled from the United We Ride *Framework for Action: Building a Fully Coordinated Transit System* survey. The appendix also includes local stakeholder meeting announcements and agendas that were distributed to all local stakeholders, and a list of organizations that attended the local stakeholder meeting and one-on-one interviews.

WHY A COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN?

In August of 2005, Congress passed the Safe, Accountable, Flexible, Efficient, Transportation, Equity Act: A Legacy for Users (SAFETEA-LU), reauthorizing the surface transportation act. As part of this reauthorization, grantees under the Elderly Individuals and Individuals with Disabilities (Section 5310), Job Access

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and Reverse Commute (JARC) (Section 5316), and New Freedom Initiative (Section 5317) grant programs must meet certain requirements in order to receive funding for fiscal year 2007 (October 1, 2006) and beyond.

One of the SAFETEA-LU requirements is that projects from the programs listed above must be part of a “*locally developed Coordinated Public Transit-Human Services Transportation Plan.*” This transportation plan must be developed through a process that includes representatives of public, private, and non-profit transportation services, human services providers, and the general public.

Transportation is the vital link to jobs, medical care and community support services. Without it, citizens cannot be productive because they do not have reliable access to employment centers; health care becomes more expensive as citizens are admitted to hospitals with serious health problems because they were without necessary resources to travel to preventative care appointments, etc. The lack of affordable and useable transportation options frustrates the ability of many citizens to achieve economic and personal independence (Coordinating Council on Access and Mobility (CCAM), 2006). Transportation coordination can help to provide more trips for human service agency and nonprofit organization consumers and the general public, and link them to life-supporting employment and services.

Transportation coordination, while making sense from an efficiency and resource utilization standpoint, is also becoming a national mandate. During the last few years, the Federal Transit Administration CCAM developed a national campaign entitled “United We Ride,” to help promote transportation coordination. A “United We Ride” website has been posted as a resource for any organization with an interest in transportation of older adults, individuals with limited incomes, and individuals with disabilities. The website contains “A Framework for Action” for local communities and state governments, a coordination planning tool, along with a multitude of other coordination resources. State “United We Ride” grants, such as the one which sponsored this study, have also been awarded across the nation to encourage transportation coordination planning at the state level.

Transportation coordination has been occurring across the nation because the benefits of coordination are clear. According to the Federal Coordinating Council on Access and Mobility’s (CCAM) “United We Ride” website, nationally, \$700 million could be saved if transportation providers would coordinate individual resources which are dedicated to providing transportation. This conservative estimate is based on a study conducted by the National Academy of Science’s Transportation Research Board (TRB) but it highlights the fact that transportation resources (funding, people, vehicles and services) could be more effectively utilized to provide more transportation for communities.

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As indicated above, the U.S. Congress is also supporting the new emphasis on coordinated human service agency and public transportation efforts with the passage of SAFETEA-LU. Coordinated transportation is now an eligibility requirement for the following FTA funding grant programs:

Transportation for Elderly Persons and Persons with Disabilities (Section 5310) - This program (49 U.S.C. 5310) provides formula funding to States for the purpose of assisting private nonprofit groups in meeting the transportation needs of the elderly and persons with disabilities when the transportation service provided is unavailable, insufficient, or inappropriate to meeting these needs. States apply for funds on behalf of local private non-profit agencies and certain public bodies. Capital projects are eligible for funding. Most funds are used to purchase vehicles, but acquisition of transportation services under contract, lease or other arrangements and state program administration are also eligible expenses.

Job Access and Reverse Commute (JARC) Program (Section 5316) - The purpose of this grant program is to develop transportation services designed to transport welfare recipients and low income individuals to and from jobs and to develop transportation services for residents of urban centers and rural and suburban areas to suburban employment opportunities. Emphasis is placed on projects that use mass transportation services. Job Access grants are intended to provide new transit service to assist welfare recipients and other low-income individuals in getting to jobs, training, and child care. Reverse Commute grants are designed to develop transit services to transport workers to suburban job sites. Eligible recipients include local governmental authorities, agencies, and non-profit entities. Eligible activities for Job Access grants include capital and operating costs of equipment, facilities, and associated capital maintenance items related to providing access to jobs. Also included are the costs of promoting the use of transit by workers with nontraditional work schedules, promoting the use of transit vouchers, and promoting the use of employer-provided transportation including the transit benefits. For Reverse Commute grants, the following activities are eligible: operating costs, capital costs, and other costs associated with reverse commute by bus, train, carpool, vans, or other transit service.

New Freedom Program (Section 5317) – A new funding program as of Federal Fiscal Year 2006, New Freedom is designed to encourage services and facility improvements to address the transportation needs of persons with disabilities that go beyond those required by the Americans with Disabilities Act. The New Freedom formula grant program is designed to expand the transportation mobility options available to individuals with disabilities beyond the requirements of the ADA. Examples of projects and activities that might be funded under the program include, but are not limited to:

- Purchasing vehicles and supporting accessible taxi, ride-sharing, and vanpooling programs.

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- Providing paratransit services beyond minimum requirements (3/4 mile to either side of a fixed route), including for routes that run seasonally.
- Making accessibility improvements to transit and intermodal stations not designated as key stations.
- Supporting voucher programs for transportation services offered by human service providers.
- Supporting volunteer driver and aide programs.
- Supporting mobility management and coordination programs among public transportation providers and other human service agencies providing transportation.

One of the prerequisites to apply for funding under the SAFETEA-LU programs is participation in the creation of a “locally developed Coordinated Public Transit-Human Services Transportation Plan.” This document is the first step for all of the organizations that participated in the plan toward satisfying grant application requirements. The plan should become a living document so that it may be amended as new organizations join the effort and existing transportation resources change in future years.

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II. EXISTING CONDITIONS

The five county region lies on the central eastern section of Indiana. The region surrounds Tippecanoe County and Lafayette to the north, east, and west. This region includes the counties of Warren (population of 8,701), Benton (9,050), White (24,396), Carroll (20,526), and Clinton (34,217) in Indiana. Larger cities in the region include Frankfort City (16,660), Delphi City (2,960), Flora Town (2,190), Monticello City (5,622), Williamsport Town (Warren), and Flower Town (2,407). The region is bordered by the Indiana counties Newton, Jasper, and Pulaski; Cass, Kokomo, and Hamilton; and Lafayette, Fountain, Fountain, and to the south.

Exhibit II.1 on the following page is a highway and location map of the seven county region. The region is served by the following major highways: Interstate 65; U.S. Routes 52 and 41; and Indiana Routes 421, 24, and 29.

ECONOMIC/DEMOGRAPHIC CHARACTERISTICS OF THE REGION

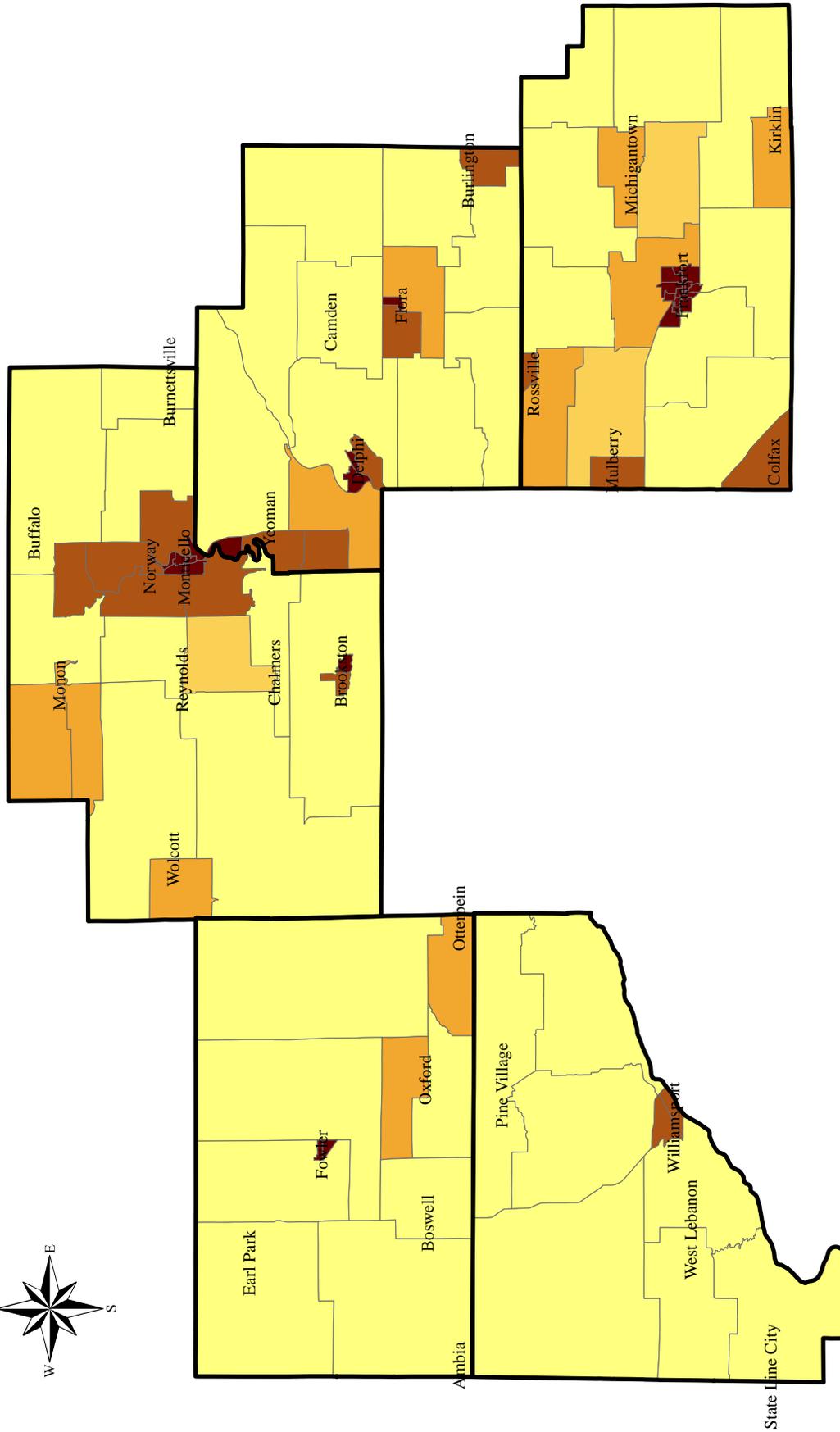
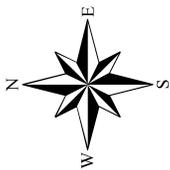
The following paragraphs provide demographic and economic descriptions. Regional statistics are provided to support the existing and needed transportation service that is not contained within county boundaries.

Population

The region is approximately 2,052.3 square miles in size and has a total population of 86,893 people according to the 2006 U.S. Census. The map in Exhibit II.2 shows the population density for each block group within the region. The block groups of highest and moderately high population density were located in and around the cities of Frankfort, Flora, Montello, Delphi, Brookston, Fowler, and Norway. The block groups with moderate population density are heaviest to the south of Lake Shafer near state highways 24 and 421. Clinton County also has a large block groups with moderate population density in central portion of the county. The remainder of the block groups in the region has low to very low population density per block group.

In terms of the region's most populous places in 2006, the city of Frankfort ranked first with 16,660, while Monticello was the second largest place with 5,622. See Exhibit II.3 for the list of the region's largest cities and towns and their percentage of the region's total population in 2006. Approximately 35 percent of the regions' population resides in rural areas outside of cities and towns.

Economic/ Demographic Characteristics of the Region



Region 2 Blockgroups



Exhibit II.2: Persons Per Square Mile

Benton, Warren, White, Carroll, Clinton



Exhibit II.3: Population of the Region’s Largest Places, 2006

	2006	% of Region’s Total Y2000 Pop.
Frankfort City	16,660	48.1%
Monticello City	5,622	22.3%
Delphi City	2,960	14.5%
Fowler Town	2,407	25.1%
Flora Town	2,190	10.5%
Williamsport Town	1,952	21.9%
Monon	1,645	6.7%
Brookston	1,624	6.7%
Millbury	1,463	4.3%

Source: 2006 data: STATS Indiana,
State of Indiana Website

Race

According to 2000 data from the U.S. Census, the region’s population was primarily White/Caucasian (95.7 percent of the population). The total minority population was reported to be 4.21 percent of the population. Exhibit II.4 lists the breakdown of the different race categories for the region’s population.

Exhibit II.4: Race Distribution

Race	Population	Percent
White	93,022	95.7%
African American	121	0.01%
Native American	169	0.02%
Asian	169	0.02%
Other	2,853	2.9%
Two or More Races	787	0.82%
Total Minority	4,099	4.21%
Total Population	97,138	100.00%

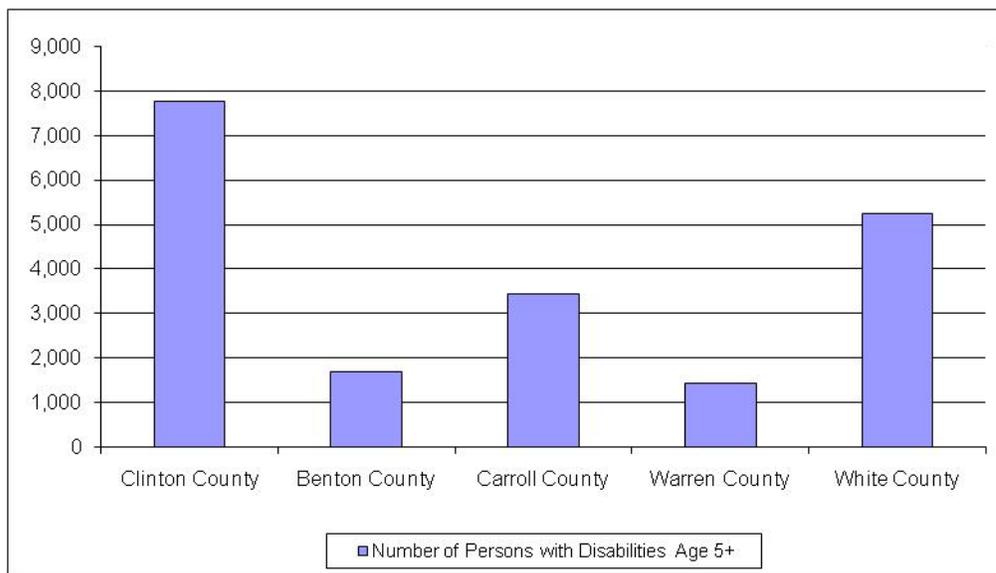
Source: U.S. Census Bureau, 2000

Disability Incidence

Disability incidence data was collected using the 2000 U.S. Census. The following exhibit (Exhibit II.5) shows the number of persons in each county in the region over the age of 5 with disabilities. Some 19,569, or 20.1 percent, of the regions' population reported having some type of disability. This is a relatively high rate of disability incidence as Indiana's percentage of persons with disabilities is only 17 percent and the United States' is 17.7 percent. Disabilities include sensory, mental, physical, and self-care limitations.

It should be noted that these are self-reported disabilities, many of which do not affect the need for specialized transportation service.

Exhibit II.5: Disability Incidence by County, 2000



Source: U.S. Census 2000

Economic Profile

Employment and Income

Using the STATS Indiana, state of Indiana Website, the household income figures reported the average per capita income in the region was \$26,515 for 2005. Exhibit II.6 below lists the 2005 per capita incomes, and 2004 median household incomes for the counties in the region.

Exhibit II.6: Per Capita and Median Household Income

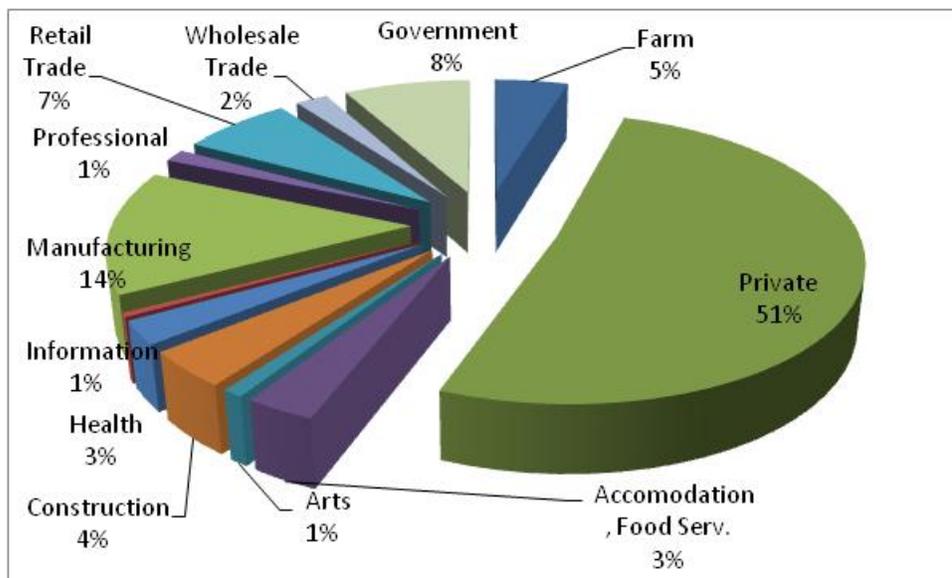
County	Per Capita Income (2005)	Median HH Income (2004)
White	\$25,651	\$41,890
Clinton	\$25,635	\$42,951
Benton	\$27,723	\$41,414
Warren	\$25,802	\$46,477
Carroll	\$27,767	\$45,231
State of Indiana	\$31,173	\$43,217

Source: U.S. Bureau of Economic Analysis; US Census Bureau; Indiana Family Social Services Administration; Indiana Department of Education

Industry and Labor Force

‘Private’ trades employed the most people with 35,287 employees. This is over half of all the jobs in the region. ‘Manufacturing’ trades employed the second highest number of people, and ‘government’ was the third largest employer. Reportedly, 9,680 workers were employed by manufacturing offices. In addition, 5,554 people were employed in government. Exhibit II.7 is an illustration of the employment by industry. Some of these totals do not include select county data as it was not available due to U.S. Bureau of Economic Analysis non-disclosure requirements.

Exhibit II.7: Regional Employment by Industry



Source: US Bureau of Economic Analysis

‘Manufacturing’ trades had the highest reported total wages in the region during 2005. Employees of ‘manufacturing’ trades earned \$1,516,808.

‘Private’ and ‘Government’ industries reported the second and third highest total wages according to the U.S. Bureau of Economic Analysis (see Exhibit II.8). ‘Arts and Recreation’ and ‘Information’ industries earned the lowest annual incomes. The table in Exhibit II.8 outlines the total wages earned, by industry. Some of these totals do not include select county data as it was not available due to U.S. Bureau of Economic Analysis non-disclosure requirements.

Exhibit II.8: Total Regional Wages by Industry, 2005

Employment	Annual Earnings
Other Private	\$ 118,001
Private	\$ 1,027,618
Manufacturing *	\$ 1,516,808
Government	\$ 218,736
Retail Trade	\$ 89,003
Construction *	\$ 71,185
Arts & Rec.	\$ 23,174
Transportation and Warehouse *	\$ *
Health Care and Social Asst.	\$ 54,120
Accommodation and Food Service	\$ 23,585
Whole Sale Trade	\$ 61,717
Agriculture	\$ 62,189
Information *	\$ 10,603
Prof. and Tech.*	\$ 24,090

*These totals do not include county data that is not available due to Bureau of Economic Analysis non-disclosure requirements.

Source: U.S. Bureau of Economic Analysis, 2005

Journey to Work

The percentage of persons that travel less than 30 minutes to work is 69 percent. Six percent of persons travel more than one hour to work. Exhibit II.9 illustrates the average commute time for each county in the region, according to 2000 U.S. Census Bureau statistics.

Exhibit II.9 Average Commute Time to Work

County	Travel Time
Clinton County	15.4
Carroll County	22.2
White County	17.6
Warren County	18.1
Benton County	22.0

The average commute time to work for the region is 19 minutes. It is noted that approximately 97 percent of the labor force in the region commute to work.

COUNTY PROFILES

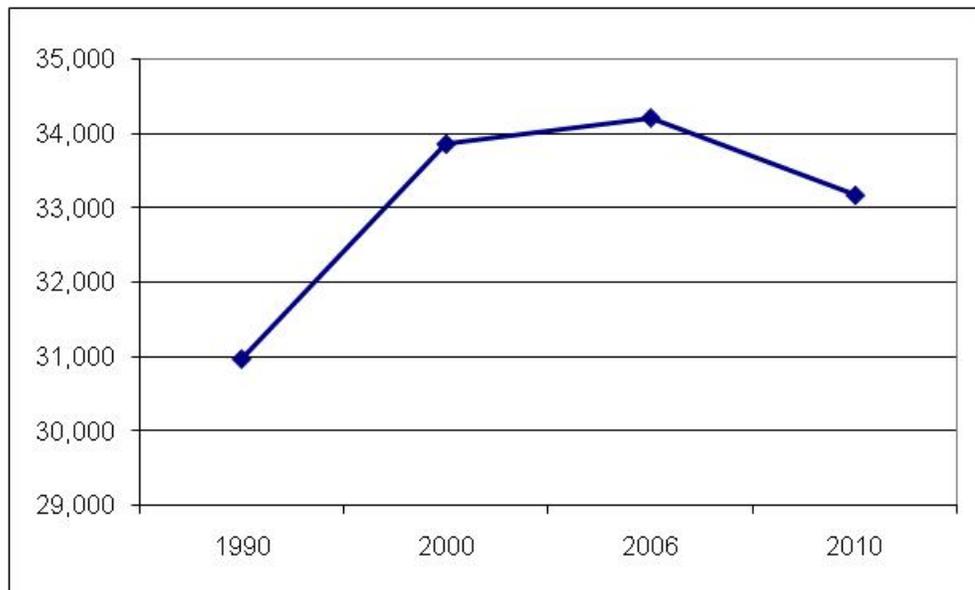
The following paragraphs explain the demographic and economic characteristics of each county within the region. County demographic categories are similar to the regional categories, but are intended to provide a more detailed description of existing conditions in each county.

Clinton County

Population Growth

According to information from the state of Indiana, the total population of Clinton County in 2006 was 34,217 persons. This is an increase from the 2000 Census population of 33,866. This means the county has grown one percent between 2000 and 2006. The Indiana Business Research Center is projecting decrease in population. The projected population for 2010 is 33,176, a decrease of less than one percent from 2006. Exhibit II.10 illustrates the historical and projected population trends through 2010.

Exhibit II.10: Population Trends

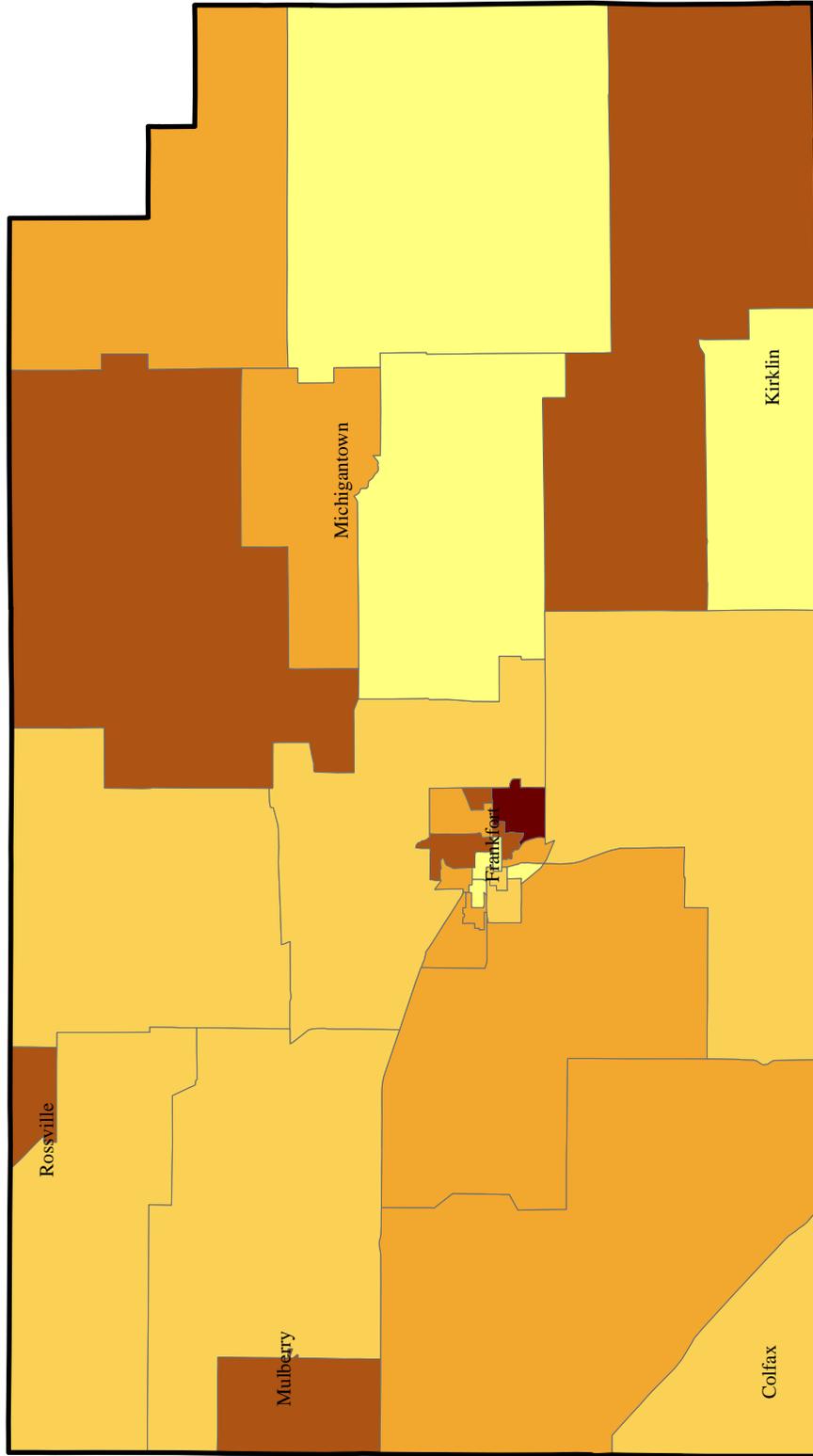
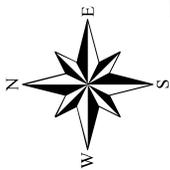


Source: 1990 & 2000 Census Bureau & STATS Indiana

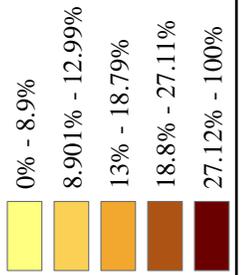
Age

Exhibit II.11 illustrates the density of persons aged 65 and older by Census block group. The block groups with the highest density of residents aged 65 and older (27.12 – 100 percent) is in the south east corner of Frankfort. Areas of moderately high and moderate density of senior citizens (18.8-27.11 percent) are found around the central section of Mulberry, the south eastern section of Clinton county, and the north central section of Clinton County. The remainder of the county has low to very low elderly population density.

According to the 2000 statistics from the U.S. Census, the largest age cohort for Clinton County in 2000 was between age 25 and 44, constituting 29 percent of the county's population (see Exhibit II.12). The second largest age group was 45 to 64 year olds (21 percent). Approximately 27 percent of the population was under age 18, while 15 percent was age 65 or older. The distribution indicates that the majority of the county's population was in the working age groups and moving toward the age for retirement.



Region 2 Blockgroups

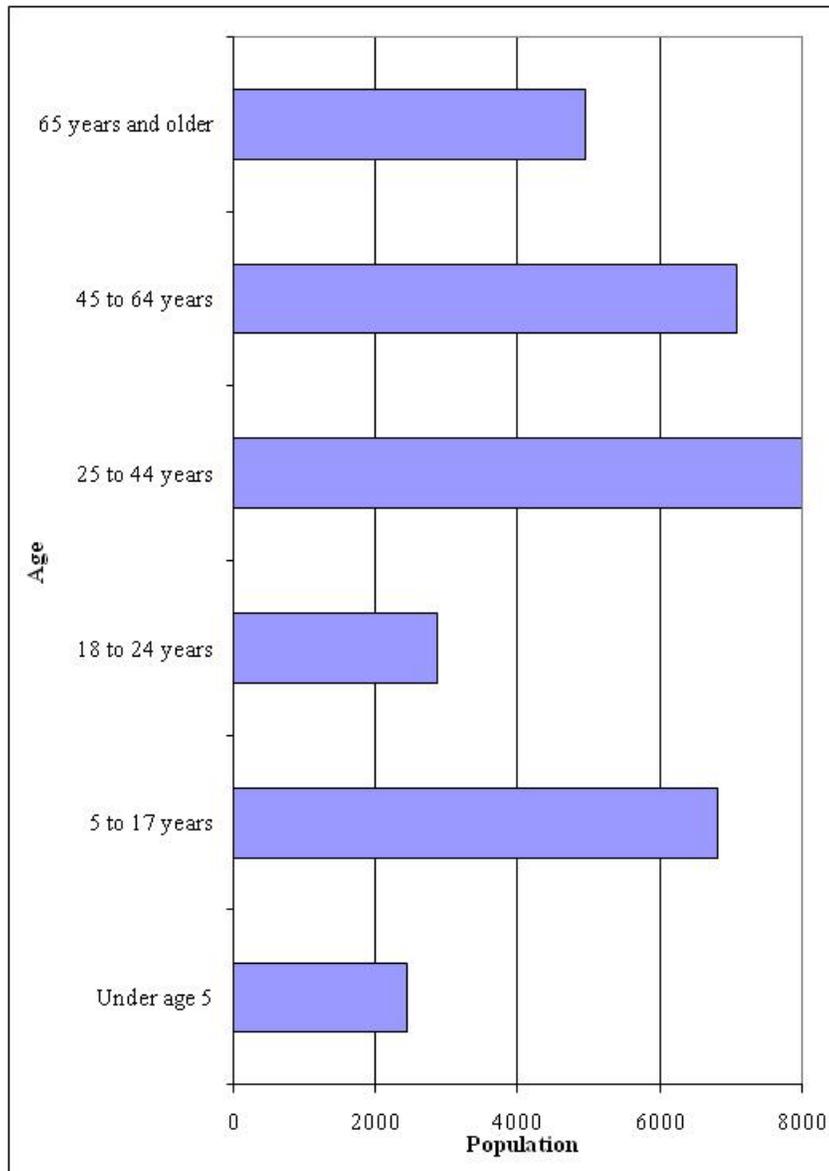


**Exhibit II.11: Population 65 and Over
As a percent of total population**



Clinton County

Exhibit II.12: Population by Age

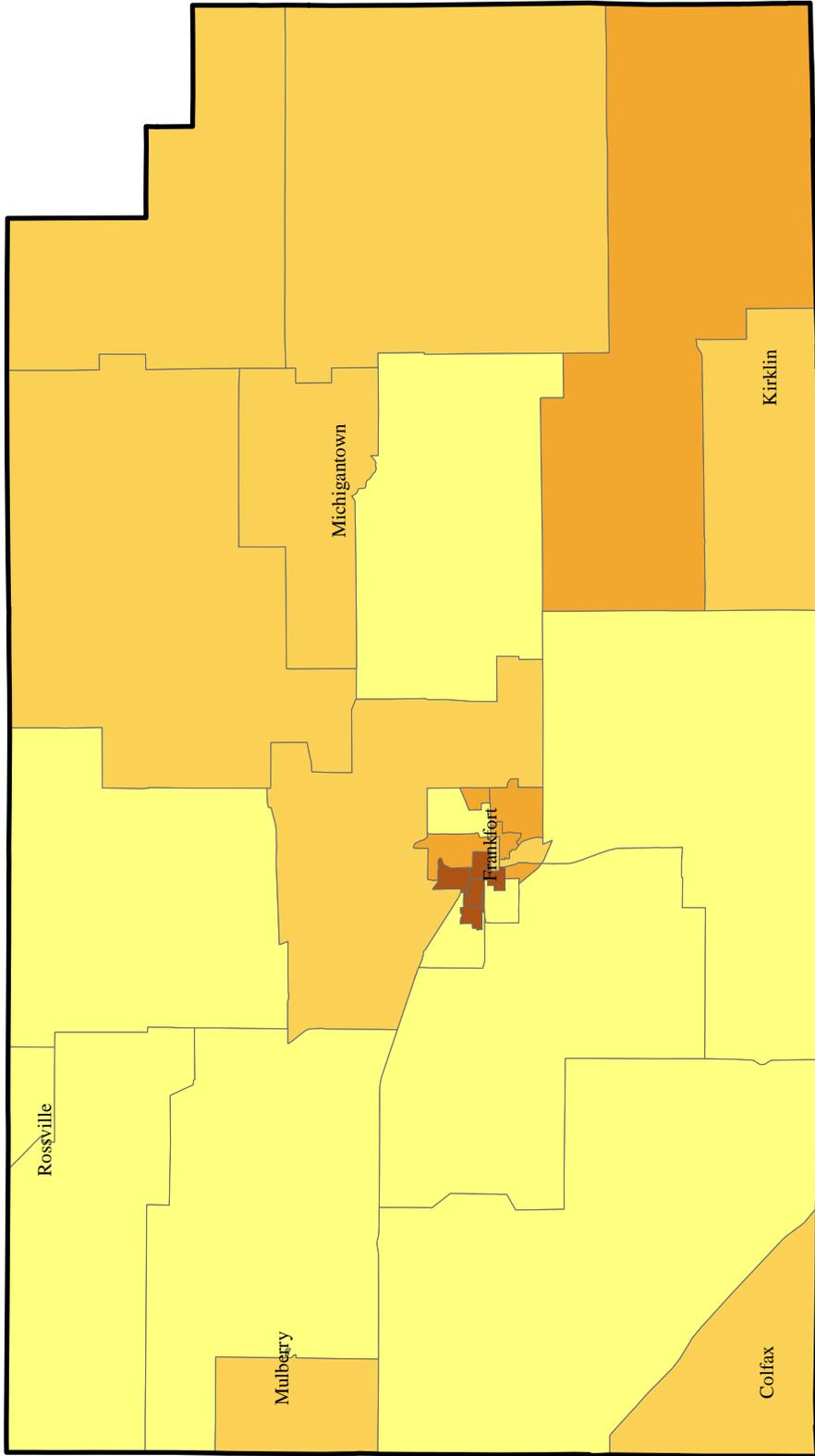


Source: 2000 US Census Data

Economic Profile

Employment and Income

There were 12,550 total households in the county. Exhibit II.13 illustrates the density of households below the poverty level per square mile. Areas having a moderate density (15.58 – 27.75 percent) of households below the poverty level were found in the northwestern section of Frankfort. The remainder of the county had lower densities of households below the poverty level.



Region 2 Blockgroups

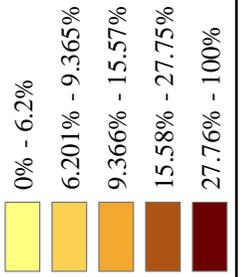


Exhibit II.13: Households Below Poverty
As a percent of total households

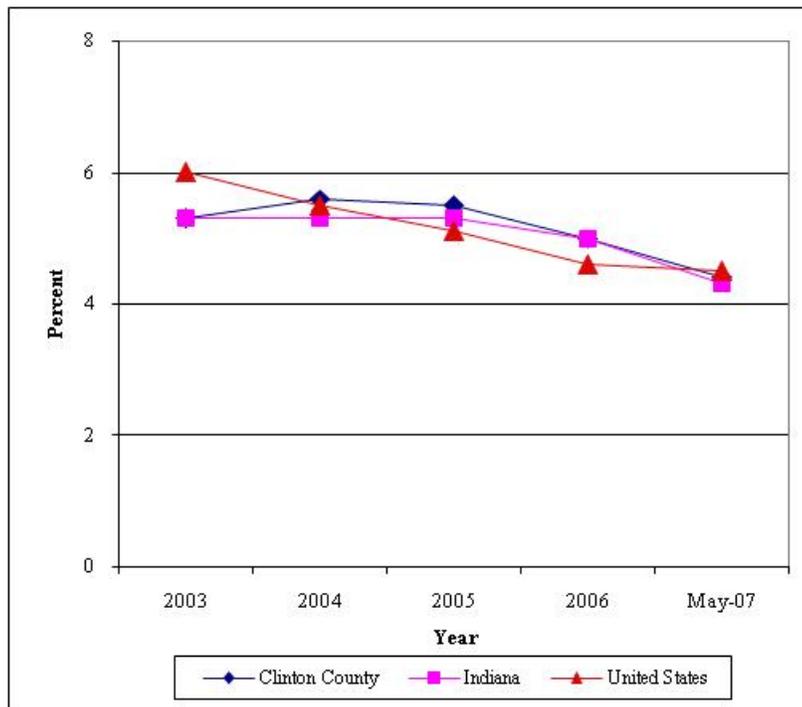


Clinton County

Industry and Labor Force

The 2006 Clinton County labor force consisted of 17,196 individuals according to the U. S. Bureau of Economic Analysis and the Indiana Department of Workforce Labor. The county’s unemployment rate reached a high in 2004 of 5.6 percent, which was higher than the state and national rates. From 2004 to 2006, the unemployment rate has been very close to the state and national rates. Exhibit II.14 illustrates a comparison of the unemployment rates in the county, state of Indiana, and the nation.

Exhibit II.14: Comparison of Unemployment Rates

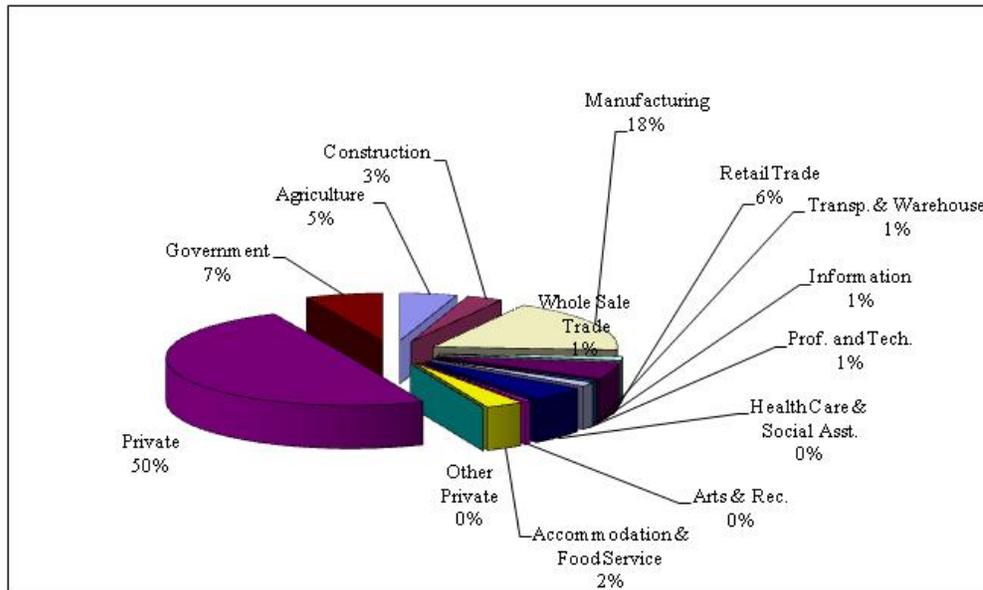


Source: Bureau of Labor Statistics

‘Private’ sector was the largest industry in the county with 12,727 employees in 2005. ‘Manufacturing’ sector was the second largest employer (4,567 employees) and ‘government’ was the third largest. Reportedly, 1,743 workers were employed by the ‘government’ industry. In addition, 1,428 people were employed by the ‘retail trade’. Exhibit II.15 is an illustration of the employment by industry.

Exhibit II.15: Employment by Industry

County Profiles



Source: U.S. Bureau of Economic Analysis, 2005

The 'Manufacturing' sector had the highest reported total wages of 2005 earning \$235,849. 'Private' and 'Other private' employment reported the second and third highest total wages according to the U.S. Bureau of Economic Analysis. 'Transportation and Warehouse' did not have county data information available due to Bureau of Economic Analysis non-disclosure requirements. The table in Exhibit II.16 outlines the total wages earned, by industry.

Exhibit II.16: Employment by Industry

Employment	Annual Earnings
Agriculture	\$ 12,293
Construction	\$ 21,991
Manufacturing	\$ 235,894
Whole Sale Trade	\$ 13,983
Retail Trade	\$ 25,314
Transp. and Warehouse	\$ -
Information	\$ 3,982
Prof. and Tech.	\$ 10,620
Health Care and Social Asst.	\$ 35,964
Arts & Rec.	\$ 9,838
Accommodation and Food Service	\$ 9,838
Other Private	\$49,903*
Private	\$ 437,317
Government	\$ 72,262

Source: US Bureau of Economic Analysis

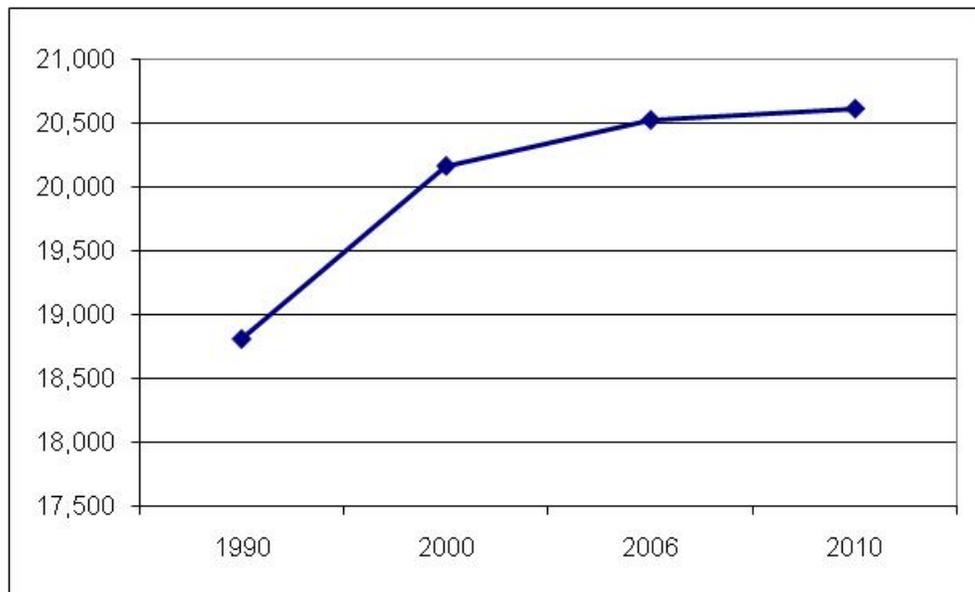
* Data not available due to BEA non-disclosure requirements.

Carroll County

Population Growth

According to information from the state of Indiana, the total population of Carroll County in 2006 was 20,526 persons. This is an increase from the 2000 Census population of 20,165. This means the county has grown nearly two percent. The Indiana Business Research Center is projecting an increase in population for Carroll County. The projected population for 2010 is 20,614, an increase of less than one percent from 2006. Exhibit II.17 illustrates the historical and projected population trends for Carroll County through 2010.

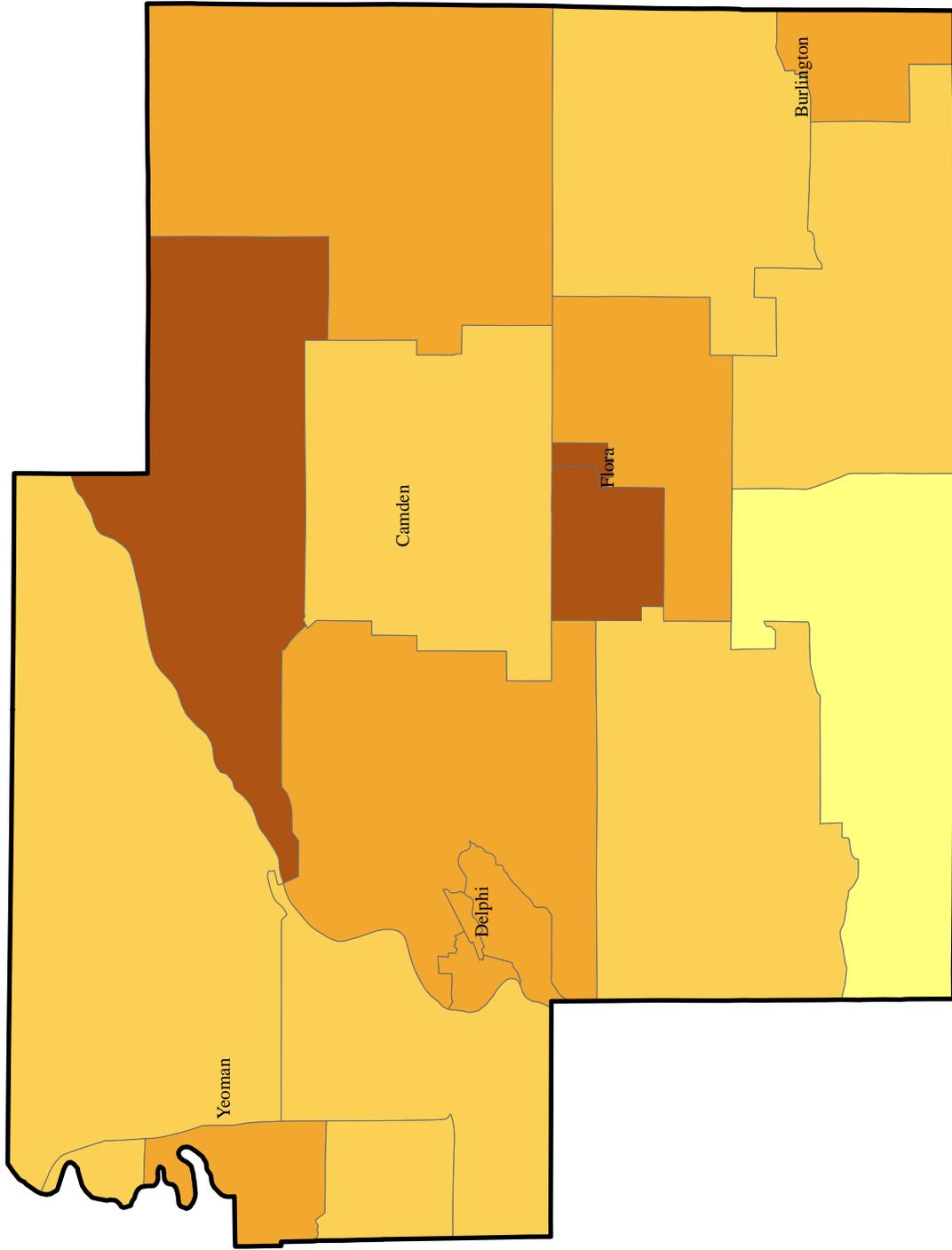
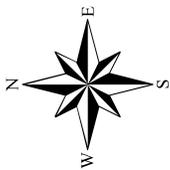
Exhibit II.17: Population Trends



Source: 1990 & 2000 Census Bureau & STATS Indiana

Age

Exhibit II.18 illustrates the density of persons aged 65 and older by Census block group. There are no block groups with a high density (27.12 – 39.03 percent) of residents aged 65 and older. Areas of moderately high (18.8 – 27.11 percent) of senior citizens are found in and immediately surrounding Flora. A relatively high number of senior citizens are located in the north central section of the county. The remainder of the county has a lower elderly population density.



Region 2 Blockgroups

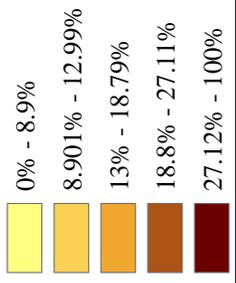


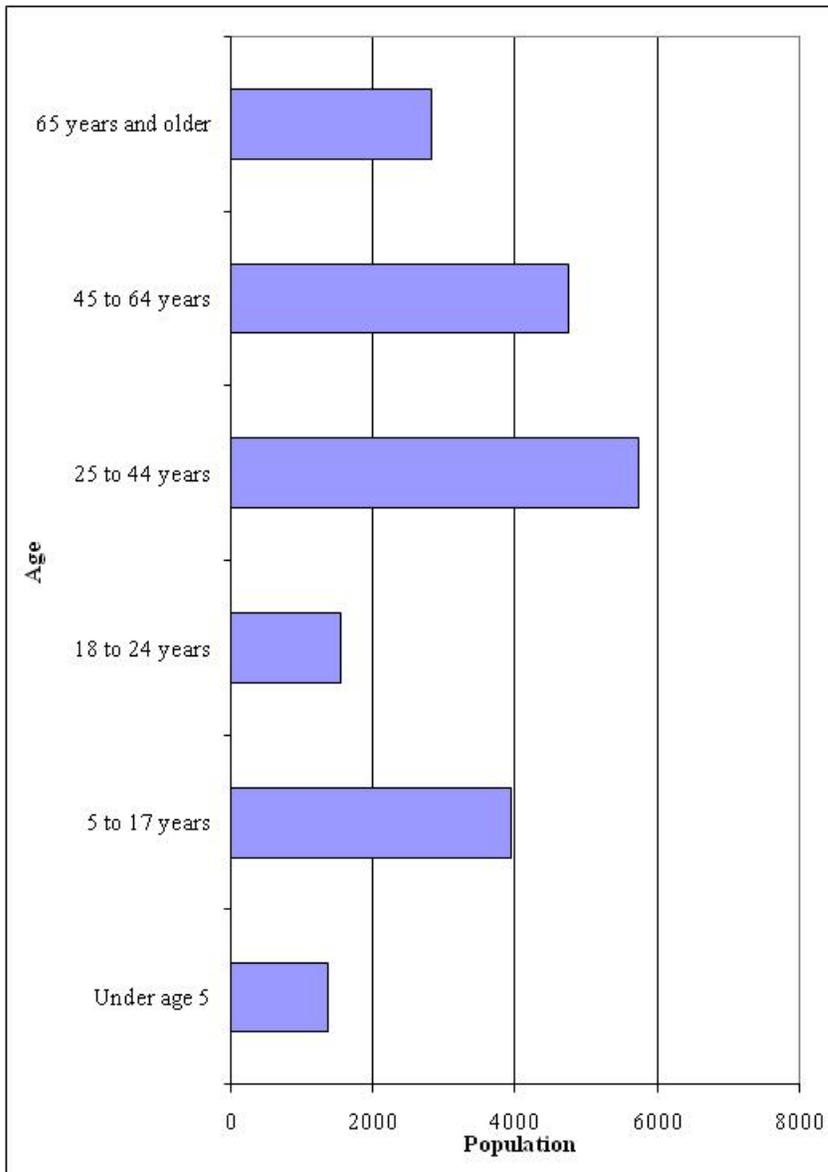
Exhibit II.18: Population 65 and Over
As a percent of total population



Carroll County

The largest age cohort for Carroll County in 2000 was between age 25 and 44, constituting 28.3 percent of the population (see Exhibit II.19). The second largest age group was 45 to 64 year olds (24 percent). Approximately 26 percent of the population in Carroll County was under age 18, while 14 percent was age 65 or older. The distribution indicates that the county has a relatively younger population with a higher percentage of young and persons of working age.

Exhibit II.19: Population by Age

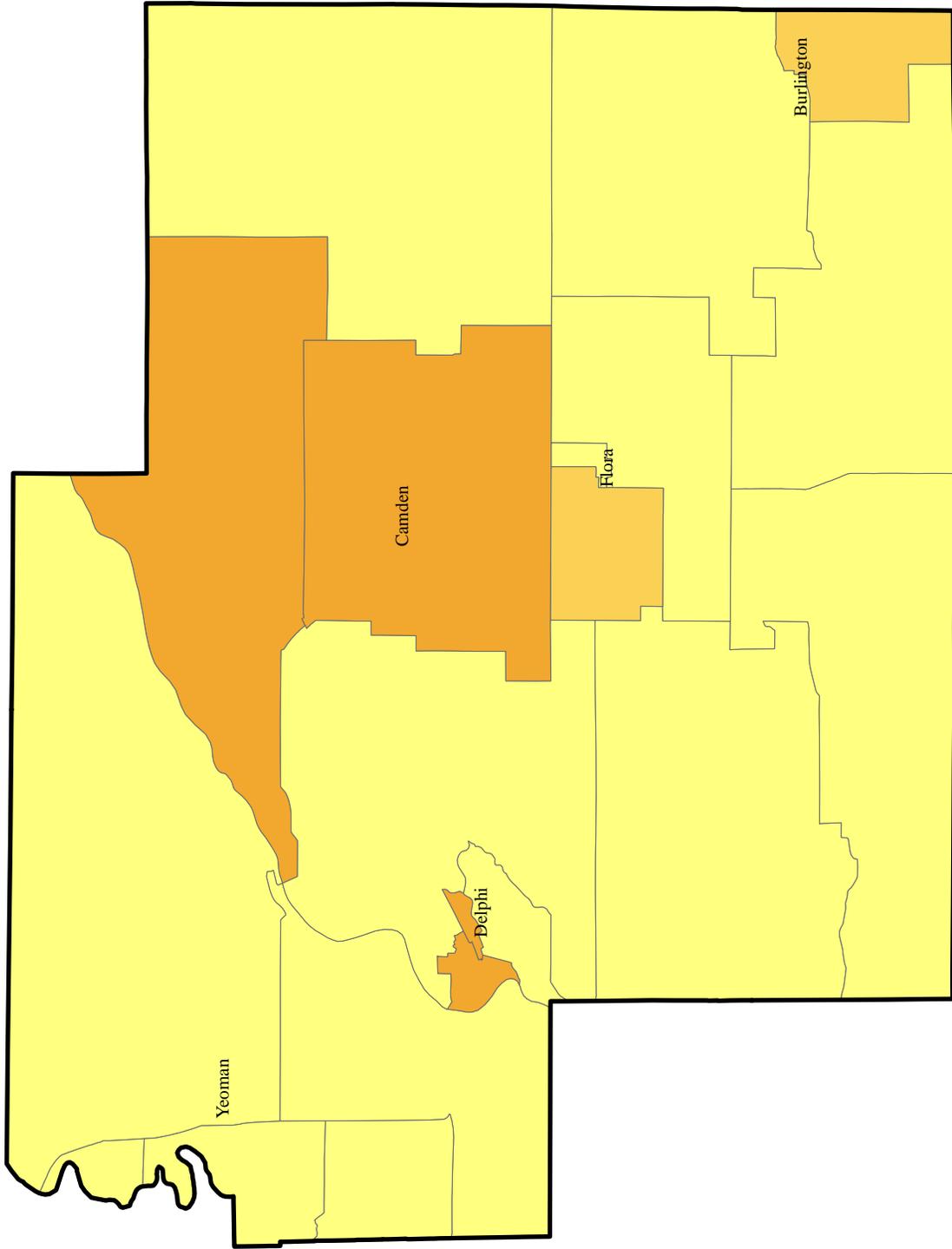


Source: 2000 US Census Data

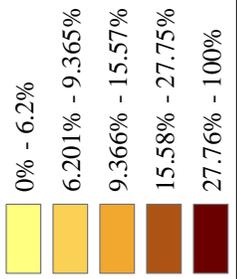
Economic Profile*Employment and Income*

The U.S. Census Bureau reported in 2000 that there were 7,718 total households in Carroll County. Exhibit II.20 illustrates the density of households below the poverty level per square mile. There is not an area of high density (27.76 – 100 percent) of households below the poverty level. Areas of moderate density of households below the poverty level (9.36-15.57 percent) exist in the area surrounding Camden to the north and Flora to the north. There is also a small cohort of individuals below the poverty level residing in the Delphi area. The remainder of the county had lower densities of households below the poverty level.

County Profiles



Region 2 Blockgroups



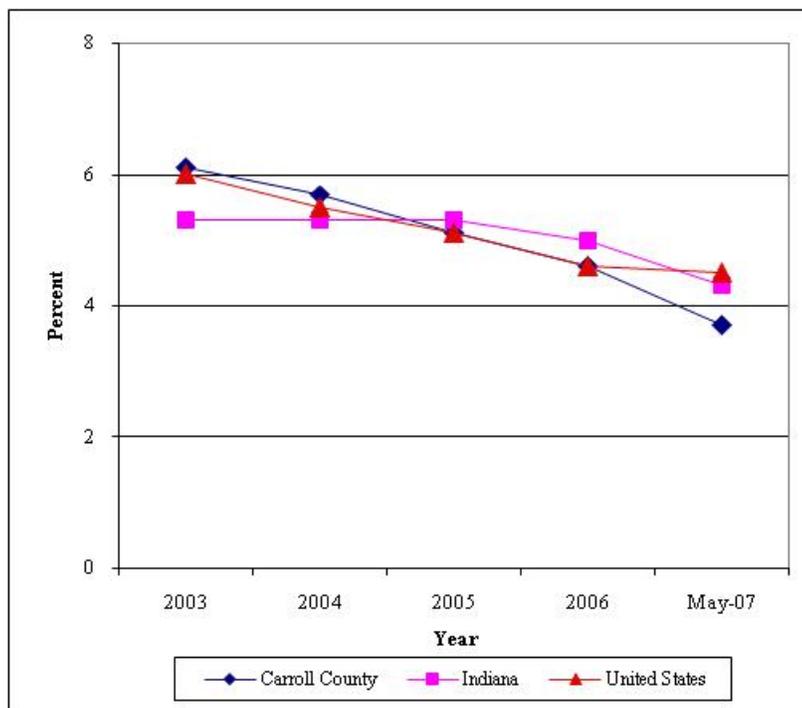
**Exhibit II.20: Households Below Poverty
As a percent of total households**

Carroll County

Industry and Labor Force

The 2006 Carroll County labor force consisted of 10,736 individuals according to the U. S. Bureau of Economic Analysis and the Indiana Department of Workforce Labor. The county’s unemployment rate reached a high in 2003 of over six percent, and was higher than the Indiana, and national unemployment rates. Since 2003, the unemployment rate steadily dropped and is currently well below the state and national rates. Exhibit II.21 illustrates a comparison of the unemployment rates in the county, state, and nation.

Exhibit II.21: Comparison of Unemployment Rates

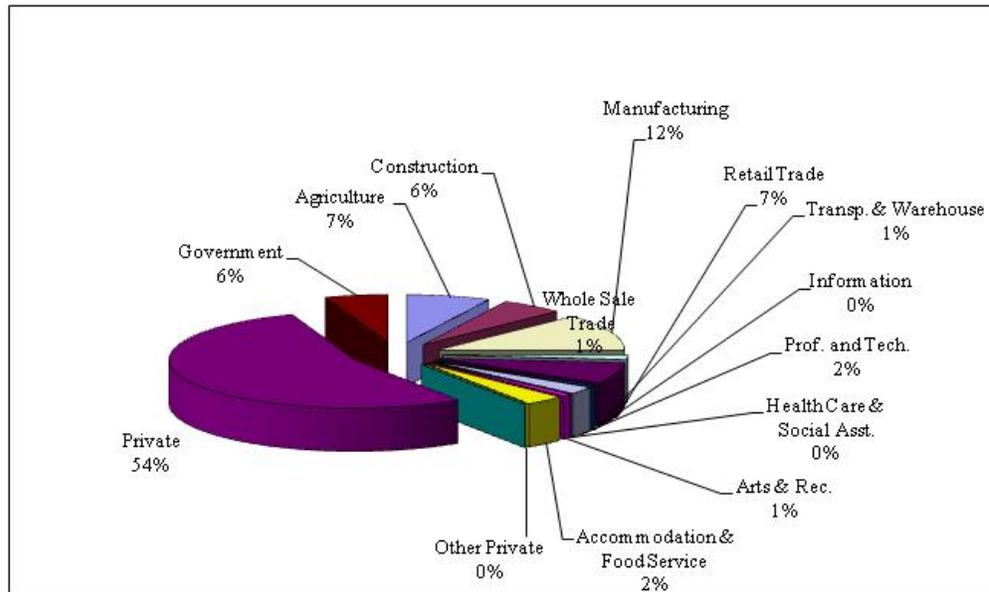


Source: Bureau of Labor Statistics

‘Private’ sector was the largest industry in the county with 9,176 employees in 2005. ‘Manufacturing’ sector was the second largest employer (2,079 employees) and ‘agriculture’ was the third largest. Reportedly, 1,247 workers were employed by the ‘agriculture’ industry. In addition, 932 people were employed by the ‘government’ sector. Exhibit II.22 is an illustration of the employment by industry.

Exhibit II.22: Employment by Industry

County Profiles



Source: U.S. Bureau of Economic Analysis, 2005

The 'private' sector had the highest reported total wages of 2005 earning \$206,348. 'Manufacturing' and 'government' employment reported the second and third highest total wages according to the U.S. Bureau of Economic Analysis. 'Transportation and Warehouse', and the 'health care and social assistance' did not have county data information available due to Bureau of Economic Analysis non-disclosure requirements. The table in Exhibit II.23 outlines the total wages earned, by industry.

Exhibit II.23: Employment by Industry

Employment	Annual Earnings
Agriculture	\$ 20,578
Construction	\$ 19,827
Manufacturing	\$ 84,522
Whole Sale Trade	\$ 8,801
Retail Trade	\$ 14,172
Transp. and Warehouse	\$ -
Information	\$ 1,135
Prof. and Tech.	\$ 7,886
Health Care and Social Asst.	\$ -
Arts & Rec.	\$ 5,178
Accommodation and Food Service	\$ 5,178
Other Private	\$21,612*
Private	\$ 206,348
Government	\$ 35,549

Source: US Bureau of Economic Analysis

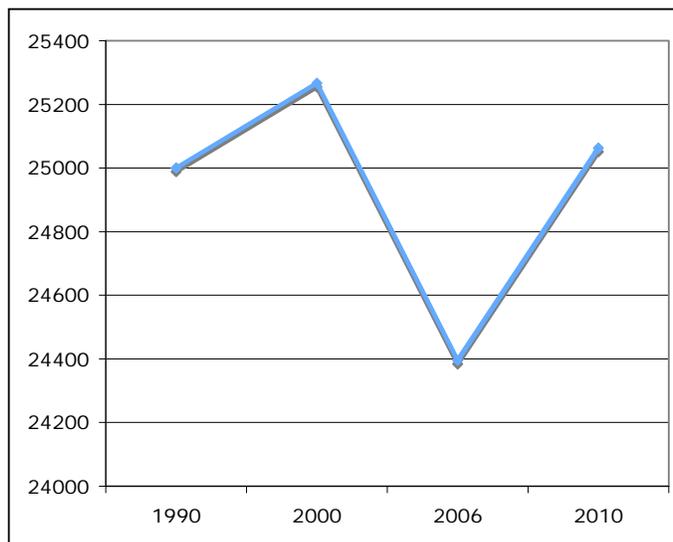
* Data not available due to BEA non-disclosure requirements.

White County

Population Growth

According to information from the state of Indiana, the total population of White County in 2006 was 24,396 persons. This is a decrease from the 2000 Census population of 25,267. This means the county has decreased more than three percent between 2000 and 2006. The Indiana Business Research Center is projecting an increase in population for White County. The projected population for 2010 is 25,062. Exhibit II.24 illustrates the historical and projected population trends for White County through the year 2010.

Exhibit II.24: Population Trends

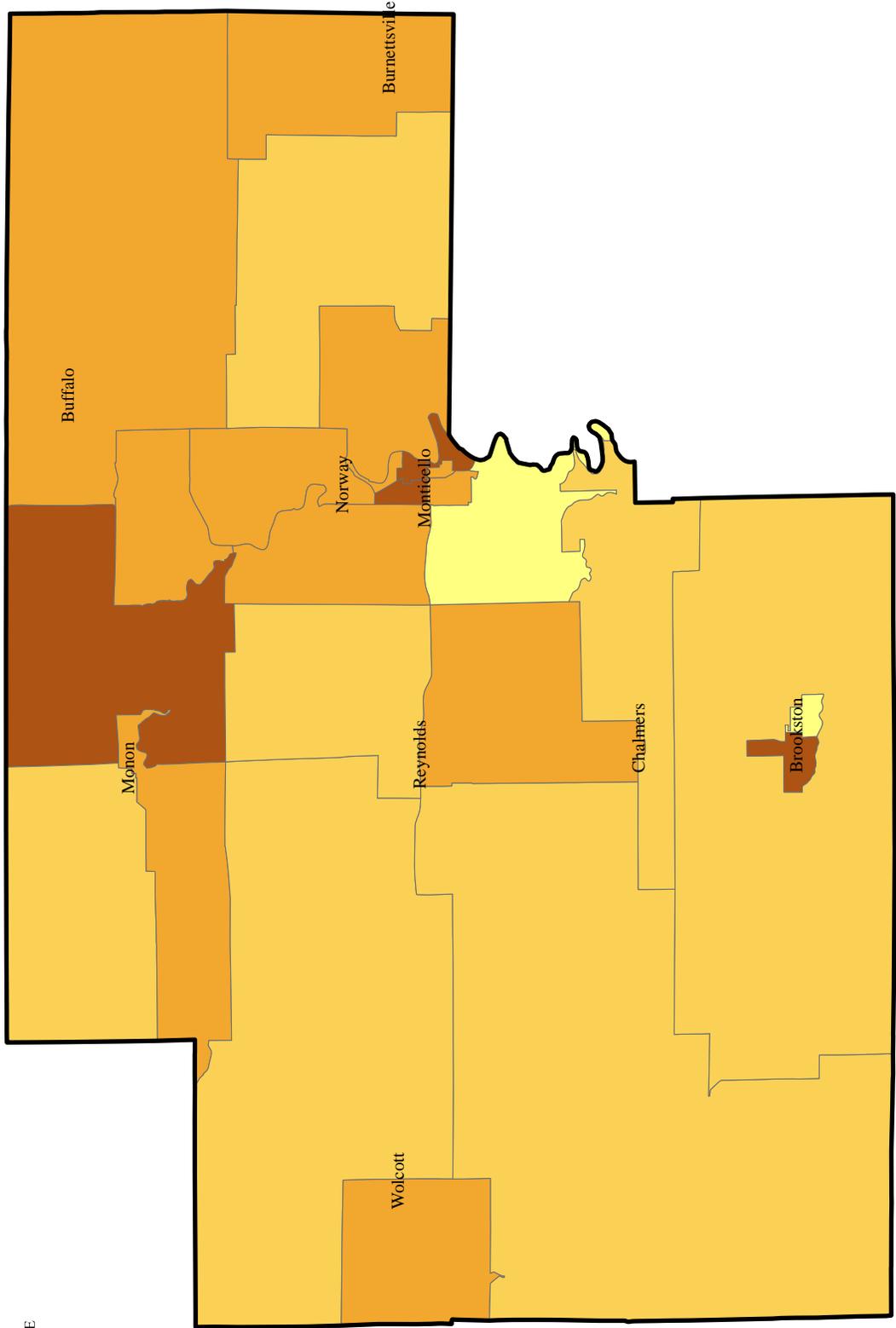


Source: 1990 & 2000 Census Bureau & STATS Indiana

Age

Exhibit II.25 illustrates the density of persons aged 65 and older by Census block group. There are no block groups with a high density (27.12 – 39.03 percent) of residents aged 65 and older. Areas of moderately high and moderate density of senior citizens are found in Monticello, Brookston, and the area of land between Monon and Buffalo. The remainder of the county has a moderately low cohort of individuals over the age of 65.

The largest age cohort was between age 25 and 44, constituting 28 percent of the population (see Exhibit II.26). The second largest age group was 45 to 64 year olds (24 percent). Approximately 25 percent of the population was under age 18, while 15 percent was age 65 or older.



Region 2 Blockgroups

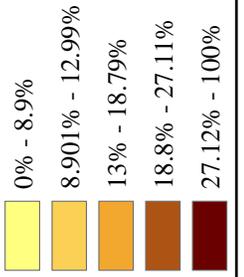
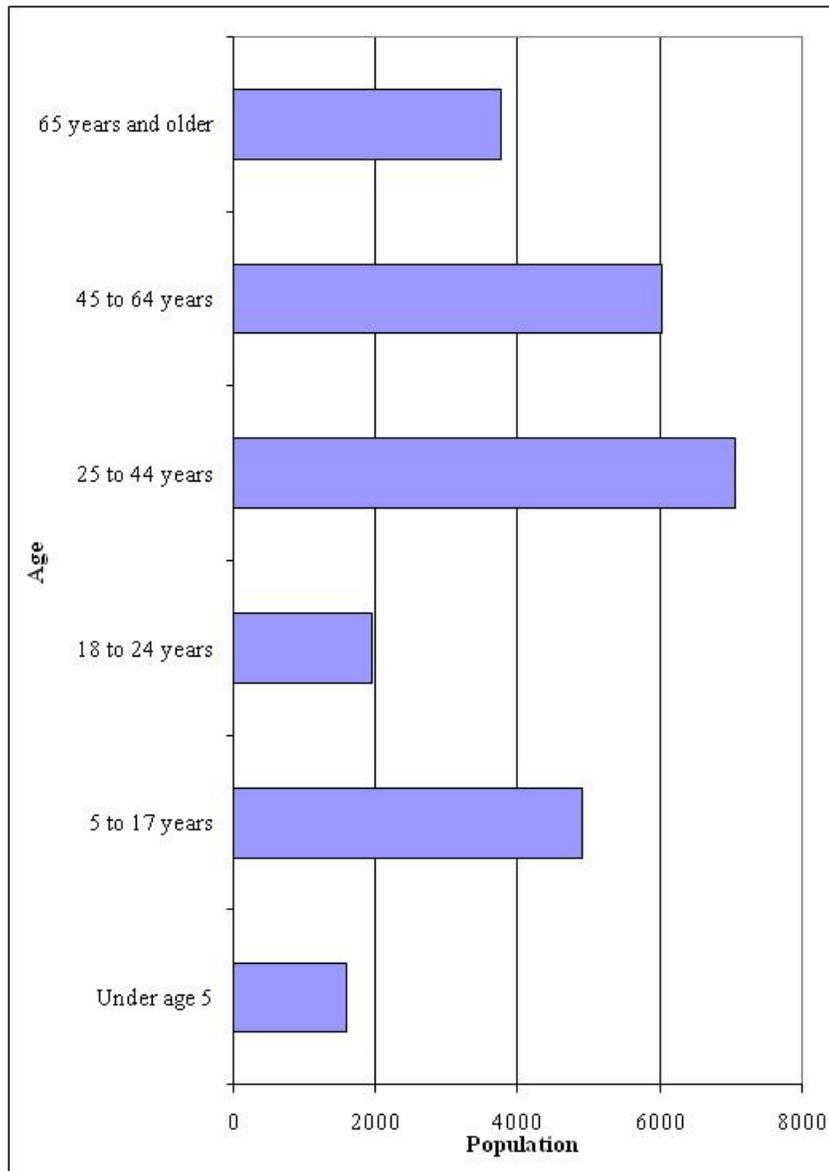


Exhibit II.25: Population 65 and Over
As a percent of total population



White County

Exhibit II.26: Population by Age

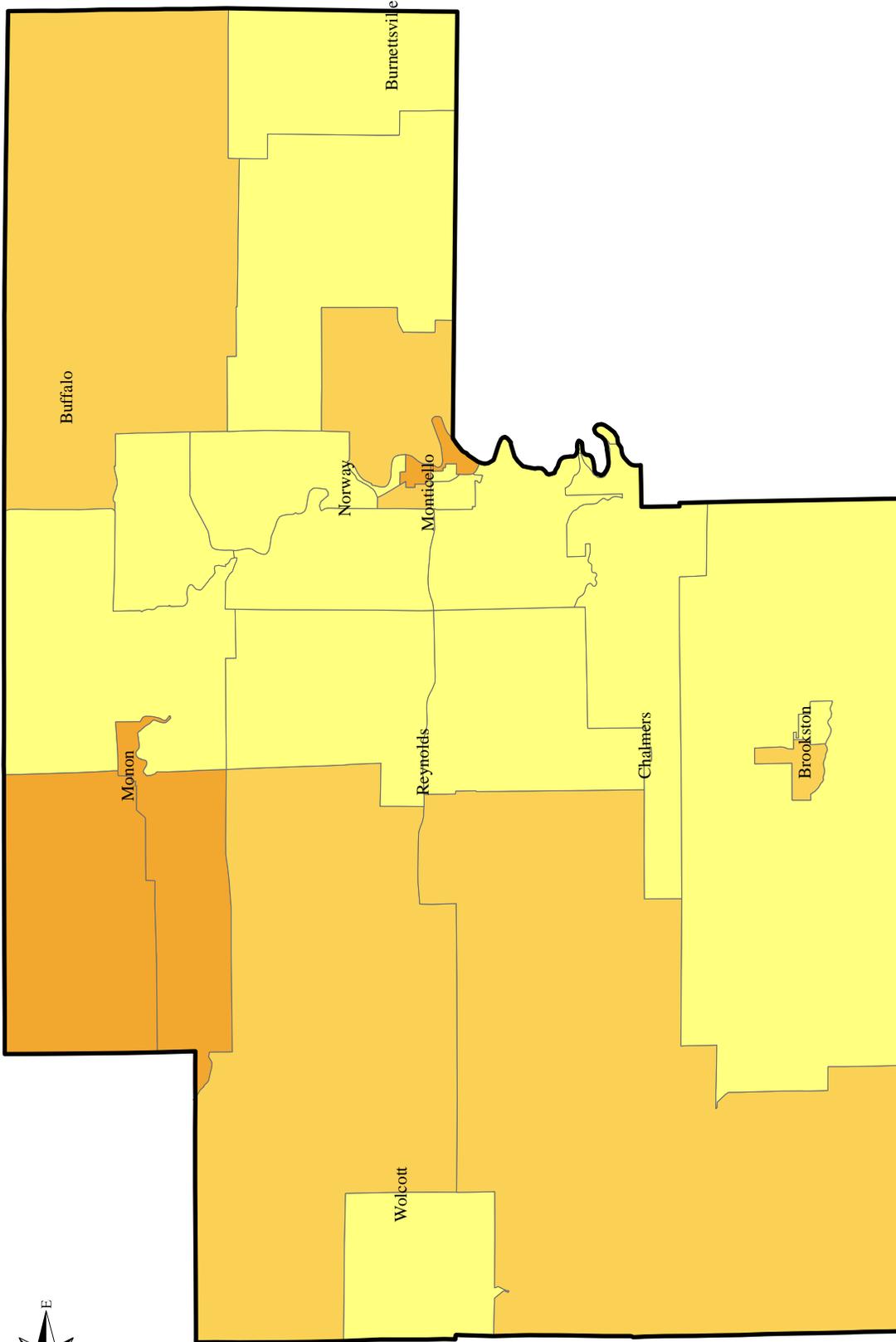


Source: 2000 US Census Data

Economic Profile

Employment and Income

The U.S. Census Bureau reported in 2000 that there were 12,807 total households in White County. Exhibit II.27 illustrates the density of households below the poverty level per square mile. there are no areas of high density or moderate high density of households below the poverty level. The county had low densities of households below the poverty level. However the largest percentage was located near the Monon and Monticello areas.



Region 2 Blockgroups

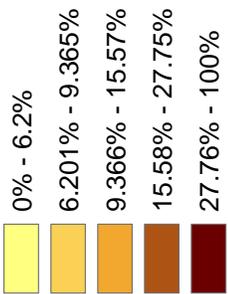


Exhibit II.27: Households Below Poverty
As a percent of total households

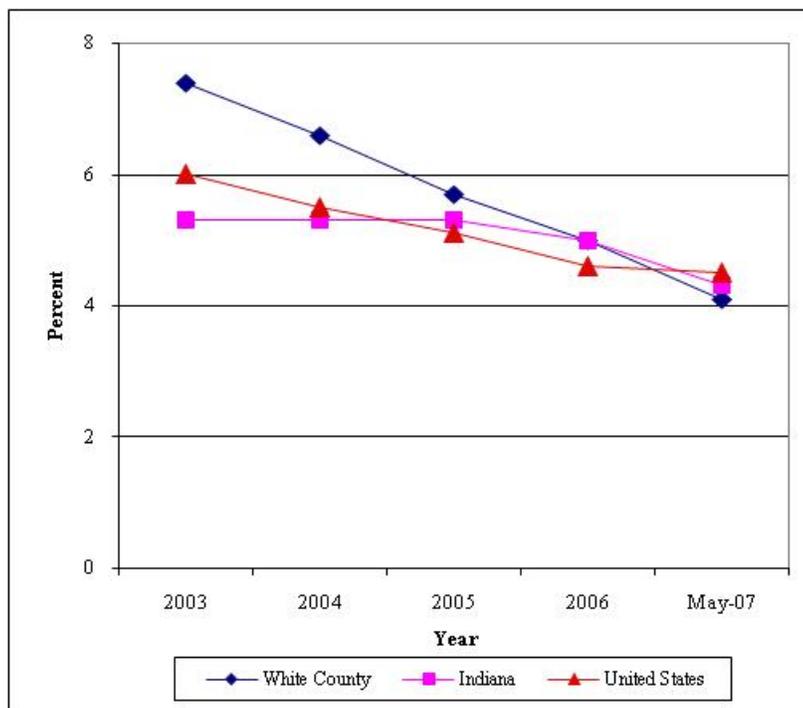


White County

Industry and Labor Force

The 2006 White County labor force consisted of 12,231 individuals according to the U. S. Bureau of Economic Analysis and the Indiana Department of Workforce Labor. The county’s unemployment rate reached a high in 2003 7.4%, and was significantly higher than the state and national rates. Since 2003, the unemployment rate for White County has continuously decreased and is now at a low of 4.1% which is lower than the state and national averages. Exhibit II.28 illustrates a comparison of the unemployment rates in the county, state, and national rate.

Exhibit II.28: Comparison of Unemployment Rates

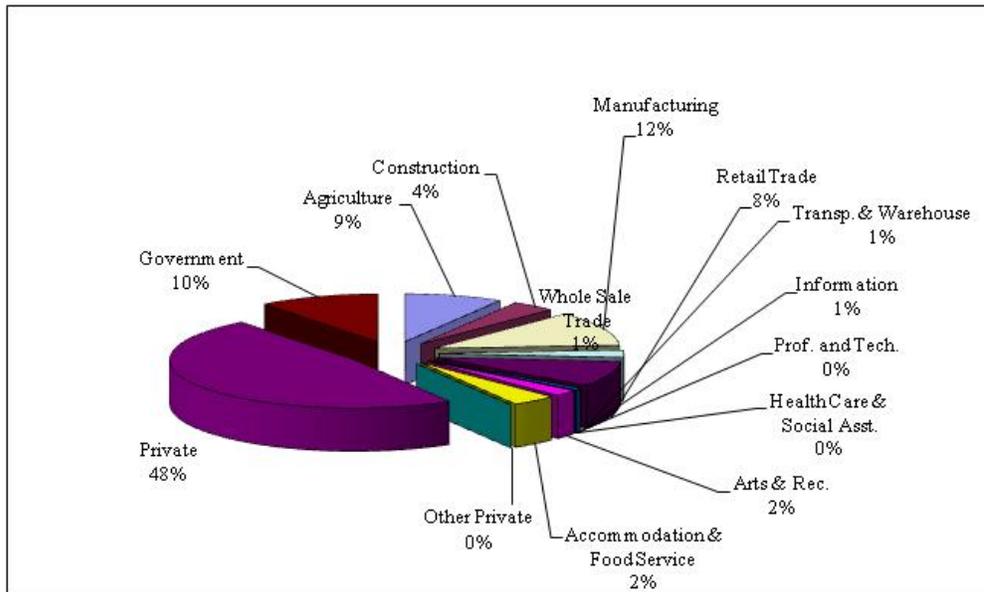


Source: Bureau of Labor Statistics

‘Private’ sector was the largest industry in the county with 7,994 employees in 2005. ‘Manufacturing’ sector was the second largest employer (1,923 employees) and ‘government’ was the third largest. Reportedly, 1,739 workers were employed by the ‘government’ industry. In addition, 1,419 people were employed by the ‘agriculture’ sector. Exhibit II.29 is an illustration of the employment by industry.

Exhibit II.29: Employment by Industry

County Profiles



Source: U.S. Bureau of Economic Analysis, 2005

The 'private' sector had the highest reported total wages of 2005 earning \$251,456. 'Government' and 'manufacturing' employment reported the second and third highest total wages according to the U.S. Bureau of Economic Analysis. 'Information' reported the lowest total wages of 2005 earning \$4,972. The table in Exhibit II.30 outlines the total wages earned, by industry.

Exhibit II.30: Employment by Industry

Employment	Annual Earnings
Agriculture	\$ 14,763
Construction	\$ 15,713
Manufacturing	\$ 82,764
Whole Sale Trade	\$ 18,365
Retail Trade	\$ 38,802
Transp. and Warehouse	\$ -
Information	\$ 4,972
Prof. and Tech.	\$ -
Health Care and Social Asst.	\$ -
Arts & Rec.	\$ 7,549
Accommodation and Food Service	\$ 7,549
Other Private	\$30,368*
Private	\$ 251,456
Government	\$ 67,204

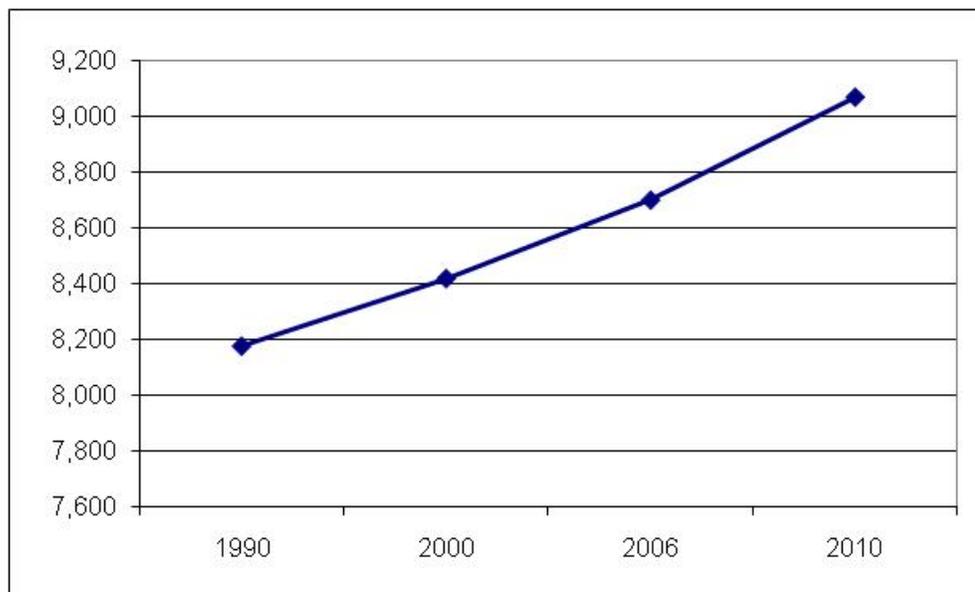
Source: US Bureau of Economic Analysis

Warren County

Population Growth

According to information from the State of Indiana, the total population of Warren County in 2006 was 8,701 persons. This is an increase from the 2000 Census population of 8,419. This means the county has grown over three percent between 2000 and 2006. The Indiana Business Research Center is projecting a similar increase in population by 2010. Exhibit II.31 illustrates the historical and projected population trends through 2010.

Exhibit II.31: Population Trends



Source: 1990 & 2000 Census Bureau & STATS Indiana

Age

Exhibit II.32 illustrates the density of persons aged 65 and older by Census block group. There are no block groups with a high density of residents aged 65 and older. Areas of moderately high and moderate density of senior citizens are found in Williamsport. The remainder of the county has low to very low elderly population density.

The largest age cohort was between age 25 and 44, constituting 28 percent of the county's population (see Exhibit II.33). The second largest age group was 45 to 64 year olds (24 percent). Approximately 26 percent of the population was under age 18, while 14 percent was age 65 or older. The distribution indicates that the county had a relatively younger population with a higher percentage of young and working age persons.

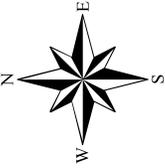
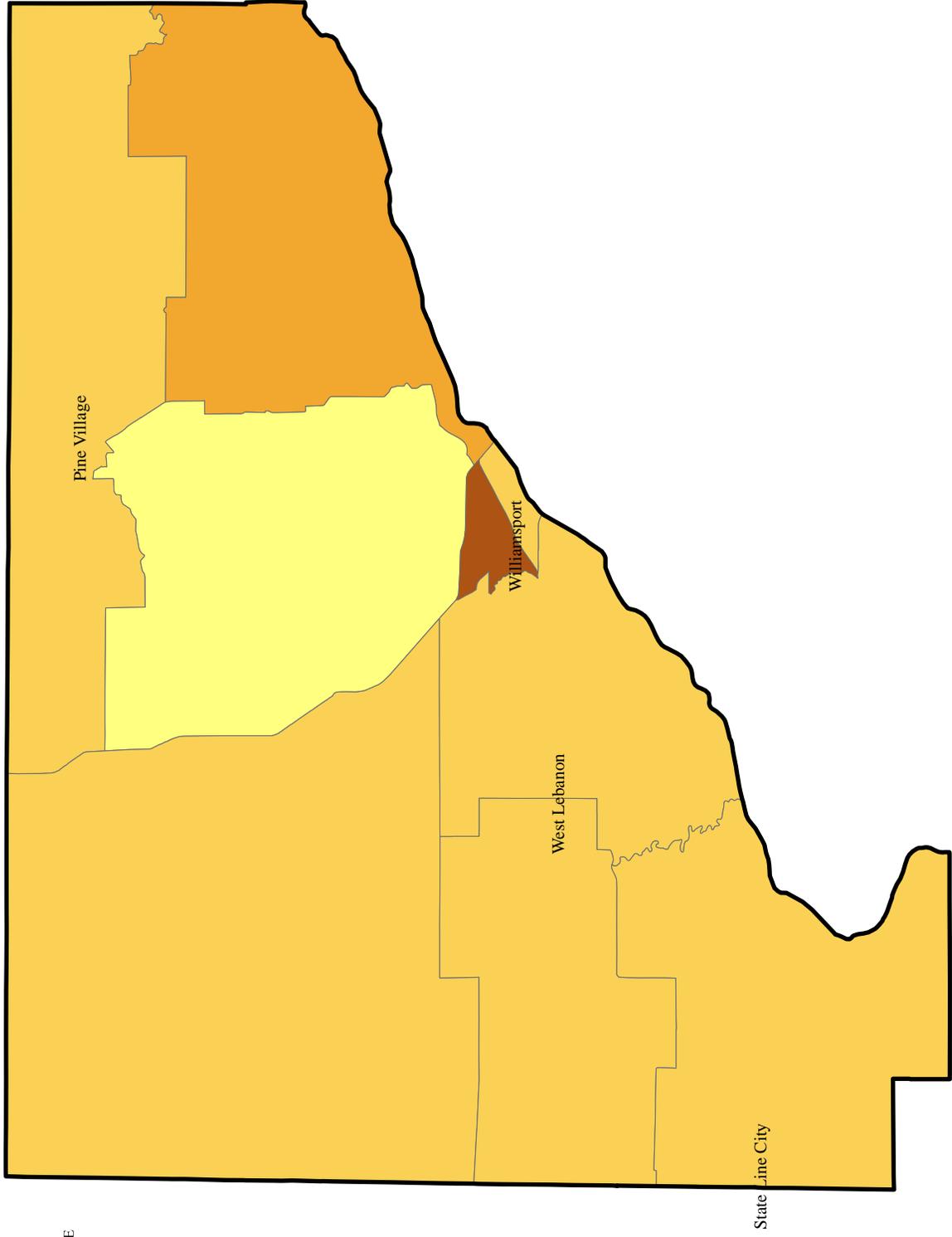
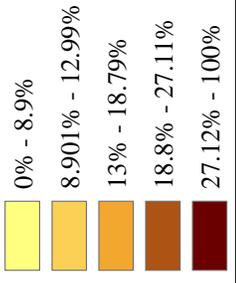


Exhibit II.32: Population 65 and Over
As a percent of total population

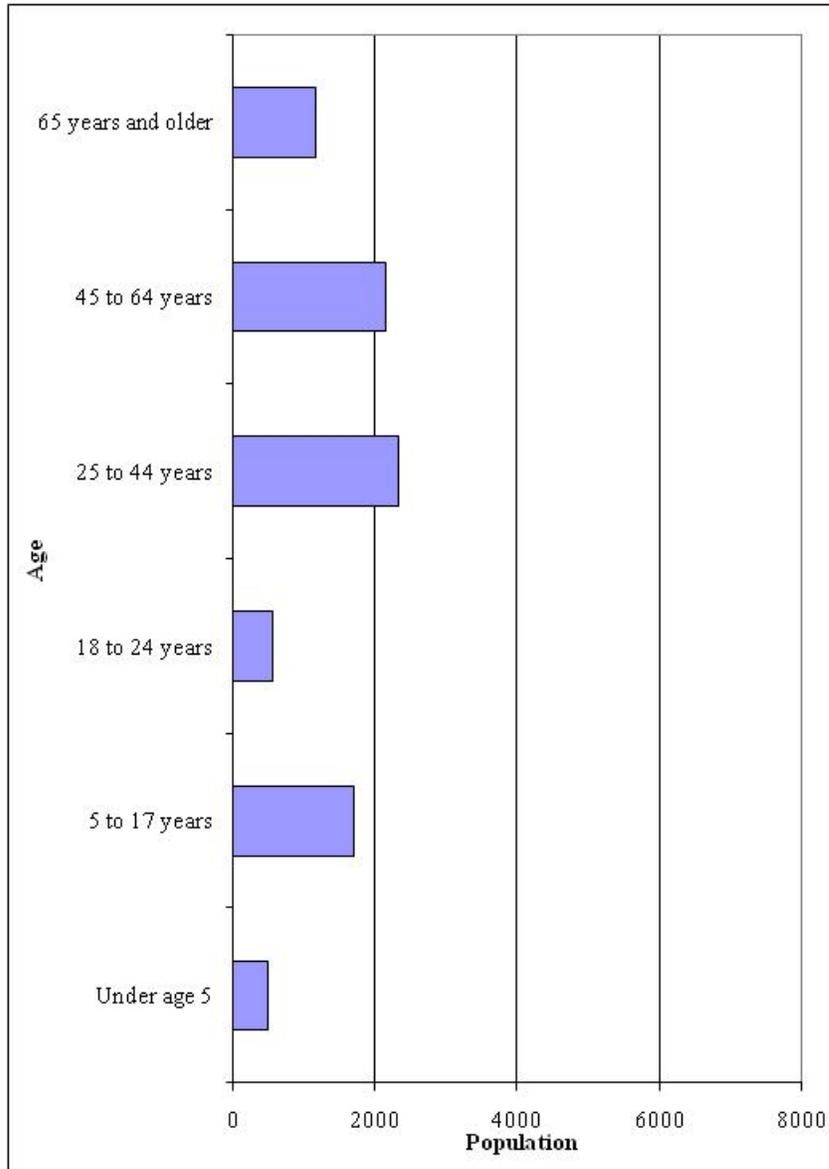


Region 2 Blockgroups



Warren County

Exhibit II.33: Population by Age

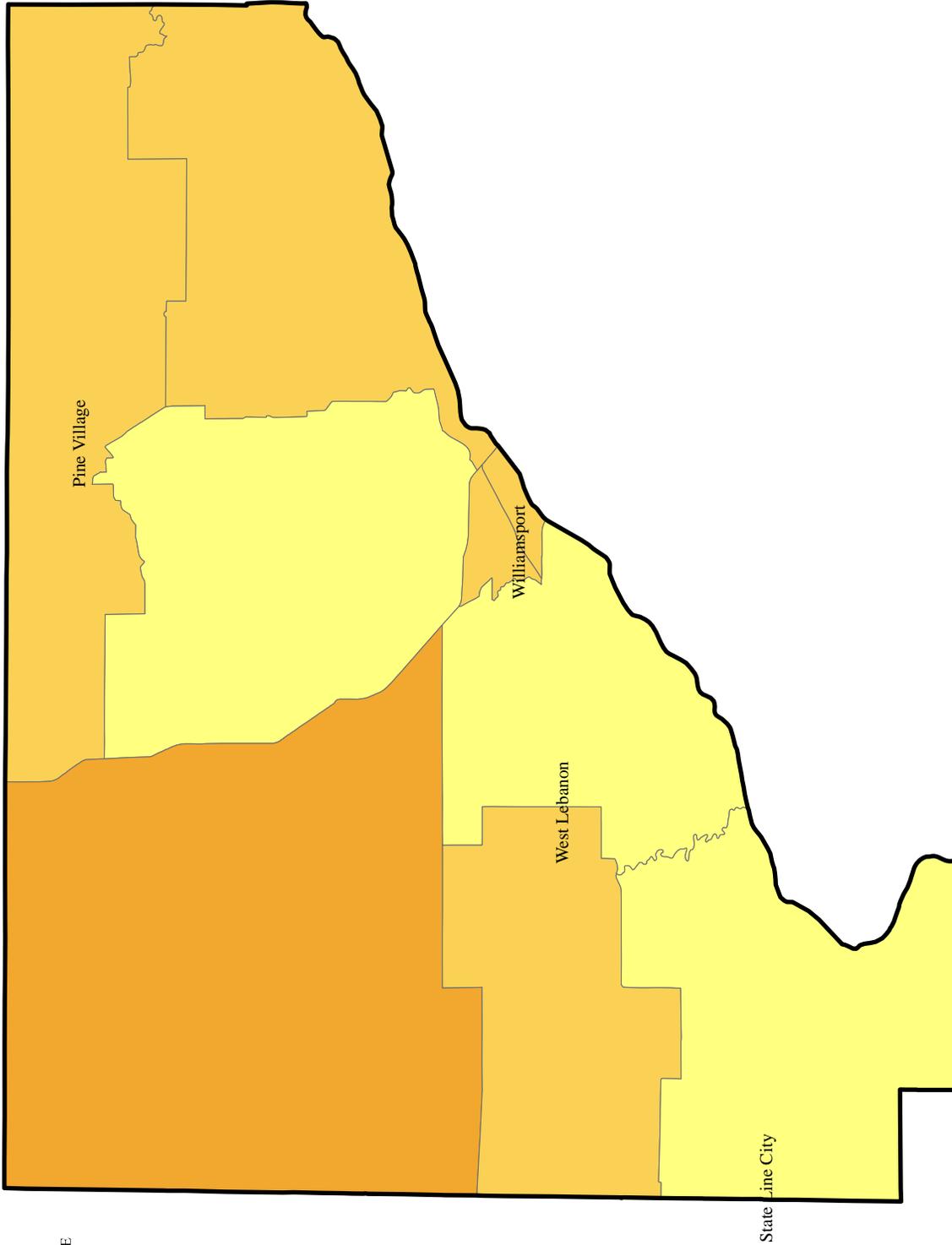
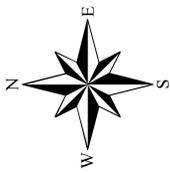


Source: 2000 US Census Data

Economic Profile

Employment and Income

The U.S. Census Bureau reported in 2000 that there were 3,794 total households. Exhibit II.34 illustrates the density of households below the poverty level per square mile. There are no high density areas of households below the poverty level. Areas of moderate density of households below the poverty level (18.8 – 27.11 percent) exist in the northwest portion.



Region 2 Blockgroups

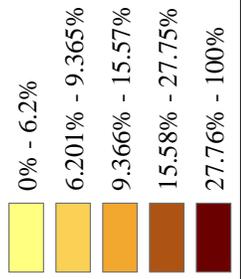


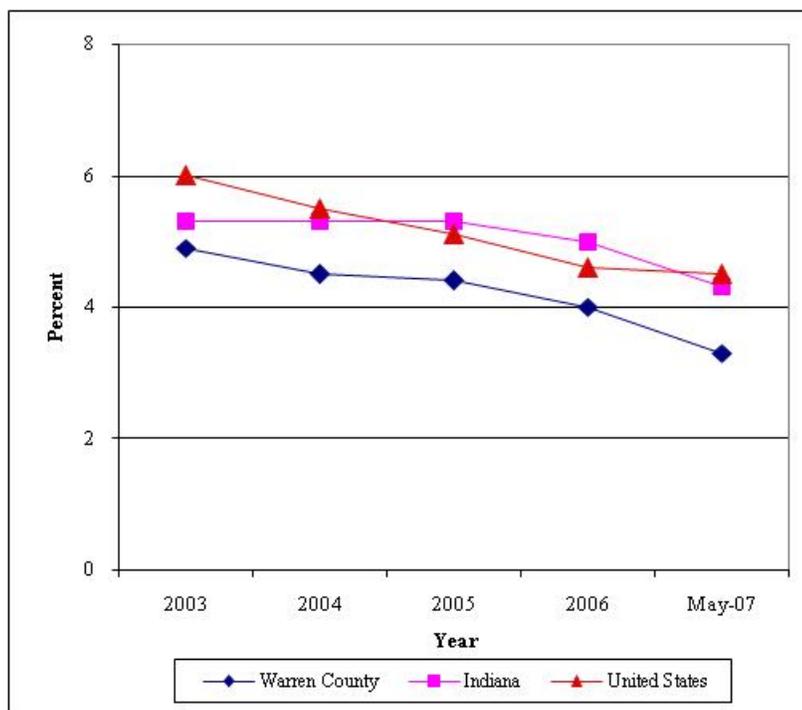
Exhibit II.34: Households Below Poverty
As a percent of total households

Warren County

Industry and Labor Force

The 2006 Warren County labor force consisted of 4,845 individuals according to the U. S. Bureau of Economic Analysis and the Indiana Department of Workforce Labor. The county’s unemployment rate reached a high in 2003 of 4.9 percent, and was higher than the Indiana and the national unemployment rates. Since 2003, the unemployment rate has steadily decreased between being above and below the state and national unemployment rate levels. Exhibit II.35 illustrates a comparison of the unemployment rates in the county, State, and nation.

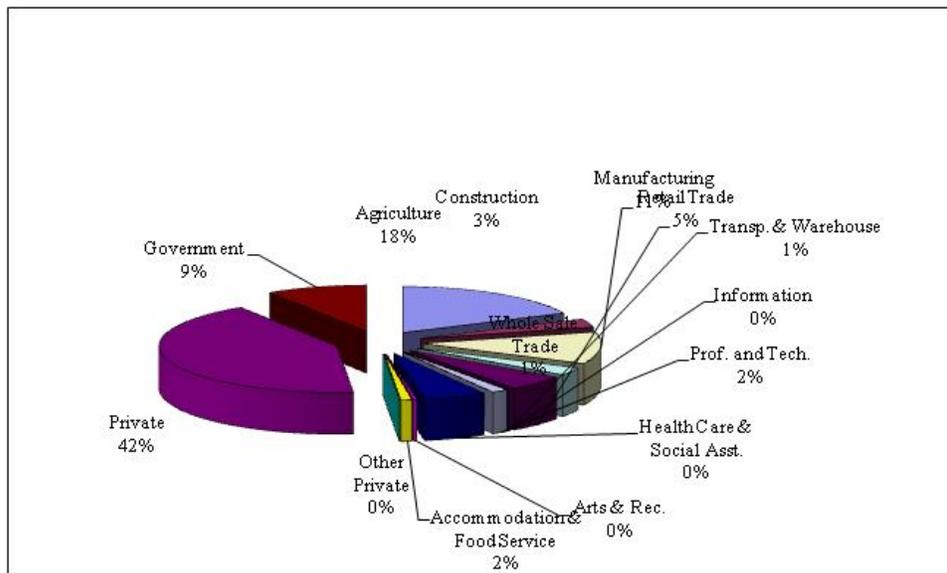
Exhibit II.35: Comparison of Unemployment Rates



Source: Bureau of Labor Statistics

‘Private’ sector was the largest industry in the county with 2,056 employees in 2005. ‘Agriculture’ sector was the second largest employer (876 employees) and ‘government’ was the third largest. Reportedly, 444 workers were employed by the ‘government’ sector. In addition, 13 people were employed by the ‘arts and recreation’ sector. Exhibit II.36 is an illustration of the employment by industry.

Exhibit II.36: Employment by Industry



Source: U.S. Bureau of Economic Analysis, 2005

The 'private' sector had the highest reported total wages of 2005 earning \$56,363. 'Government' and 'manufacturing' employment reported the second and third highest total wages according to the U.S. Bureau of Economic Analysis. 'Transportation' and the 'Information' did not have county data information available due to Bureau of Economic Analysis non-disclosure requirements. Exhibit II.37 outlines the total wages earned, by industry.

Exhibit II.37: Employment by Industry

Employment	Annual Earnings
Agriculture	\$ 10,642
Construction	\$ 3,044
Manufacturing	\$ 18,888
Whole Sale Trade	\$ 6,224
Retail Trade	\$ 4,219
Transp. and Warehouse	\$ -
Information	\$ -
Prof. and Tech.	\$ 1,006
Health Care and Social Asst.	\$ 9,087
Arts & Rec.	\$ 412
Accommodation and Food Service	\$ 412
Other Private	\$3,745*
Private	\$ 56,363
Government	\$ 18,231

Source: US Bureau of Economic Analysis

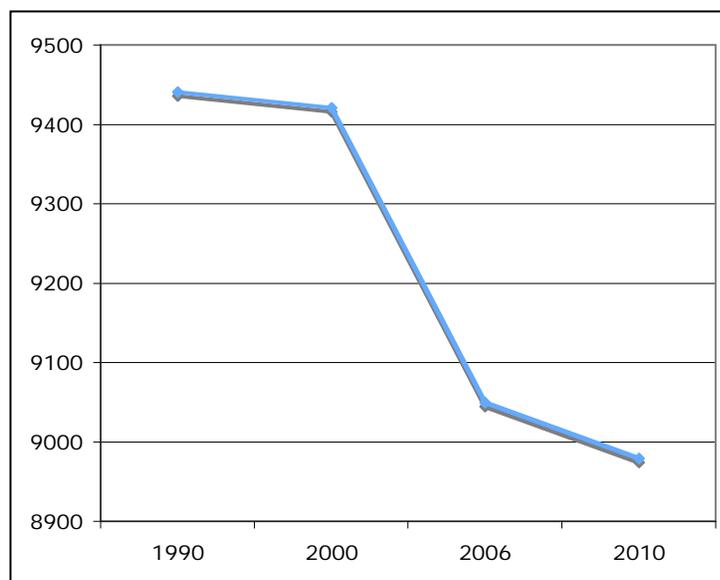
* Data not available due to BEA non-disclosure requirements.

Benton County

Population Growth

According to information from the State of Indiana, the total population of Benton County in 2006 was 9,050 persons. This is a decrease from the 2000 Census population of 9,421. This means the county has decreased nearly four percent between 2000 and 2006. Exhibit II.38 illustrates the historical and projected population trends for Benton County through the year 2010.

Exhibit II.38: Population Trends

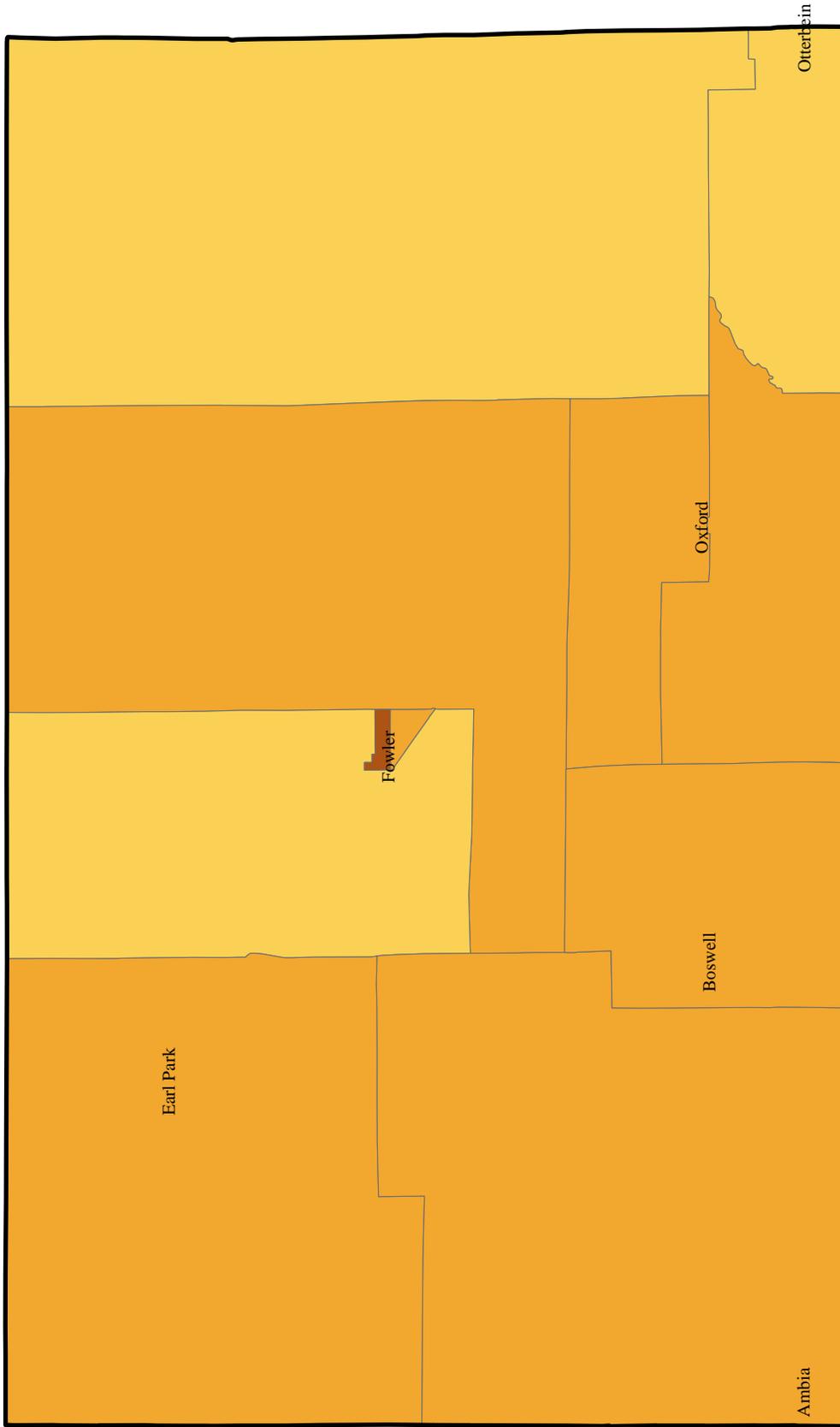
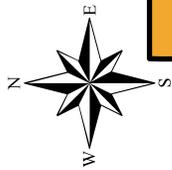


Source: 1990 & 2000 Census Bureau & STATS Indiana

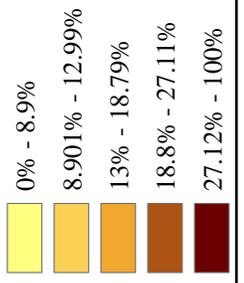
Age

Exhibit II.39 illustrates the density of persons aged 65 and older by Census block group. There are no block groups with a high density of residents aged 65 and older. Areas of moderately high and moderate density of senior citizens are found in Fowler. The remainder of the county has low to very low elderly population density.

The largest age cohort for Benton County in 2000 was between age 25 and 44, constituting 28 percent of the county’s population (see Exhibit II.40). The second largest age group was 45 to 64 year olds (22 percent). Approximately 28 percent of the population was under age 18, while 16 percent was age 65 or older. The distribution indicates that the county had a relatively younger population with a higher percentage of young persons.



Region 2 Blockgroups

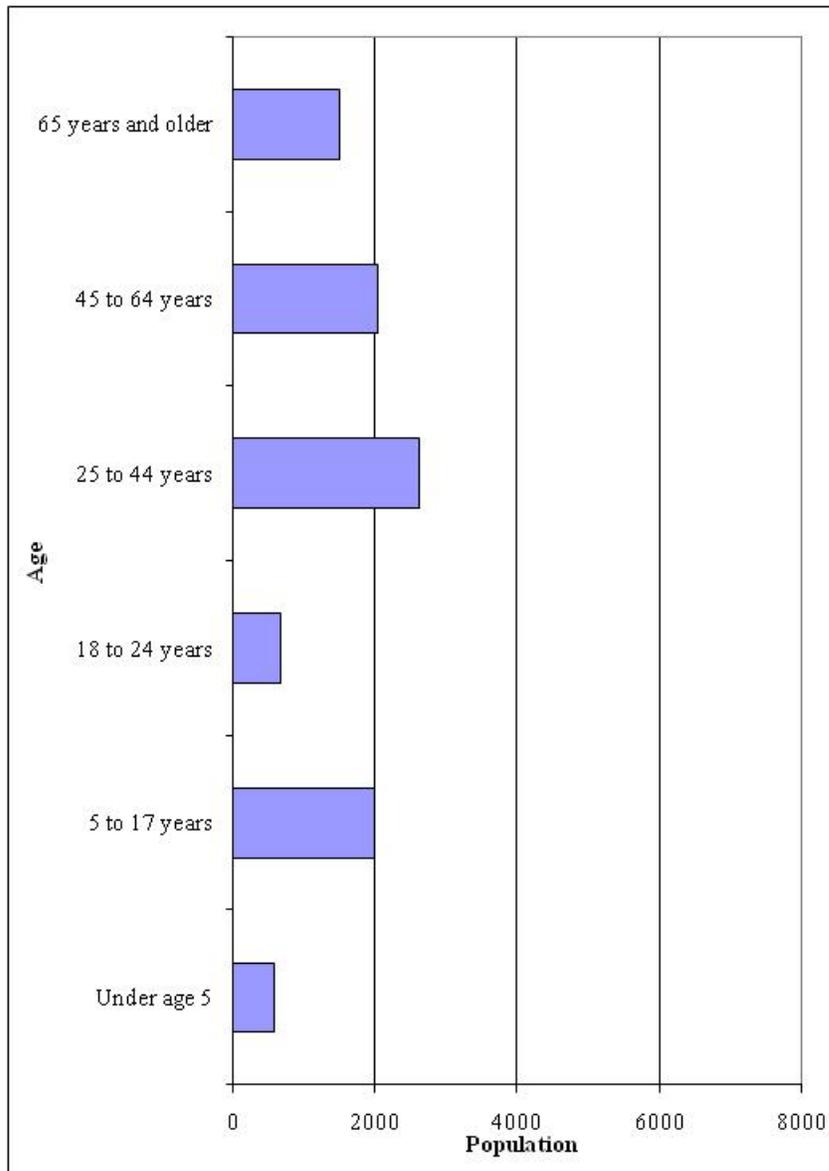


**Exhibit II.39: Population 65 and Over
As a percent of total population**

Benton County



Exhibit II.40: Population by Age

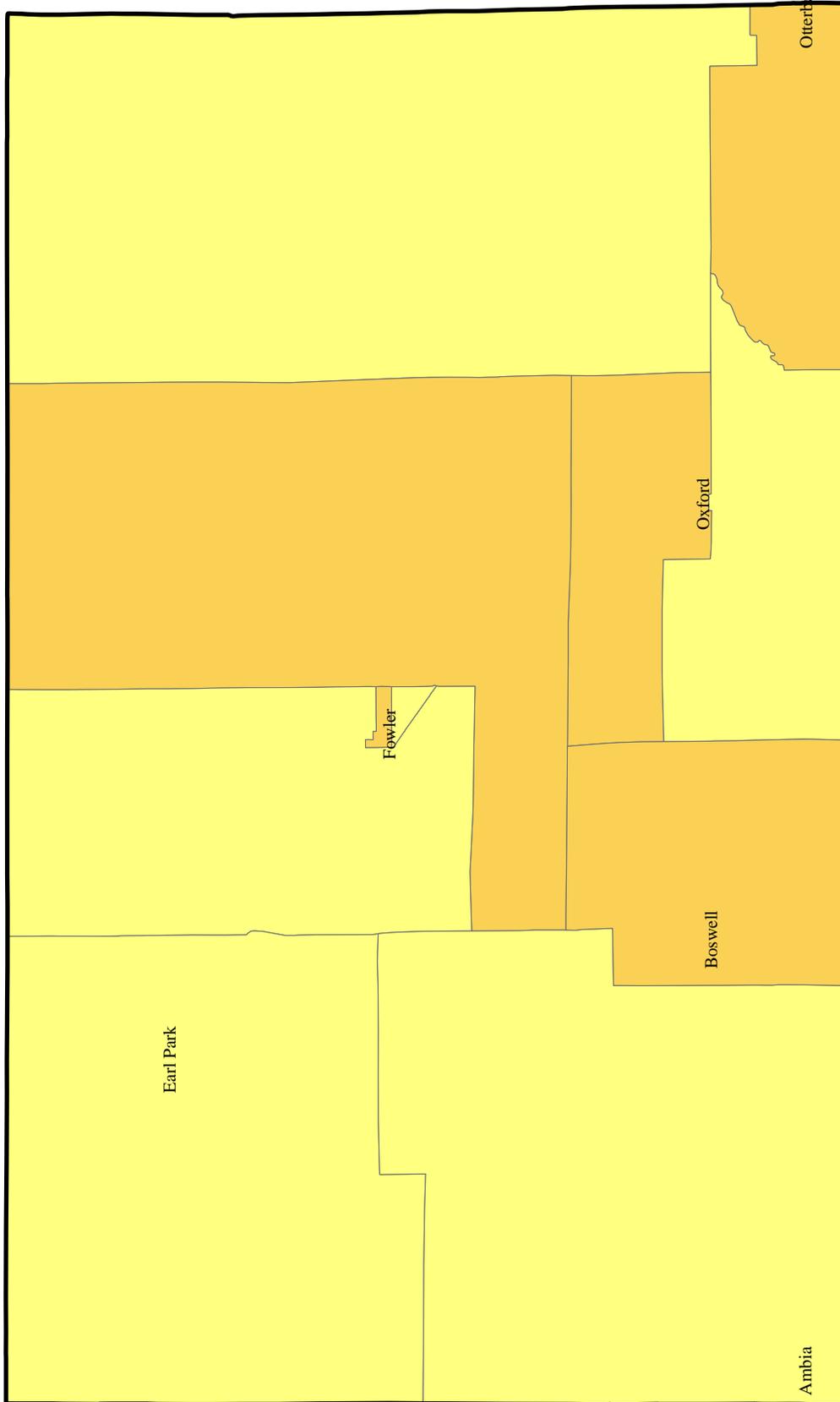
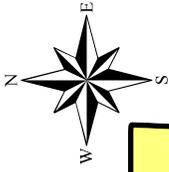


Source: 2000 US Census Data

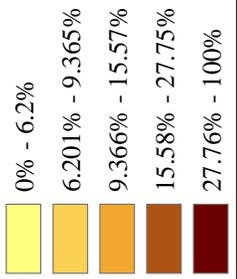
Economic Profile

Employment and Income

The U.S. Census Bureau reported in 2000 that there were 3,558 total households in Benton County. Exhibit II.41 illustrates that there is no area with a high density of households below the poverty level. Most of the county had a density of low to very low households below the poverty level. The highest density of households below poverty level resided in the central section of the county.



Region 2 Blockgroups



**Exhibit II.41: Households Below Poverty
As a percent of total households**

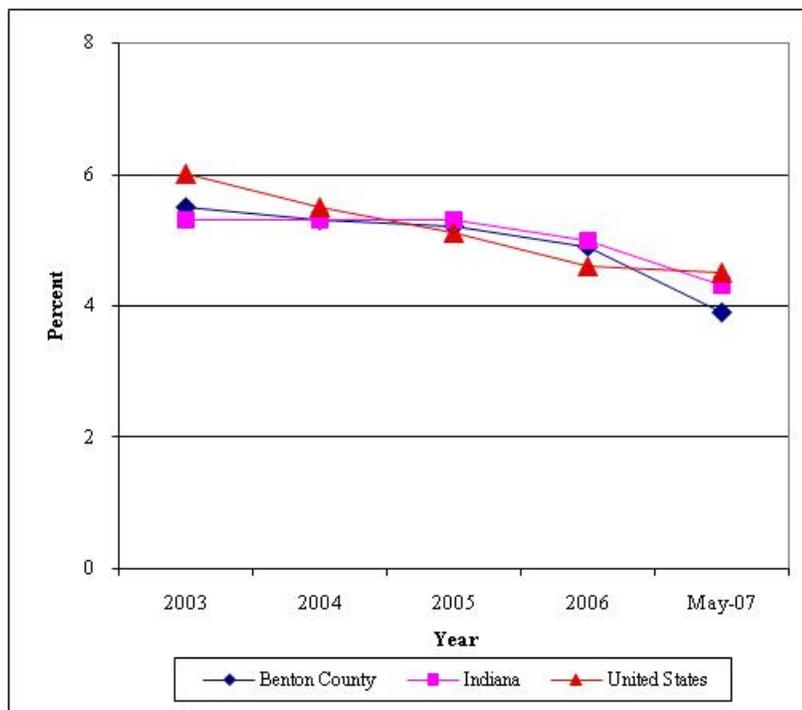
Benton County



Industry and Labor Force

The 2006 Benton County labor force consisted of 4,704 individuals according to the U. S. Bureau of Economic Analysis and the Indiana Department of Workforce Labor. The county’s unemployment rate reached a high in 2003 of 5.5 percent, and was higher than the state of Indiana but lower than the national rates. Since 2003, the unemployment rate for Benton County has decreased reaching a low in May 2007, below the state and national levels. Exhibit II.42 illustrates a comparison of the unemployment rates in the county, State, and nation.

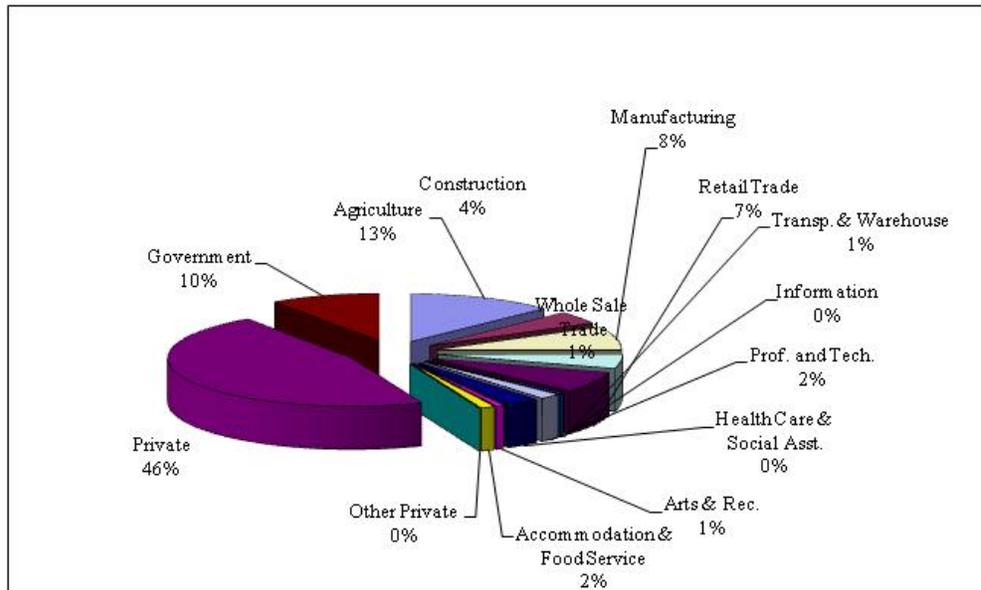
Exhibit II.42: Comparison of Unemployment Rates



Source: Bureau of Labor Statistics

‘Private’ sector was the largest industry in the county with 3,384 employees in 2005. ‘Agriculture’ sector was the second largest employer (935 employees) and ‘government’ was the third largest. Reportedly, 696 workers were employed by the ‘government’ industry. In addition, 834 people were employed by the ‘other private’ sector. Exhibit II.43 is an illustration of the employment by industry.

Exhibit II.43: Employment by Industry



Source: U.S. Bureau of Economic Analysis, 2005

The 'Private' sector had the highest reported total wages of 2005 earning \$76,134. 'Manufacturing' and 'government' employment reported the second and third highest total wages according to the U.S. Bureau of Economic Analysis. 'Transportation and Warehouse' did not have county data information available due to non-disclosure requirements. The table in Exhibit II.44 outlines the total wages earned, by industry.

Exhibit II.44: Employment by Industry

Employment	Annual Earnings
Agriculture	\$ 3,913
Construction	\$ 6,353
Manufacturing	\$ 21,460
Whole Sale Trade	\$ 14,122
Retail Trade	\$ 6,496
Transp. and Warehouse	\$ -
Information	\$ 514
Prof. and Tech.	\$ 1,270
Health Care and Social Asst.	\$ 3,786
Arts & Rec.	\$ 608
Accommodation and Food Service	\$ 608
Other Private	\$12,373*
Private	\$ 76,134
Government	\$ 25,490

* Data not available due to BEA non-disclosure requirements.

Source: US Bureau of Economic Analysis

SUMMARY**Summary**

White and Benton county populations have declined over the past decade and the decline in population is expected to continue. However, populations of Clinton, Carroll and Warren counties have recently increased.

The region has a young population - the region's age distribution indicates that it has a young population with a higher percentage of young persons as compared to the State of Indiana (35.5 percent of population age 24 and under for 2005) and a lower percentage of the population age 65 and older (12.4 percent) population for the state in 2005.

Some 19,569 persons in the region reported that they had some type of disability in 2000. This means that 20.1 percent of the region's population reported having some type of disability. Disabilities include sensory, mental, physical, and self-care limitations. About one third of this population normally relies on public transportation services.

Other segments of the population that also usually rely on public transportation services are households below poverty level. No counties had high densities of households below the poverty level. The area with the largest amount of high density (15.6 – 27.8 percent) of households below the poverty level was found in the northwest section of Warren County, the northwest section of White county and the central section of Clinton County, near Frankfort. Carroll and Benton Counties areas of low and moderate densities with households below the poverty rate.

The labor force consisted of 49,712 individuals in 2005 according to the Indiana Department of Workforce Development. The average unemployment rate in June 2007 was 4.8 percent, a rate similar to the state's June 2007 unemployment rate (5 percent).

The 'private' sector was the largest industry in the region with 35,287 employees in 2005. 'Manufacturing' trade was the second largest employer (9,680 employees) and 'other private' was the third largest. The 'private' sector also had the highest reported total wages of 2005 for any one employment sector.

III. INVENTORY OF EXISTING TRANSPORTATION SERVICES IN BENTON, CARROLL, CLINTON, WARREN AND WHITE COUNTIES

The five counties in this region are located in west-central Indiana. Benton and Warren counties share a border with Illinois. A comprehensive survey instrument designed using the *Framework for Action* as a basis, was sent to more than 25 different human service agencies and public transportation providers to gain information on existing transportation programs and services. The survey was also distributed to community centers and older adult facilities. The survey was available online at http://www.sndayton.com/INDOT_coordination_survey, as well as via fax or U.S. mail upon request. A copy of the request for participation that was distributed statewide, meeting announcements and agendas, and a complete list of agencies and organizations that received a request to complete the on-line survey is provided in the Appendix A. Transportation providers were also notified of the requirement for participation in the survey at annual transportation planning meetings with INDOT, and through the quarterly Indiana RTAP newsletter (see Appendix A).

Ten organizations responded to the on-line survey and thirteen individuals completed a survey during the local stakeholder meeting. The White County Health Department does not provide transportation services, but completed a survey in which it indicated that it coordinates the agency's consumer transportation needs with the White County Council on Aging. The organizations that participated in the survey are listed below.

- Area IV Agency on Aging & Community Action Program
 - Hope Transit
 - Waveland Volunteer Transit
 - Rossville Area Transit
- White County Council on Aging
- Paul Phillippe Resource Centers
- Carroll County Senior and Family Services
- Child Adult Resource Services, Inc. (C.A.R.S.)
- CDC Resources
 - Also included in Jasper, Newton, Pulaski, Starke region.
- Howard Regional Health System
 - Also included in Cass, Fulton, Howard, Miami, Tipton, Wabash region
- Marketplace Financial, Inc.
 - Also included in Jasper, Newton, Pulaski, Starke region.
- Peak Community Services, Inc.
 - Also included in Jasper, Newton, Pulaski, Starke region.

General Description

- White County Health Department

GENERAL DESCRIPTION OF AREA TRANSPORTATION PROVIDERS

Survey responses from participating organizations are provided in the following paragraphs.

Eligibility to apply to INDOT for grant funding under Section 5316 and 5317 are is limited to:

- Public entities providing public transit services; and,
- Private, nonprofit entities designated by county commissioners to provide public transit services.

Eligible applicants for Section 5310 funding include private, nonprofit organizations and public bodies that coordinate specialized transportation services.

Any of the following organizations that do not qualify as eligible applicants for grant funding could partner with an eligible applicant to achieve the coordinated transportation goals.

Organization Summaries

Area IV Agency on Aging & Community Action Program (5311 & 5310) - Area IV Agency on Aging is a private, non-profit social service organization that provides a variety of services to older adults, people with disabilities, and people who are economically or otherwise disadvantaged. The agency serves the counties of Benton, Carroll, Clinton, Fountain, Montgomery, Tippecanoe, Warren, and White.

Community Action areas include, Carroll, Clinton, Tippecanoe and White Counties. Transportation programs include:

- Head Start provider in Carroll, Clinton and White Counties;
- 5310 grantee in Benton County known as **Hope Transit**;
- 5311 grantee in Benton County known as **Waveland Volunteer Public Transit**.
 - Waveland Volunteer Public Transit serves the towns of Boswell (Benton County), Brookston (White County), Clarks Hill (Tippecanoe County), Hillsboro (Fountain County), Rossville (Clinton County – **Rossville Public Transit**) and Waveland (Montgomery County);

General Description

- 5311 program financial assistance for transportation in **White County**.

Area IV Agency on Aging & Community Action Program provides human service agency consumer transportation, Head Start transportation and supports public transportation. Excluding the Head Start vehicles, the organization operates nine vehicles including one accessible minivan, five accessible converted 15-passenger vans, and three converted 15-passenger vans.

In FY 2006, Area IV Agency on Aging & Community Action Program provided approximately 7,645 trips (6,616 general public + 1,029 agency consumers), 265 trips for riders that use a wheelchair (60 general public + 205 agency consumers). Approximately 606 unduplicated consumers received transportation services (512 general public + 94 agency consumers) during the year.

Area IV Agency on Aging & Community Action Program total transportation revenues during FY 2006 was reported to be \$129,415. The sources of the revenue included:

- Medicaid reimbursements
- State appropriation
- Title III
- CSBG
- Section 5311
- Passenger donations
- Miscellaneous refunds

Area IV Agency on Aging & Community Action Program also received \$6,291 in capital revenue from INDOT in FY 2006 for a 5310 vehicle.

Individual transportation programs operated through Area IV Agency on Aging are outlined in the following paragraphs.

Head Start - Monday through Thursday during the school year 6:30 AM to 5:00 PM in Clinton, Carroll and White Counties. The Head Start vehicle fleet includes seven 14-passenger school busses and two accessible 14-passenger school busses.

Hope Transit (5310) - Hope Transit in Benton County provides transportation for eligible older adults and individuals with disabilities. The vehicle fleet in Benton County includes one accessible minivan and one accessible 15-passenger van. Hope Transit hours of operation are 24-hours a day, seven days a week utilizing volunteer drivers. Common trip purposes include shopping, social, medical and human service agency program trips. There is a 24-hour advance reservation requirement.

General Description

Waveland Volunteer Transportation Program (5311) –Waveland service area includes a multi-county region: Boswell (Benton County); Brookston (White County); Clarks Hill (Tippecanoe County); Hillsboro (Fountain County); Rossville (Clinton County – Rossville Area Transit) and Waveland (Montgomery County). The vehicle fleet includes four 15-passenger converted vans and three accessible 15-passenger vans.

Waveland Volunteer Transportation Program hours of operation are 24-hours a day, seven days a week utilizing volunteer drivers. Service is open to the general public for any trip purpose including shopping, social, medical and human service agency program trips. There is a 24-hour advance reservation requirement along with a minimum number of riders required. Donations are accepted and there is no fare structure. Service is dependent on the availability of a volunteer driver who is willing to provide the run. System ridership in 2001 was 13,901. Ridership declined to 6,616 passengers by the year 2006.

Rossville Area Transit - Rossville Area Transit is supported by the Area IV Agency on Aging & Community Action Program through Waveland Volunteer Transit. The system operates 24/7 primarily in Rossville (Clinton County) however it will also serve Carroll County as needed. Service is open to the general public. Passengers may make a trip “anywhere” if a volunteer driver is willing to drive. There is no advance reservation requirement, but advance notice is requested. The system has no fare structure, but the minimum passenger “donation” is the cost of fuel.

Rossville Area Transit reported serving 180 unduplicated individuals and providing 2,844 one-way passenger trips. One hundred percent of the revenue is from passenger donations. One hundred percent of the \$730 expense budget is dedicated to transportation operations.

White County Council on Aging (5311) - White County Council on Aging is a nonprofit organization in White County that provides demand-response rural transportation in White County and two adjoining townships in Carroll County.

The agency primarily serves individuals over age 65. However, transportation is available to the general public. Drivers are permitted to assist passengers with a limited number of packages.

White County Council on Aging operates a fleet of eight vehicles including four that are wheelchair accessible. Common trip destinations include hospitals, medical offices, shopping centers and nutrition programs.

General Description

White County Council on Aging total transportation revenues during FY 2006 were reported to be \$188,994. The sources of the revenue included passenger fares, state appropriations, Section 5311, and local assistance.

White County Council on Aging did not receive capital assistance in FY2006.

Paul Phillippe Resource Center Inc. (5311) - Paul Phillippe Resource Center is nonprofit organization serving Clinton County. The Paul Phillippe Resource Center provides counseling, advocacy, information and referral, social activities, recreation, travel, field trips, painting, art classes, hosts a congregate meal site, and provides home-delivered meals for the aging. Transportation is available for the general public.

Paul Phillippe Resource Center total transportation revenues during FY 2006 were reported to be \$210,808. The sources of the revenue included passenger fares, Medicaid, state, city and county appropriations, Title III, Section 5311, and donations (including the United Way). Paul Phillippe Resource Center did not receive capital assistance.

Paul Phillippe Resource Center operates a fleet of seven vehicles including, one accessible mini-van, one non-accessible mini-van, two non-accessible mini-busses and two 15 passenger accessible vans.

Hours of transportation operation are Monday through Friday 8:00 a.m. to 4:00 p.m. No service on Saturday, Sunday or holidays.

The system served 888 unduplicated individuals and provided 40,117 one-way trips during 2006.

Carroll County Senior & Family Services (5310) - Carroll County Senior & Family Services is a private non-profit organization that serves eligible older adults (age 60+) and people with disabilities in Carroll County. Common trip purposes include medical (including Medicaid sponsored trips), shopping, nutrition, and school (for children with disabilities).

Transportation is available between 8:00AM and 4:00PM, Monday through Friday. The agency operates eight vehicles including, four accessible mini-vans, two non-accessible mini-vans, one accessible 13-passenger van, and one sedan.

Child Adult Resource Services (C.A.R.S.) (5310) - C.A.R.S. is a private nonprofit social service agency located in Rockville that provides transportation, day treatment, job training and employment, rehabilitation

General Description

services, residential facilities, screening, and diagnosis/evaluations. The organization serves a multi-county region including Benton, Boone, Clay, Clinton, Fountain, Hendricks, Knox, Marion, Montgomery, Morgan, Owen, Parke, Putnam, Sullivan, Tippecanoe, Vermillion, Vigo and Warren Counties in Indiana. It also provides services in Vermillion and Champaign Illinois.

Demand response transportation is provided for Medicaid and Title XX eligible consumers. Drivers provide either door-to-door or curb-to-curb transportation and assist passengers with a limited number of packages, depending on individual situations. Hours of operation are 6:00 AM to 6:00 PM, Monday through Friday.

During the past year, C.A.R.S. provided approximately 50,696 trips for agency consumers. The agency does not have a fare structure and does not accept passenger donations. Total transportation revenue is received from third party reimbursements (e.g., Medicaid). During FY2007, the total transportation operating budget is projected to be \$268,344. (Additional grant money for C.A.R.S. programs is provided through the county. However, those funds are not strictly dedicated to transportation and are not included in the budget projections.)

During FY 2006, C.A.R.S. received an FTA Section 5310 capital grant for \$154,585.

The vehicle fleet includes a total of 16 vehicles. Vehicle inventory and utilization information are provided in Exhibit III.8.

C.A.R.S. currently participates in the following coordination activities with other local transportation providers:

- Information and referral
- Joint training
- Shared back-up vehicles

C.A.R.S. indicated that longer hours and more days of available transportation service is the primary unmet transportation need in the area. Liability and insurance concerns have been the most significant obstacles to previous attempts at coordination.

OTHER TRANSPORTATION PROVIDERS

The following summaries include organizations that provide human service agency and or public transportation in multiple regions and portions of that transportation fall into at least one of the counties included in this report.

**Other Transportation
Providers**

**Other Transportation
Providers**

Comprehensive Development Centers, Inc. - Comprehensive Development Centers, Inc. also known as and hereinafter referred to as CDC Resources, has facilities in Monticello and Rensselaer, Indiana. Administrative office is located in Monticello and provides services for individuals in Carroll and White counties. The Rensselaer location provides services for individuals in Jasper, Benton and Newton counties. CDC Resources is a private, nonprofit social service agency that provides a full collection of services including: transportation; health care; social services, counseling; day treatment; job training; information and referral; and, residential facilities. Eligibility for transportation is limited to agency consumers who have a documented developmental, sensory, or physical disability.

The agency directly operates transportation services using personal vehicles of agency staff, volunteers, and organized programs with vehicles and staff designated specifically for transportation. Agency employees also use agency owned vehicles, or they are reimbursed of mileage or auto expenses paid. Reimbursements are also made to clients, families, or friends who provide consumer transportation.

CDC Resources operates a fleet of 24 vehicles including, two station wagons, eleven mini-vans, one accessible mini-van, two standard 15-passenger vans, three converted 15-passenger vans, two converted 15-passenger wheelchair accessible vans, and four light-duty buses. Four of the vehicles are leased.

The agency provides door-to-door transportation services and passengers are permitted to travel with their own personal care attendants or escorts. Service hours are Monday through Thursday, 6:30 AM to 5:30 PM. CDC Resources requests that consumers call for a reservation 24-hours before travel. However, late reservations are accommodated if space is available. There is no fare for transportation.

CDC Resources provided approximately 34,000 passenger trips to 110 individuals between July 1, 2006 and June 30, 2007. Total transportation operating revenues for FY 2006 were \$208,152. Approximately one-half of the transportation operating revenue is derived from county government appropriations. Additional operating revenue sources include reimbursements for services obtained from third parties (i.e., Medicaid reimbursements), donations from Knights of Columbus, the United Way, and fundraising. No Capital revenue was reported for FY 2006.

Approximately 96 percent of transportation expenses were for operations. The remaining expenses were for administration of the transit program.

**Other Transportation
Providers**

Human service transportation programs are the most useful personal mobility options in the service area. However, more funding is needed to improve the service. CDC Resources currently coordinates transportation resources through joint training, trip sharing, and information and referral.

CDC resources identified the unique characteristics of client populations as a challenge to coordinating transportation services.

Howard Regional Health System - The agency is a public medical center in Kokomo. It serves Clinton, Howard, and Tipton Counties. The organization has a range of functions including health care, transportation, social services, day treatment, job training, employment, rehabilitation, residential facilities, and screening. There are no eligibility requirements for medical center services.

Howard Regional Medical Center provides door-to-door route deviation transportation services with a fleet of eight vehicles. Hours of operation are Monday through Friday between 8:00 AM and 5:00 PM. It also utilizes personal vehicles of agency staff, and reimburses mileage or auto expenses paid to employees, clients, families, or friends.

The Medical Center fleet includes one converted 15-passenger van, and seven standard 15-passenger vans. One-day advance reservations are requested.

Howard Regional Health System is interested in working with the area's local transportation providers to implement a fixed route system that is accessible for Regional Health consumers. It does not have financial resources, but considers the option of sharing drivers a possibility.

Marketplace Financial Services, Inc. - Marketplace Financial Services is a private, for profit organization that provides accessible taxi service. Marketplace plans to initiate business with BLS Ambulance service in October 2007. Marketplace currently works closely with Alliance EMS, which primarily operates in Starke, Porter, Marshall, and St. Joseph Counties.

Service area includes Pulaski, Tippecanoe, Howard, White, and Jasper Counties. The organization's major function is transportation for the general public, and there are no eligibility requirements.

Marketplace Financial Services operational structure is door-to-door, demand response service to the general public using agency owned vehicles. Personal care attendants or escorts provided upon request. Hours of operation are established as 5:00 AM and 10:00 PM, Monday through Friday. Passengers are charged a fare for the trip based on a per trip or per

**Other Transportation
Providers**

mile fare structure. No discounts for the elderly or persons with disabilities are included in the fare structure. Donations are not accepted.

Marketplace indicated that volunteers provide the most useful personal mobility options in the service area. It is the opinion of the organization that longer service hours and/or more days of service are the priority for serving unmet transportation needs in the service area.

The challenge for Marketplace to coordinate transportation services is billing and accounting issues. The greatest obstacle to coordination was reported to be funding. Establishing a county-based central dispatch/referral center would improve coordination of transportation. Marketplace indicated that coordinating transportation resources would benefit the service area, but that support for the issue is weak.

One potential benefit of coordination would be to improve access to medical care and social services for the aging rural population. The organization currently receives many calls for out-of-county transportation to medical services.

Peak Community Services - Peak Community Services is a private nonprofit social service agency. It provides transportation, social services, day treatment, job training, employment and rehabilitation programs in Cass, Carroll, Fulton, Howard, Miami, Pulaski and White counties.

Peak Community Services provides client transportation, and it purchases transportation on behalf of clients from general public or other service providers. The organization operates seven vehicles including, one sedan; three minivans, one converted 15-passenger van, and two light duty buses. Agency staff drive personal vehicles as well as the agency owned vehicles. Mileage reimbursement is provided when personal vehicles are utilized.

Peak Community Services provides demand response service, which includes casual appointments as well as service for consumers who are attending daily program activities.

Hours of operation are 24-hours a day, seven-days a week for agency consumers. Peak hours of service are centered around the workday. Late afternoon/evening shopping, social, and medical trips are provided in addition to agency program trips. There are no advance reservation requirements. In FY2006, Peak Community Services provided approximately 2,729 trips, 619 trips for riders that use a wheelchair. A total of 166 consumers were served, 19 of which use a wheelchair. Peak Community Services consumers are not charged a fare for transportation.

Peak Community Services' total transportation revenue during FY2006 was reported to be \$69,283. Seventy-five percent of the annual transportation revenue was generated by Medicaid waivers. The remaining revenue was primarily generated by Title XX funds. Peak Community Services received \$6,291 in capital revenue from INDOT during FY2006. Annual operating and capital expenses totaled \$106K during the same year.

The agency participates in two regional Transportation Advisory Committees including, Pulaski County Human Services and Cass Area Transit. Peak has experienced insurance/liability concerns, and restrictions placed on use of vehicles, and unique characteristics of client populations as challenges to coordinating transportation with other providers. The greatest obstacle to coordination and personal mobility in the service area is liability/insurance restrictions, and the unique client characteristics/inability to mix consumers on-board vehicles. Nonetheless, Peak Community Services realizes the benefits that could be realized through coordinating transportation.

Peak Community Services indicated that evening and weekend availability of public transit service is the most needed enhancement to improve public transit and human service transportation in the service area.

The agency participated in a local public stakeholder meeting in Miami County. However, the service area is divided across two of the regions for this document. Survey results for Peak Community Services are provided in the summaries for all respective regions.

NON-TRANSPORTATION PROVIDERS

The following organizations do not provide transportation. Nevertheless, they represent organizations in the region that utilize human service agency and public transportation and have an interest in planning for future transportation coordination efforts.

White County Health Department – White County Health Department primarily provides health care and awareness throughout White County.

The health department indicated that human service agency transportation programs provide the most useful transportation options in White County and that further coordination among the various providers would enhance the services that are available today. However, restrictions placed on use of vehicles, unique characteristics of consumer populations, and insurance concerns have been barriers to past attempts at coordinating resources.

**Other Transportation
Providers**

**Non-Transportation
Providers**

**Non-Transportation
Providers**

The major concern for the organization is to develop a plan to transport older adults and people with disabilities to ‘points of dispensing’ (POD) medication during a public health emergency.

The Health Department has been working with local transportation providers over the past three years to create an emergency preparedness plan. There is a local committee that discusses coordinating transportation and the perceived benefits of such coordination are strong; however, local support for coordination efforts has been fairly weak.

White County Memorial Hospital, White County Community Corrections, White County Alcohol & Drug Court Services, Wabash Valley Hospital; and, White County United Way attended the stakeholder meeting. While none of these agencies provide transportation, all indicated that there is need for transportation enhancement in the area. Additionally, White County United Way provides funding to support transportation in the region. The United Way office receives numerous calls from individuals requesting transportation. As such, the United Way would like to encourage a centralized information and referral center for regional transportation.

COORDINATION

Coordination

Although C.A.R.S. indicated that it participates in joint vehicle sharing and information and referral with other agencies, no formal coordination efforts or coordination committees have been established in the region. Nonetheless, White County Council on Aging, Cass Area Transit, and CDC Resources are involved in some informal coordination activities.

White County Council on Aging has been arranging a passenger transfer with Cass Area Transit for an individual who attends technical school in Cass County and travels from White County. Currently, each transportation provider arranges a meeting point near the respective service area boundaries to transfer the passenger between vehicles. Each provider is limited by service area, therefore, the transfer is required.

Another multi-county coordination effort involves CDC Resources and White County Council on Aging. CDC Resources provides back-up vehicles to White County Council on Aging, as needed. Both agencies said that because they use the same insurance carrier, insurance restrictions are not an obstacle.

Other single county cooperative efforts include White County Council on Aging working with the White County Health Department to arrange transportation to vaccination clinics throughout the county.

THIRD PARTY CONTRACTS

Third Party Contracts

Public transit systems use contracts with local agencies/organizations and businesses to supplement the local cash match required to provide transit service.

The agencies do not classify contracts with Head Start or other third party agreements including Medicaid and Title III as contracts. The third party contracts that were indicated involve agreements between organizations that have a service area that overlaps a neighboring region. That is, a multi-region agreement is between Peak Community Services and Cass Area Transit. Per that agreement Cass Area Transit provides certain trips for Peak Community Services and is reimbursed on a per trip basis. Information about the agreement is provided in Exhibit III.1.

Exhibit III.1: Local Contract Agreements

Name of Agency	Name of Third Party	Rate and Basis of Payment	Total Amount Paid FY2006
Peak Community Svcs.	Cass Area Transit	\$38.91 per trip	\$42.5K

FARE STRUCTURES

Fare Structures

Waveland Volunteer Transportation System

Waveland Volunteer Transportation System accepts contributions from passengers. Otherwise, there is no fare structure.

Rossville Area Transit

Rossville Area Transit does not have a fare structure. However, minimum price per trip is the cost of fuel used to provide the service.

White County Council on Aging

White County Council on Aging accepts passenger donations.

Marketplace Financial Services, Inc.

Marketplace Financial Services has a taxi structured fare system. Fares are based on a rate per trip or per mile.

STAFFING

The three public transportation providers employ a combined total of one full-time driver and nineteen part-time drivers. Waveland Volunteer Transportation uses volunteer drivers exclusively and has two part-time administrative staff (shown below as one full time equivalent). Exhibit III.2 provides the staffing levels reported by the public transportation providers.

**Exhibit III.2:
Administrative, Maintenance and Drivers, 2006**

Program	Admin. Personnel (FTE)	Drivers Paid, full-time	Drivers Paid, part-time	Maintenance Paid, full-time	Maintenance Paid, part-time
Paul Phillippe Resource Centers	4.5	1	12	0	0
Waveland Volunteer Transportation	1	0	0	0	0
White County Council on Aging	3	0	7	0	1

Source: 2006 INDOT Annual Report

OPERATING STATISTICS

In order to identify the existing level of service provided, analysis of performance statistics from 2006 was conducted. The results of that analysis are summarized in the table in Exhibit III.3. Most human service agencies do not track total revenue vehicle miles and hours, therefore, that data is excluded from the following tables.

The general public transportation operators provided a total of 63,771 trips for 2006 and drove a total of 248,236 revenue miles. Paul Phillippe Resource Centers provided 40,016 trips, which is approximately sixty-three percent of the total trips.

Staffing

Operating Statistics

Exhibit III.3: Service Providers' 2006 Operating Data

System Name	Service Area	Trips	Total Rev Vehicle Miles	Total Rev Vehicle Hours	Total Gallons of Fuel Used
Paul Phillippe Resource Centers	Clinton County	40,016	130,774	11,600	11,130
Waveland Volunteer Transportation	Brookston, Clarks Hill, Hillsboro, Rossville, Boswell, and Waveland	6,616	18,606	1,360	1,314
White County Council on Aging	White Co. & portions of Jefferson Twp. In Carroll Co.	17,139	98,856	7,197	7,645

Source: 2006 INDOT Annual Report

Several performance indicators were examined for each of the public transportation providers for which data were available. Three systems (Paul Phillippe Resource Centers, Waveland Volunteer Transportation and White County Council on Aging had acceptable passengers per hour figures (2.38 or more) for demand response transportation (the minimum national average is 2.0 passengers per hour or higher). White County Council on Aging and Waveland Volunteer Transportation had relatively high cost figures compared to the other transportation providers. Waveland Volunteer Transportation cost is substantially higher per mile and per hour.

Exhibit III.4: Service Providers' Performance Indicators

System Name	Passengers per hour	Cost per passenger	Cost per mile	Cost per hour
Paul Phillippe Resource Centers	3.45	\$5.27	\$1.59	\$18.17
Waveland Volunteer Transportation	4.86	\$14.68	\$5.22	\$71.42
White County Council on Aging	2.38	\$11.03	\$1.81	\$26.25

Source: 2006 INDOT Annual Report

Fuel Consumption

Without exception, operators cited rising fuel cost as a major concern.

Operating Statistics

VEHICLE INVENTORY AND UTILIZATION

**Vehicle Inventory and
Utilization**

Vehicle Inventory

Each transportation provider was interviewed and/or completed a survey that included questions about the number of vehicles in the fleet. Exhibit III.5 provides an inventory of vehicles as reported by the transportation providers in the region. Participating organizations reported a total of 54 vehicles operating for human service agency and/or public transportation service in the region.

Exhibit III.5: Vehicle Inventory

Agency Name	Total Vehicles
Area IV AoA - Head Start	7
Area IV AoA - Hope Transit	2
Waveland Volunteer Transportation Program	7
White Co. Council on Aging	7
Paul Phillippe Resource Center	7
Carroll Co. Sr. & Family Services	8
C.A.R.S.	16
Total Vehicles:	54

Source: Survey Results

There are three human service agencies that have a service area which includes at least one county within this region, but have the majority of their service area within a neighboring region. Vehicle inventories for those organizations are provided in Exhibit III.6.

Exhibit III.6: Cross-Regional Vehicle Inventory

Agency Name	Total Vehicles
CDC Resources	24
Peak Community Services	7
Howard Regional Health Systems	8
Total Vehicles:	39

Source: Agency Surveys

Vehicles have been purchased through a variety of methods: the Federal Transit Administration Section 5310 Specialized Transportation Program and 5311 Rural Transit Program, other federal programs, local funds, general revenue funds, and private donations, etc.

**Vehicle Inventory and
Utilization**

Vehicle Utilization

The hours and days of the week of available transportation services in each county, according to the information provided in stakeholder surveys, are listed in the table below (Exhibit III.7). The majority of human service agency and public transportation providers operate transportation Monday through Friday with service hours ending at or before 6:00 PM.

Waveland Volunteer Transit is available to the general public in Benton, Clinton and White counties 24 hours each day. However, there is a requirement for minimum number of riders before a trip can be scheduled. Therefore, transportation is only available if the minimum number of people request the same trip.

Exhibit III.7: Transportation Service by County

Counties	System/ Agency	Eligible Consumers	Hours of Operation	Days of Operation
Benton	Area IV AoA – Hope Tran.	Older Adults, Persons w/ Disabilities	24/7	Mon.-Sun.
	Waveland Volunteer Tr.	General Public	24/7	Mon.-Sun.
	C.A.R.S.	Medicaid & Title XX	6AM-6PM	Mon.-Fri.
	CDC Resources	Persons w/ Disabilities	6:30AM-5:30PM	Mon.-Thur
Carroll	Area IV AoA – Head Start	Low-income	6:30AM-5PM	Mon.-Fri.
	Peak Community Services	Persons w/ Disabilities	24-hours	Mon.-Sun.
	Carroll Co. Sr. & Fam. Svcs.	Older Adults, persons w/ Disabilities	8AM-4PM	Mon.-Fri.
Clinton	Area IV AoA – Head Start	Low-income	6:30AM-5PM	Mon.-Fri.
	Waveland Volunteer Tr.	General Public	24/7	Mon. –Sun.
	Paul Phillippe Res. Ctr.	General Public	8AM-4PM	Mon.-Fri.
	C.A.R.S.	Medicaid & Title XX	6AM-6PM	Mon.-Fri.
	Howard Co. Regional Hlth	General Public	8AM-5PM	Mon.-Fri.
Warren	Area IV AoA – Head Start	Low-income Persons w/ Disabilities	6:30AM-5PM	Mon.-Fri.
	C.A.R.S.	Medicaid & Title XX	6AM-6PM	Mon.-Fri.

Exhibit III.7: Transportation Service by County (Continued)

Counties	System/ Agency	Eligible Consumers	Hours of Operation	Days of Operation
White	Waveland Volunteer Tr.	General Public	24/7	Mon.-Sun.
	White Co. CoA	General Public	8AM-4PM	Mon.-Fri.
	Peak Comm. Svcs.	Persons w/ Disabilities	24/7	Mon.-Sun.
	Marketplace Financial (taxi)	General Public	5AM-10PM	Mon.-Fri.

**Vehicle Inventory and
Utilization**

Vehicle utilization information was requested from each transportation provider that participated in the planning process through completion of a survey and/or participation in the local stakeholder meetings. Exhibit III.8 illustrates the hours of operation for each vehicle in the inventories of C.A.R.S. and White County Public Transportation on a ‘typical’ day. No other agencies provided vehicle inventory or utilization information.

CONCLUSIONS

The service areas for human service agency transportation providers in this region involve neighboring regions. In particular, the region including Jasper, Newton, Pulaski and Starke counties are included in the service areas of three human service agency transportation providers. Also, Peak Community Services provides transportation in this region as well as in Cass County through a third party agreement with Cass Area Transit. Therefore, a number of major destinations are outside of Benton, Warren, White, Carroll, or Clinton counties.

Public transportation providers and human service agencies participating in this survey reported a total of 54 vehicles available for transportation on a given day. In addition, agencies that serve Jasper, Newton, Pulaski and Starke counties as well as one or more counties within this region operate a total of 39 vehicles (Exhibit III.6).

Three Section 5311 and three Section 5310 grant recipients with service areas that are within this region participated in the planning efforts to date. Current levels of coordination among these grant recipients are minimal.

Survey participants identified insurance liability restrictions as well as rules and regulations tied to funding as the most significant challenge experienced to date when discussing coordination of transportation resources. The participants indicated that coordination of grant writing activities, fuel purchasing and vehicle storage heeded the most beneficial results for the region and permit them to improve the effectiveness of the current service.

Conclusions

**Needs Assessment for
Benton, Warren,
White, Carroll and
Clinton Counties****IV. NEEDS ASSESSMENT****NEEDS ASSESSMENT FOR BENTON, WARREN, WHITE,
CARROLL AND CLINTON COUNTIES**

Determining the transportation needs for the region is an integral part of the coordination study. In an effort to document the transportation needs of older adults, individuals with disabilities, and people with low incomes individuals in Benton, Warren, White, Carroll, and Clinton counties the consultant utilized information obtained from the stakeholder meetings held on June 27, 2007 and March 11, 2008 in Monticello. There were thirteen attendees at the meeting, representing the following agencies, organizations, transportation providers or governmental entities. The following organizations were represented at one or more local meeting:

- Paul Phillippe Resource Center
- Area IV Agency on Aging and Community Action
 - HOPE Transit
 - Waveland Volunteer Transportation Program
- Carroll County Council on Aging/Carroll County Senior and Family Services
- White County Alcohol & Drug Court Services Program/County Probation
- White County Council on Aging
- Wabash Valley Hospital
- White County United Way, Inc.
- White County Memorial Hospital
- White County Community Corrections
- CDC Resources
- Area Planning Commission of Tippecanoe County (MPO)

Additionally, a comprehensive survey instrument was sent to local government entities, human service agencies, and transportation providers in the region. A follow-up email or phone call was made to several of the respondents for additional information or clarification. The majority of transportation needs were identified by organizations working in White County. The following needs were documented from these outreach efforts:

- Transportation providers need to explore the possibility for a more affordable approach to purchasing fuel.
- Residents in the region request early morning and late afternoon transportation for employment.

**Needs Assessment for
Benton, Warren,
White, Carroll and
Clinton Counties**

- Paul Phillippe Resource Center requested a new structure for transportation in Frankfort that would include fixed route transportation within Frankfort and demand response service in the rural areas.
- There is a high demand for transporting pre-school and Head Start children to and from school. Coordinating schedules and resources could help organizations meet the demand.
- HOPE transit indicated that coordination could fill the gaps in service for medical appointments, shopping, and human service agency programs.
- CDC Resources indicated that it struggles to meet demand from the developmentally disabled population to travel to work, medical appointments, program activities and shopping.
- Overall, an increase in the amount of general public transportation available throughout the region.

Several unmet transportation needs were identified by organizations representing White County. Those needs are listed in the following bullet points:

- White County residents need transportation to Wabash Valley outpatient clinic for treatment. Some of the treatments are scheduled during evenings and end as late as 8:00 PM.
- White County residents need additional transportation options for employment and medical purposes.
- Individuals with a low-income and people with disabilities living the in Monticello area need transportation to medical appointments and employment training courses during late afternoon/evening hours on weekdays.
- White County United Way receives daily calls from citizens needing transportation. Lack of transportation options is an obstacle for all transit dependent individuals living in the area.
- White County Memorial Hospital is challenged to find transportation options after 3:00 PM for individuals who are released from hospital and emergency room care. Common challenges involve 1) transporting released patients back home to neighboring counties, and 2) providing escorts to patients in need.
- White County Community Corrections indicated that transportation to and from employment, counseling, medical visits and special programs is a challenge. At least 90 percent of individuals served by White County Community Corrections do not have a driver's license.

CHALLENGES TO COORDINATION

There are always numerous challenges to the coordination of human service transportation. Results of the stakeholder meeting and survey results indicated the following challenges to coordination for this region.

**Challenges to
Coordination**

**Needs Assessment for
Benton, Warren,
White, Carroll and
Clinton Counties**

- Liability insurance – Agencies have different insurance carriers and each carrier has a policy regarding sharing vehicles or mixing passengers on a vehicle. In many cases, the insurance policies are not compatible.
- Unique characteristics of client population – Consumers from different organizations have different needs (i.e., those with developmental disabilities have different needs than older adults or pre-school children) and sharing a vehicle may not be appropriate in certain circumstances;
- Restricted boundaries of service areas – service area boundaries are frequently determined by funding restrictions which limit an agency from crossing county boundaries to provide transportation.

While there are challenges to implementing coordination among varied transportation providers, services, and funding sources, it is important to note that transportation coordination is being successfully implemented throughout the country, including in Indiana. Therefore, issues such as conflicting or restrictive State and Federal guidelines for the use of funding and vehicles, insurance and liability, and unique needs presented by the different populations served, to name a few, should challenge, but not stop, a coordination effort. There are many resources available to assist communities as they work together to coordinate transportation. FTA's Framework for Action is one example. FTA's Framework for Action is available at www.unitedweride.gov. Another potential opportunity is to contact other transportation providers in Indiana that have successfully implemented coordination. Contact INDOT, Public Transit for more information.

GOALS FOR COORDINATION

Representatives of organizations that participated in the planning process indicated the primary goal of coordinating grant writing efforts, fuel purchases, and sharing vehicles in an effort to more effectively utilize existing transportation resources.

Another of the major goals of coordination is to fill service gaps. Service gaps typically fall into the category of spatial gaps or temporal gaps. Spatial gaps involve limitations with the service area while temporal gaps are concerned with limitations in days of week or hours that service is provided. Both spatial and temporal limitations were discussed in all five counties in the region. Input received from the stakeholder meeting and survey responses identified the following gaps in service for this region.

**Goals for
Coordination**

**Needs Assessment for
Benton, Warren,
White, Carroll and
Clinton Counties****Spatial Gaps**

- No general public service in most of Carroll and all of Warren counties;
- General public municipal transportation in Boswell, Brookston, Clarks Hill, Hillsboro, Rossville, Waveland and their surrounding areas involves a limited service area that may exclude rural portions of the region.
- No intercity service; and
- No regional service across all five counties.

Temporal Gaps

- Limited hours of service for the elderly and persons with disabilities, particularly during evenings and on weekends;
- Service hours are not typically structured to effectively support employment opportunities, particularly for persons with low income;
- No Saturday or Sunday service in Warren County for older adults and persons with disabilities; and
- Weekend demand response service for the elderly or persons with disabilities in Benton, and Clinton counties is dependent upon availability of volunteer drivers.

All of the transportation needs evolve around the stated demand for more service for the transportation disadvantaged along with the need to reduce costs, which could lead to more effective use of resources so that organizations can provide more service to more people. The service gaps were noted as concerns by those attending the stakeholder meeting.

The following chapter will provides strategies for addressing the unmet needs and goals identified in this chapter.

V. GOALS, OBJECTIVES AND IMPLEMENTATION STRATEGIES

This chapter presents the coordinated transportation goals, objectives and suggested implementation strategies or alternatives for the Indiana counties of Benton, Carroll, Clinton, Warrant, and White. The strategies provided under each goal include information about the parties responsible for implementation, projected staffing and capital requirements for implementation of each strategy and performance measures that the regions’ coordination stakeholders can use in the future to evaluate the progress of the plan. The goals and strategies that are outlined in this chapter directly correlate with the statewide coordinated public transit-human services transportation plan.

A stakeholder meeting conducted on March 11, 2008 prioritized the goals for the region. At the meeting, the Area IV Agency on Aging was suggested as the lead agency. Subsequent phone confirmation was received that the Area IV Agency on Aging has agreed to take the lead role. However, as the strategies progress, participating organizations may elect to re-assign responsibility of certain functions.

GOAL #1: PROVIDE A LEADERSHIP STRUCTURE FOR IMPROVING COORDINATED TRANSPORTATION THROUGHOUT THE REGION IN AN EFFORT TO REDUCE DUPLICATION AND IMPROVE SERVICE.

Objective 1.1: Develop a regional Interagency Transportation Coordination Committee (ITCC) to facilitate the continued discussion of transit services in the region, becoming a forum for local transit issues, education, networking, and support. This regional ITCC should be an extension of the existing Transportation Advisory Committee.

Implementation Strategies/Alternatives:

1.1.1: Invite transportation providers, human service agencies, public, the general public, volunteer organizations, and funding agencies from throughout the region to actively participate in the ITCC. Membership should be kept to a limited size so that meetings are productive.

Priority/Implementation Timeframe: Near-Term for formation of ITCC. Continuous for ITCC meetings (meetings should occur at least quarterly).

GOAL #1: PROVIDE A LEADERSHIP STRUCTURE FOR IMPROVING COORDINATED TRANSPORTATION THROUGHOUT THE REGION IN AN EFFORT TO REDUCE DUPLICATION AND IMPROVE SERVICE.

**GOALS, OBJECTIVES
& ALTERNATIVES/
STRATEGIES**

GOAL #1: PROVIDE A LEADERSHIP STRUCTURE FOR IMPROVING COORDINATED TRANSPORTATION THROUGHOUT THE REGION IN AN EFFORT TO REDUCE DUPLICATION AND IMPROVE SERVICE.

Parties Responsible: Organizations that participated in this planning process. Area IV Agency on Aging could lead the effort to organize the ITCC.

Implementation Budget: Staff time involved in organizing the ITCC information and meetings. Small printing budget may be required for creating meeting agendas.

Staffing Implications: Staff time involved in preparing meeting agendas and notices, and attending meetings.

Capital Requirements: None.

Ridership Implications: None.

Performance Measures: ITCC created. ITCC meetings held at least quarterly.

1.1.2: Establish bylaws for the ITCC. Contact Indiana RTAP for resources to obtain sample bylaws.

Priority/Implementation Timeframe: Near-Term.

Parties Responsible: Organizations that participate in the ITCC. Lead organization to research and develop bylaws could be Area IV Agency on Aging.

Implementation Budget: Time involved to research, discuss, and create bylaws.

Staffing Implications: Staff time involved in preparing bylaws.

Capital Requirements: None.

Ridership Implications: None.

Performance Measures: ITCC bylaws prepared and signed.

1.1.3 Encourage ITCC members to participate in INCOST and attend their annual conferences and regional meetings. Information from INCOST may help to overcome challenges to coordination and will improve the local understanding of fully allocated costs for transportation.

- Priority/Implementation Timeframe: Near-Term.
- Parties Responsible: ITCC members.
- Implementation Budget: Staff time involved.
- Staffing Implications: Staff time involved in attending INCOST.
- Capital Requirements: None.
- Ridership Implications: None.
- Performance Measures: Advisory Group members participate in INCOST.
Fully allocated costs for services determined.

Objective 1.2: ITCC members continue to prioritize needs for older adults, individuals with disabilities, and people with low incomes through a coordinated transportation effort in the region and pursue service planning to meet those needs.

Implementation Strategies/Alternatives:

1.2.1: Coordinated transportation requires careful planning to ensure that all of the participating organizations are adequately represented and served, and to ensure that all service implemented through a coordinated effort is prioritized so that the service agreements satisfy goals that are most important first. Therefore, the ITCC members should review and prioritize the unmet transportation needs and gaps in services that were identified through this plan.

- Priority/Implementation Timeframe: Near-Term.
- Parties Responsible: ITCC members. A lead organization should arrange the meeting to review goal priorities.

GOAL #1: PROVIDE A LEADERSHIP STRUCTURE FOR IMPROVING COORDINATED TRANSPORTATION THROUGHOUT THE REGION IN AN EFFORT TO REDUCE DUPLICATION AND IMPROVE SERVICE.

**GOALS, OBJECTIVES
& ALTERNATIVES/
STRATEGIES**

GOAL #1: PROVIDE A LEADERSHIP STRUCTURE FOR IMPROVING COORDINATED TRANSPORTATION THROUGHOUT THE REGION IN AN EFFORT TO REDUCE DUPLICATION AND IMPROVE SERVICE.

Implementation Budget: None.

Staffing Implications: Staff time to review goals and consider implementation strategies.

Capital Requirements: None.

Ridership Implications: None.

Performance Measures: Priorities are confirmed. Timelines for studying and implementing transportation to address the priorities are established. Needs are addressed according to the established timelines. Transportation options that better satisfy local needs are implemented. Coordinated transportation plan is updated annually.

1.2.2: Designate a leader or leadership team to represent the effort and focus on improving transportation through coordinating resources, reducing duplication, educating the public, and opening communications between transportation providers, human service agencies, and local government officials.

Priority/Implementation Timeframe: Near-Term & Continuous

Parties Responsible: The leader or leadership committee could come from existing staff of the ITCC member organizations, or a new position could be created (i.e., Mobility Manger).

Implementation Budget/Costs: If existing staff may be utilized in the leadership role. If a leader is hired, costs associated with salary and wages would be required. Operating costs to support coordination efforts of the Mobility Manger is an eligible application for Section 5317 grant funds (local match is required).

**GOALS, OBJECTIVES
& ALTERNATIVES/
STRATEGIES**

Local match may be derived from any eligible non-transit dollars.)

Staffing Implications:	Initially, existing staff of ITCC member organizations could accomplish the task. As responsibilities increase, at least one dedicated full-time employee will be required.
Capital Requirements:	None.
Performance Measures:	Responsibilities for the designated leader are established by the ITCC members. A leader from the group or a Mobility Manager is selected. If Mobility Manager option is selected: Grant funding is applied for and secured.

GOAL #1: PROVIDE A LEADERSHIP STRUCTURE FOR IMPROVING COORDINATED TRANSPORTATION THROUGHOUT THE REGION IN AN EFFORT TO REDUCE DUPLICATION AND IMPROVE SERVICE.

Objective 1.3: Educate local government officials and agencies about the benefits of public and coordinated transportation.

Implementation Strategies/Alternatives:

1.3.1: Conduct presentations on public and coordinated transportation at County Council and Commissioners’ meetings, with a focus on educating and informing elected officials and transportation funders about the real and perceived benefits and challenges to sharing resources through a coordinated transportation effort.

Priority/Implementation Timeframe:	Near-Term
Parties Responsible:	Transportation providers and ITCC member organizations.
Implementation Budget/Costs:	None.
Staffing Implications:	None.
Capital Requirements:	None.

**GOALS, OBJECTIVES
& ALTERNATIVES/
STRATEGIES**

Ridership Implications: Possible increase in ridership resulting from distribution of information or an increase in contract ridership as more organizations become aware of the real possibilities of removing jurisdictional boundaries and sharing resources.

1.3.2: Attend agency and government meetings where networking opportunities exist and where information on coordinated transportation can be shared.

Priority/Implementation Timeframe: Continuous

Parties Responsible: ITCC member organizations should designate leaders in each county to attend meetings. Assignments should rotate among multiple organizations so that no single organization is responsible. Or, if a Mobility Manager is hired, this duty could be assigned to him/her.

Implementation Budget/Costs: Staff time involved in attending meetings and providing information. Possibly a small budget for printing information.

Staffing Implications: None.

Performance Measures: Number of meetings attended.
Number of local government officials reached.

GOAL #2: ENHANCE CURRENT COORDINATION EFFORTS TO IMPROVE EFFICEINCY AND SET A FRAMEWORK FOR EXPANDING SERVICES.

Objective 2.1: Formalize, with Contracts/Memorandum of Understandings (MOUs), the coordination efforts that are currently taking place.

GOAL #1: PROVIDE A LEADERSHIP STRUCTURE FOR IMPROVING COORDINATED TRANSPORTATION THROUGHOUT THE REGION IN AN EFFORT TO REDUCE DUPLICATION AND IMPROVE SERVICE.

GOAL #2: ENHANCE CURRENT COORDINATION EFFORTS TO IMPROVE EFFICIENCY AND SET A FRAMEWORK FOR EXPANDING SERVICES.

Implementation Strategies/Alternatives:

2.1.1: Formalize the coordination that is already occurring between transportation providers by establishing written contract agreements or MOUs. Ensure that the fully allocated costs for service are agreed upon in the formal arrangements.

Priority/Implementation Timeframe:	Near-Term
Parties Responsible:	Area IV Agency on Aging and ITCC members.
Implementation Budget/Costs:	None. Current staff will assume duties
Staffing Implications:	None. Utilize existing staff of Area IV Agency on Aging.
Capital Requirements:	None.
Performance Measures:	Number of MOUs created and signed.

GOAL #2: ENHANCE CURRENT COORDINATION EFFORTS TO IMPROVE EFFICIENCY AND SET A FRAMEWORK FOR EXPANDING SERVICES.

Objective 2.2: Coordinate/standardize driver training for all transportation providers. Sharing training requirements will ensure that all State-required training meets regulations, and that a standard of quality service is maintained throughout the entire region. Standardized driver training may also help to remove insurance liability challenges for sharing drivers.

Implementation Strategies/Alternatives:

2.2.1 Develop a list of mandatory training requirements. A suggested list of required training is as follows:

- OSHA Bloodborne Pathogens
- Passenger sensitivity/diversity training
- Customer service/dealing with difficult passengers
- Wheelchair securement training
- Defensive driving
- Accident/incident procedures
- Vehicle evacuation procedures
- First aid/CPR
- Pre-trip inspection procedures
- Safety and security

**GOALS, OBJECTIVES
& ALTERNATIVES/
STRATEGIES**

Substance abuse awareness
Radio or cell phone procedures
HIPPA training
Child safety seat procedures

Implementation Timeframe: Near-Term.

Parties Responsible: Transportation providers should develop and approve a training curriculum in cooperation with Indiana RTAP.

Implementation Budget/Costs: Employer cost for the staff to attend. May reduce insurance premiums, however, insurance agents should be contacted for more information about possible training discounts. In addition, the Bureau of Worker's Compensation should be consulted concerning rate discounts for training.

Staffing Implications: None.

Capital Requirements: None.

Ridership Implications: Better quality service to riders.

Performance Measures: All staff trained.
Number of complaints about staff.
Number of incidents/accidents handled properly.
Number of pre-trip inspections performed properly.

2.2.2 Develop and share a training schedule so that all providers can take advantage of the training for their new hires and existing employees. The training sessions may need to be scheduled after hours or on weekends. Utilize Indiana RTAP for assistance with sharing the training schedule.

Implementation Timeframe: Near-Term.

**GOAL #2: ENHANCE
CURRENT
COORDINATION EFFORTS
TO IMPROVE EFFICIENCY
AND SET A FRAMEWORK
FOR EXPANDING
SERVICES.**

**GOALS, OBJECTIVES
& ALTERNATIVES/
STRATEGIES**

Parties Responsible: Designate a lead agency to schedule and coordinate training.

Implementation Budget/Costs: Staff time involved.

Staffing Implications: None.

Capital Requirements: None.

Ridership Implications: None.

Performance Measures: All training sessions held.

GOAL #2: ENHANCE CURRENT COORDINATION EFFORTS TO IMPROVE EFFICIENCY AND SET A FRAMEWORK FOR EXPANDING SERVICES.

GOAL #3: PROVIDE TRANSPORTATION DURING EARLY MORNING, EVENING AND WEEKEND HOURS, AND EXPAND THE SERVICE AREA.

GOAL #3: PROVIDE TRANSPORTATION DURING EARLY MORNING, EVENING, AND WEEKENDS HOURS, AND EXPAND THE SERVICE AREA.

Objective 3.1: Identify transportation providers (for-profit and/or non-profit) willing and able to provide additional transportation service – especially extended hours, nights and weekends, and into areas that have no transportation currently available.

Implementation Strategies/Alternatives:

3.1.1: Document the demand for extended hours of transportation service and an opportunity to expand the service area. Emphasis is placed on transportation demands from older adults, individuals with disabilities, and people with low incomes.

Priority/Implementation Timeframe: Near-Term

Parties Responsible: Area IV Agency on Aging or a local planning authority and local transportation providers should provide documentation and support.

Implementation Budget/Costs: None.

Staffing Implications: Staff time to collect information and data.

Capital Requirements: None.

Performance Measures: Data collected provides relevant information about local transportation demand. Data is collected and presented within a pre-determined timeframe.

3.1.2: Identify potential providers for the expanded transportation service hours, days, or service area that will meet the documented transit demand and move toward addressing the priority needs of older adults, individuals with disabilities, people with low incomes, and the general public. Potential providers could be any public transportation system, private taxi, or human service agency that is willing to work through the coordination effort. The lead agency must be a public transportation provider, but the new service structure may be provided through a formal contract agreement with another provider. The contract must include the fully allocated cost for service.

Priority/Implementation Timeframe: Near-Term.

Parties Responsible: Public transportation system and partnering organizations.

Implementation Budget/Costs: None.

Staffing Implications: None.

Capital Requirements: None.

Performance Measures: A partner is identified to provide the extended service. Fully allocated costs are identified. Contract agreements are established at the fully allocated cost.

3.1.3: Explore possible local funding sources and select an eligible applicant to apply for funding for the expanded demand response service. Eligible applications to INDOT for Section 5310, 5316, and 5317 should be explored, based upon the priority needs that have been identified in this coordinated public transit-human services transportation plan and additional transit demand projections.

Priority/Implementation Timeframe: Near-Term.

GOAL #3: PROVIDE TRANSPORTATION DURING EARLY MORNING, EVENING, AND WEEKENDS HOURS, AND EXPAND THE SERVICE AREA.

**GOALS, OBJECTIVES
& ALTERNATIVES/
STRATEGIES**

Parties Responsible: Eligible applicant and service provider(s). Expanded service could be provided by multiple organizations.

Implementation Budget/Costs: To be determined by the aspects of the planned service expansion. Applications for Sections 5316 and 5317 should be considered for new or expanded service (local match required).

Staffing Implications: Depends upon the service structure of the planned service expansion.

Capital Requirements: Possibility for using existing vehicles for the expanded service should be explored by preparing an analysis of vehicle utilization from all participating providers. If new vehicles are required, explore the possibility of applying for Section 5310 or 5316 capital dollars.

Performance Measures: Local match secured.
Grant application submitted.

GOAL #4: PROVIDE TRANSPORTATION SERVICE TO SUPPORT TRANSPORTATION TO EMPLOYMENT FOR INDIVIDUALS WITH LOW INCOMES AND INDIVIDUALS WITH DISABILITIES, INCLUDING SHIFT WORK.

Objective 4.1: Establish a sub-committee within the ITCC. This committee would address employment transportation needs throughout the region.

Implementation Strategy/Alternatives:

4.1.1: Involve organizations such as the Economic Development Office(s), workforce investment committees, or other community organizations with a mission pertaining to employment services. The new sub-committee will facilitate development of employment related transportation services.

Priority/Implementation Timeframe: Mid-Term

GOAL #3: PROVIDE TRANSPORTATION DURING EARLY MORNING, EVENING, AND WEEKENDS HOURS, AND EXPAND THE SERVICE AREA.

GOAL #4: PROVIDE TRANSPORTATION SERVICE TO SUPPORT TRANSPORTATION TO EMPLOYMENT FOR INDIVIDUALS WITH LOW INCOMES AND INDIVIDUALS WITH DISABILITIES, INCLUDING SHIFT WORK.

**GOALS, OBJECTIVES
& ALTERNATIVES/
STRATEGIES**

**GOAL #4: PROVIDE
TRANSPORTATION
SERVICE TO SUPPORT
TRANSPORTATION TO
EMPLOYMENT FOR
INDIVIDUALS WITH LOW
INCOMES AND
INDIVIDUALS WITH
DISABILITIES,
INCLUDING SHIFT WORK.**

Parties Responsible: Coordination project partners and ITCC members. Designated a lead organization for this effort. If hired, the Mobility Manager could assist with leading the sub-committee, establishing goals and maintaining focus for the sub-committee.

Implementation Budget/Costs: None.

Staffing Implications: Designated staff time from partnering organizations to actively participate in the committee.

Capital Requirements: None.

Ridership Implications: None.

Performance Measures: Number of regional meetings.
Number of employment transportation related projects implemented.

4.1.2: Discuss transportation needs with major employers and agencies that have a mission to serve individuals with disabilities and/or people with low incomes. The goal of discussions should be to identify the days, hours, and locations where employment related transportation should be implemented.

Priority/Implementation Timeframe: Mid-Term.

Parties Responsible: ITCC members and local transportation providers designate a leader, or assign the responsibility to the Mobility Manger (if hired).

Implementation Budget/Costs: None.

Staffing Implications: Individual from lead organization should facilitate discussions.

Capital Requirements: Transportation to support employment could be implemented with existing vehicles, depending on

**GOALS, OBJECTIVES
& ALTERNATIVES/
STRATEGIES**

GOAL #4: PROVIDE TRANSPORTATION SERVICE TO SUPPORT TRANSPORTATION TO EMPLOYMENT FOR INDIVIDUALS WITH LOW INCOMES AND INDIVIDUALS WITH DISABILITIES, INCLUDING SHIFT WORK.

hours of operation. If additional vehicles are required, this is a possible application for Section 5310 or 5316 grant funding (20% local match required for capital grants).

Ridership Implications: Potential to increase ridership if new service to support employment is implemented.

Performance Measures: Employers actively participate in discussions.
Agencies identify transportation needs of consumers.
New service design is developed to improve employment related transportation options.
Employers provide local match for new service.

4.1.3: Promote the use of employer/employee tax benefits as an incentive for employees to ride transit to work and for employer contribution of employee transportation costs. The Federal government offers income tax incentives for employers who subsidize public transportation for employees and for employees who use public transportation to travel to work.

Priority/Implementation Timeframe: Mid-Term

Parties Responsible: Leader in discussions between agencies and employers.

Staffing Implications: None.

Capital Requirements: None.

Ridership Implications: Potentially provide more employment trips.

Performance Measures: Number of employers contacted or provided with information about the benefits.
Number of participating employers.

GOAL #5: INCREASE ACCESSIBILITY OF TRANSPORTATION SERVICES FOR INDIVIDUALS WITH DISABILITIES AND OLDER ADULTS.

Objective 5.1: Increase the number of vehicles operating in the area for provision of coordinated transportation.

Implementation Strategies/Alternatives:

5.1.1: Develop vehicle replacement schedules for those providers who need more smaller vehicles in order to provide more efficient and consumer friendly service and those providers who need more/new wheelchair accessible vehicles.

Priority/Implementation Timeframe: Near-Term

Parties Responsible: Transportation providers.

Implementation Budget/Costs: None.

Staffing Implications: None.

Capital Requirements: None.

Ridership Implications: Potentially an increase in the number of wheelchair trips for transportation providers.

Performance Measures: Number of replacement schedules created/updated for coordination partner organizations.

5.1.2: Investigate the possibility of acquiring additional wheelchair accessible vehicles to be used in the coordination effort.

Priority/Implementation Timeframe: Near-Term

Parties Responsible: Eligible 5310 applicants.

Implementation Budget/Costs: To be determined based on need. Section 5310 grant application plus local match.

Staffing Implications: None.

Capital Requirements: None.

GOAL #5: INCREASE ACCESSIBILITY OF TRANSPORTATION SERVICES FOR INDIVIDUALS WITH DISABILITIES AND OLDER ADULTS.

Ridership Implications: An increase in the number of trips provided for non-ambulatory passengers.

Performance Measures: Vehicle(s) acquired.

5.1.3: Investigate the possibility of acquiring additional small vehicles for the coordination effort.

Priority/Implementation Timeframe: Near-Term

Parties Responsible: Transportation providers negotiate an approach to coordinating the use of new vehicles.

Implementation Budget/Costs: To be determined based upon the number of vehicles purchased.

Staffing Implications: None.

Capital Requirements: Local funding to purchase new vehicles.

Ridership Implications: An increase in ridership is likely if consumers like the new vehicles.

Performance Measures: Vehicle(s) acquired.
Vehicles coordinated among agencies in the ITCC.

5.1.4: Consider vehicle utilization information gathered during this planning process to improve vehicle sharing and reduce capital and operating expenses. Share new and existing vehicles where possible. Transportation providers, human service agencies, and faith based organizations/churches are open varied hours, peak hours are not all the same, and sometimes vehicles are not being used.

Priority/Implementation Timeframe: Near-Term

Parties Responsible: Transportation providers participating in the ITCC.

Implementation Budget/Costs: None.

**GOAL #5: INCREASE
ACCESSIBILITY OF
TRANSPORTATION
SERVICES FOR
INDIVIDUALS WITH
DISABILITIES AND
OLDER ADULTS.**

**GOAL #5: INCREASE
ACCESSIBILITY OF
TRANSPORTATION
SERVICES FOR
INDIVIDUALS WITH
DISABILITIES AND
OLDER ADULTS.**

Staffing Implications:	None.
Capital Requirements:	None.
Ridership Implications:	Ridership will increase as more vehicles become available to meet transportation needs.
Performance Measures:	Number of shared trips provided. Capital costs.

Objective 5.2: Provide an affordable transportation structure for out-of-county destinations.

Implementation Strategies/Alternatives:

5.2.1: Coordinate schedules for out-of-county trips among all local transportation providers in this region and in neighboring counties. Coordinating out-of-county service will require sharing trips (i.e., mixing consumers from multiple organizations and the general public on one vehicle).

Priority/Implementation Timeframe:	Near-Term
Parties Responsible:	Human service agency and public transportation providers.
Implementation Budget/Costs:	None.
Staffing Implications:	Sharing trips could potentially change the schedule for drivers who would normally be doing the out-of-county trips. The change in schedule would make that driver available for providing trips in the local area.
Capital Requirements:	None.
Ridership Implications:	Ridership will increase if multiple organizations share the vehicle going out-of-county. Ridership increases are likely to occur for service in the local area also if more vehicles are available to provide local trips.

Performance Measures: Number of empty seats on out-of-county trips.
 Number of out-of-county trips shared between multiple organizations.

5.2.2: Expand service and implement a “zone” fare structure for consumers traveling across multiple jurisdictional boundaries.

Priority/Implementation Timeframe: Mid-Term

Responsible Parties: Transportation providers.

Implementation Budget/Costs: “Zone” fares for consumers. Section 5316 or 5317 may be a possible funding source if this is a service expansion (50 percent local match required for operating projects).

Staffing Implications: None.

Capital Requirements: None.

Performance Measures: Operation statistics.

Objective 5.3: Increase accessibility of transportation provider informational materials.

Implementation Strategies/Alternatives:

5.3.1: Develop or enhance existing brochure/rider guides for individual transportation providers and for the coordination project that contain ADA-related policies, display the Indiana Relay Number, and indicate that they are available in alternative formats.

Priority/Implementation Timeframe: Near-Term

Parties Responsible: Coordination project partners.

Implementation Budget/Costs: Cost of brochures/rider guides. Staff time involved. Potential application for 5317 (local match required).

GOAL #5: INCREASE ACCESSIBILITY OF TRANSPORTATION SERVICES FOR INDIVIDUALS WITH DISABILITIES AND OLDER ADULTS.

**GOAL #5: INCREASE
ACCESSIBILITY OF
TRANSPORTATION
SERVICES FOR
INDIVIDUALS WITH
DISABILITIES AND
OLDER ADULTS.**

Staffing Implications:	None.
Capital Requirements:	None.
Ridership Implications:	Potential increases in ridership for individuals with disabilities as they become more aware of and comfortable using the transportation services that are available.
Performance Measures:	Brochures/rider guides developed/distributed. Number of riders with disabilities.
5.3.2: Develop a new website for the coordination project which is Bobby-compliant (Bobby software is used to scan websites to determine if formatting is acceptable for “reader” software so that the computer can “read” the website to persons with visual impairments).	
Priority/Implementation Timeframe:	Mid-Term
Parties Responsible:	Coordination project partners.
Implementation Budget/Costs:	Cost of website development and hosting. Staff time involved. Potential application for Section 5317 (local match required).
Staffing Implications:	None.
Capital Requirements:	None.
Ridership Implications:	Potential increase in ridership for individuals with disabilities.
Performance Measures:	Compliant website developed. Number of visitors to website. Number of riders with disabilities.

GOAL #6: CENTRALIZE SCHEDULING, DISPATCHING, REPORTING, AND BILLING FOR PUBLIC AND HUMAN SERVICE AGENCY TRANSPORTATION PROVIDERS.

Objective 6.1: Increase the number of trips provided with existing resources through a combined effort to meet demand and need.

Implementation Strategies/Alternatives:

6.1.1: Implement a web-based scheduling software that will allow all providers in the coordination effort to share schedules and available seating capacity on trips. Schedule would be a ‘one-stop’ for transportation providers that participate in the coordination effort.

Priority/Implementation Timeframe:	Mid-Term
Parties Responsible:	Area IV Agency on Aging and public transportation providers.
Implementation Budget/Costs:	Centralized computer-based scheduling/dispatching and billing system (approx. \$25 to \$75,000).
Staffing Implications:	None.
Capital Requirements:	Computer hardware and associated software. Section 5316 and 5317 are potential funding resources (local match required).
Performance Measures:	System funded, purchased and operational within the designated timeframe.

GOAL #6: CENTRALIZE SCHEDULING, DISPATCHING, REPORTING, AND BILLING FOR PUBLIC AND HUMAN SERVICE AGENCY TRANSPORTATION PROVIDERS.

VI. REFERENCE TABLE FOR IMPLEMENTATION STRATEGIES AND POTENTIAL GRANT APPLICATIONS

The following table outlines the strategies and objectives designated to achieve the locally identified transportation goals that are intended to meet local unmet transportation needs, reduce duplication, and improve coordination of human service agency and transportation provider resources. The table includes all strategies and designates those strategies that are currently designed for implementation with the assistance of a grant from the Transportation for Elderly Persons and Persons with Disabilities (Section 5310), Job Access and Reverse Commute (Section 5316), or New Freedom (Section 5317). Page numbers are provided in Exhibit VI.1 for quick reference to detailed information of each objective.

The implementation timeframe for each strategy ranges from the date of this report through 2013. It is noted that the coordinated transportation committee should update this plan on an annual basis and as new coordinated transportation strategies and objectives are developed. For example, replacement vehicles through the Section 5310 program (to replace previous or future granted vehicles) should be included in updates to this document, as appropriate.

Exhibit VI.1: SAFETEA-LU Implementation Strategies for Evaluation with Grant Applications

Page Number	Strategy Identification Number	Strategy Description	Priority/ Implementation Timeframe	Specialized Vehicles (5310)	Job Access & Reverse Commute (5316)	New Freedom Initiative (5317)
V-1,2	1.1.1	Invite transportation providers, human service agencies, public, the general public, volunteer organizations, and funding agencies from throughout the region to actively participate in the ITCC.	Near-Term			
V-2	1.1.2	Establish bylaws for the ITCC. Contact Indiana RTAP for resources to obtain sample bylaws.	Near-Term			
V-3	1.1.3	Encourage ITCC members to participate in INCOST and attend their annual conferences and regional meetings.	Near-Term			
V-3,4	1.2.1	The ITCC members should review and prioritize the unmet transportation needs and gaps in services that were identified through this plan.	Near-Term			
V-4,5	1.2.2	Designate a leader or leadership team to represent the effort and focus on improving transportation through coordinating resources, reducing duplication, educating the public, and opening communications between transportation providers, human service agencies, and local government officials.	Near-Term & Continuous			Yes
V-5,6	1.3.1	Conduct presentations on public and coordinated transportation at County Council and Commissioners' meetings, with a focus on educating and informing elected officials and transportation funders about the real and perceived benefits and challenges to sharing resources through a coordinated transportation effort.	Near-Term			
V-6	1.3.2	Attend agency and government meetings where networking opportunities exist and where information on coordinated transportation can be shared.	Continuous			
V-7	2.1.1	Formalize the coordination that is already occurring between transportation providers by establishing written contract agreements or MOUs.	Near-Term			
V-7,8	2.2.1	Develop a list of mandatory training requirements	Near-Term			
V-8,9	2.2.2	Develop and share a training schedule so that all providers can take advantage of the training for their new hires and existing employees.	Near-Term			
V-9,10	3.1.1	Document the demand for extended hours of transportation service and an opportunity to expand the service area.	Near-Term		Yes	

Exhibit VI.1: SAFETEA-LU Implementation Strategies for Evaluation with Grant Applications

Page Number	Strategy Identification Number	Strategy Description	Priority/ Implementation Timeframe	Specialized Vehicles (5310)	Job Access & Reverse Commute (5316)	New Freedom Initiative (5317)
V-10	3.1.2	Identify potential providers for the expanded transportation service hours, days, or service area that will meet the documented transit demand and move toward addressing the priority needs of older adults, individuals with disabilities, people with low incomes, and the general public.	Near-Term		Yes	
V-10,11	3.1.3	Explore possible local funding sources and select an eligible applicant to apply for funding for the expanded demand response service.	Near-Term	Yes	Yes	Yes
V-11,12	4.1.1	Involve organizations such as the Economic Development Office(s), workforce investment committees, or other community organizations with a mission pertaining to employment services.	Mid-Term			
V-12,13	4.1.2	Discuss transportation needs with major employers and agencies that have a mission to serve individuals with disabilities and/or people with low incomes.	Mid-Term			
V-13	4.1.3	Promote the use of employer/employee tax benefits as an incentive for employees to ride transit to work and for employer contribution of employee transportation costs.	Mid-Term			
V-14	5.1.1	Develop vehicle replacement schedules for those providers who need more smaller vehicles in order to provide more efficient and consumer friendly service and those providers who need more/new wheelchair accessible vehicles.	Near-Term			
V-14	5.1.2	Investigate the possibility of acquiring additional wheelchair accessible vehicles to be used in the coordination effort.	Near-Term	Yes		
V-15	5.1.3	Investigate the possibility of acquiring additional small vehicles for the coordination effort.	Near-Term			
V-15,16	5.1.4	Consider vehicle utilization information gathered during this planning process to improve vehicle sharing and reduce capital and operating expenses. Share new and existing vehicles where possible.	Near-Term			
V-16	5.2.1	Coordinate schedules for out-of-county trips among all local transportation providers in this region and in neighboring counties.	Near-Term			
V-17	5.2.2	Expand service and implement a “zone” fare structure for consumers traveling across multiple jurisdictional boundaries.	Mid-Term		Yes	Yes
V-17,18	5.3.1	guides for individual transportation providers and for the coordination project that contain ADA-related policies, display the Indiana Relay Number, and indicate that they are available in alternative formats.	Near-Term			Yes

Exhibit VI.1: SAFETEA-LU Implementation Strategies for Evaluation with Grant Applications

Page Number	Strategy Identification Number	Strategy Description	Priority/ Implementation Timeframe	Specialized Vehicles (5310)	Job Access & Reverse Commute (5316)	New Freedom Initiative (5317)
V-18	5.3.2	Develop a new website for the coordination project which is Bobby-compliant	Mid-Term			Yes
V-19	6.1.1	Implement a web-based scheduling software that will allow all providers in the coordination effort to share schedules and available seating capacity on trips.	Mid-Term		Yes	Yes

VII. ADOPTION AND APPROVAL OF PLAN

The public comment period for this plan was 30 days with two-weeks notice prior to a public hearing opportunity. The notice of public hearing was posted in a widely distributed newspaper and a copy of such notice is included at the end of this chapter.

The regional Coordinated Public Transit-Human Services Transportation Plan was adopted on _____ at a steering committee meeting of the project participants. Signatures of adoption are provided below. Committee Members who adopted the plan participated in the planning process.

Name Date

**ADOPTION AND
APPROVAL OF PLAN**

Name

Date

Local elected officials were invited to review and accept the Coordinated Public Transit-Human Services Transportation Plan. Signatures of approval are provided below.

Name Date

Notice of Public Hearing was posted in the
_____ on
_____. A copy of the notice is provided
below.

Public Hearing Notice

APPENDIX

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Appendix

Region 2.2

EXHIBIT 1: OUTREACH DOCUMENTATION SUMMARY

COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION

PLAN

FOR BENTON, CARROLL, CLINTON, WARREN, AND WHITE COUNTIES, INDIANA

Focus Groups

Date(s) & Locations Held:

6/27/07 __ White County Senior Center Monticello, IN _____

3/11/08 __ White County United Way Conference Rm. Monticello, IN __

Date(s) Invitations Were Distributed:

- ✓ U.S. Mail ____6/4/07____ Web Posting _____
- ✓ E-mail _2/25/08 & 3/7/08__ Other (please specify)

- ✓ Newspaper Notice __Indiana Dispatch – Indiana RTAP Newsletter Herald Journal__
 Radio/TV PSAs _____

- ✓ Distributed in local community/senior centers, etc.
- ✓ Information was provided in alternative formats, upon request.
- ✓ Events were open to all individuals, including hearing impaired.
- ✓ Information was provided in alternative formats, upon request.

- ✓ Interpreters provided, upon request.

of Attendees (by location & date)

__13__ __6/27/07 @ White County Senior Center 116 E. Marion St. Monticello, IN__

__6__ __3/11/08 @ White County United Way Conference Rm. Monticello, IN__

- ✓ Invitation letter and mailing list attached.
- ✓ Copies of flyers, brochures, etc.
- ✓ Copy of Public Notice requested for Herald Journal
- ✓ Copy of Notice printed in RTAP Newsletter
- ✓ Copy of e-mail invitation and mailing list attached.

- ✓ Sign-in Sheets attached.

Appendix

Region 2.2

Copy of web posting (if available).

Focus Group Summary Included in Report

Public Hearings

Date(s) & Locations Held:

Date(s) Notice(s) Were Published: _____

Events were open to all individuals, including hearing impaired

Copy of web posting (if available).

Copies of flyers, brochures, etc. attached along

Copy of Public Notice attached along with _____ with distribution locations.

_____ a list of newspapers in which it appeared.

of Attendees _____

Sign-in Sheets Attached

Minutes Attached

Surveys

Date(s) Surveys Were Distributed:

U.S. Mail _6/4/07_____ Web Posting _6/1/07-10/1/07_____

E-mail __Upon request 6/1/07 – 10/1/07____

Other (please specify): Fax available upon request.

Newspaper Notice _June/July 2007_

Radio/TV PSAs _____

Distributed in local community/senior centers, etc. Local points of contact were asked to post the meeting announcements in community centers and senior centers

Information was provided in alternative formats, upon request.

No. of Surveys Distributed: 39 invitations to complete the survey

No. of Surveys Returned: 10

Listing of Survey Recipients attached

Appendix

Region 2.2

Other Outreach Efforts

- ✓ Flyers or Brochures in
X Senior Centers X Community Centers

 City/County Offices Other _____
- ✓ Teleconferences – Consultants called organizations to request follow-up information. Organizations that did not participate, but major transportation providers, were contacted by telephone to verify that they received the invitation/meeting notice.
- ✓ Miscellaneous Meetings, Conferences, etc. (please specify)
INCOST Meeting – September 27/28, 2007

Meeting for Indiana MPOs – May 24, 2007

If other activities include meetings, conferences, etc., please indicate the following information for each event:

Date(s) & Locations Held:

Sept 27/28, 2007 Indianapolis

May 24, 2007 Indianapolis

Date(s) Invitations Were Distributed:

U.S. Mail _____ Web Posting _RTAP_____

E-mail _____ Other (please specify)

Newspaper Notice _ _____

Radio/TV PSAs _____

Distributed in local community/senior centers, etc.

Information was provided in alternative formats, upon request.

Events were open to all individuals, including hearing impaired.

of Attendees (by location & date)

Sign-in Sheets Attached, if applicable

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Region 2.2

Summary Attached, if applicable

Invitation letter/Meeting Notice and mailing list attached.

Copy of Public Notice attached along with a list of newspapers in which it appeared.

Copy of e-mail invitation/Meeting Notice and mailing list attached.

✓ Copy of web posting – See RTAP website link.

Copies of flyers, brochures, etc. attached along with distribution locations.

Appendix

Region 2.2

EXHIBIT 2: STAKEHOLDER CHECKLIST

The following list is provided to assist you in identifying the agencies, organizations, and institutions in your community to contact regarding your plan. It is possible that not all of these organizations exist in your community, or that multiple agencies exist with the same description. Keep this in mind when you are convening your stakeholder groups. Be creative when brainstorming for stakeholders as the more input you receive, the more comprehensive and relative your plan will be.

- Area Agencies on Aging
- Advocacy organizations, e.g., AARP
- Assisted Living Communities
- Child Care Facilities
- City Councils
- Colleges, Universities, and Community Colleges
- Community Based Organizations; Community Action Programs
- County Aging Programs
- County Commissioners or Councils
- Local DHHR Offices
- Economic Development Authorities
- Fair Shake Network
- Family Resource Network
- Foundations
- Group Homes
- Homeless Shelters
- Hospitals/Other Health Care Providers
- Independent Living Councils
- Major Employers or Employer Orgs.
- Local Medicaid Brokers or Providers
- Mental Health Providers
- Metropolitan Planning Organizations
- Non-Profit Transportation Providers
- Nursing Homes
- Other Non-Profit Organizations
- Potential Riders in Targeted Areas (lower income, individuals with disabilities and older Americans)
- Private Bus Operators
- Public Transportation Systems
- Regional Planning & Dev. Councils
- Local Rehabilitation Service Offices
- Retired Senior Volunteer Programs
- Local School Districts
- Security and Emergency Mgmt. Agencies
- Senior Centers
- Sheltered Workshops
- Taxicab Operators
- Technical or Vocational Schools
- Transit Riders
- United Way
- Local Workforce Offices

Appendix

Region 2.2

EXHIBIT 3: NEWSPAPER NOTICES – INDIANA RTAP NEWSLETTER, ISSUE 2, 2007

Notice of INDOT Statewide Coordination Plan

Regional meetings on the development of a coordinated public transit-human services transportation plan will be scheduled through out the state between June 20 and August 31, 2007. The meetings will include a discussion of the content of the locally developed coordination plan, a needs assessment, the level of coordination between transportation programs, and developing an action plan for developing strategies and steps for improving coordination efforts.

In August of 2005, Congress passed the Safe, Accountable, Flexible and Efficient Transportation Equity Act - A Legacy for Users (SAFETEA-LU), reauthorizing the surface transportation act. As part of this reauthorization, grantees under the New Freedom Initiative (5317), Job Access and Reverse Commute (5316) and Elderly and Disabled Transportation Program (5310) must meet certain requirements in order to receive funding for fiscal 2007 (beginning 10/1/06) and beyond.

One of the SAFETEA-LU requirements is that projects from the programs listed above must be part of a "locally developed coordinated public transit-human services transportation plan." This plan is required to be developed through a process that includes representatives of public, private, and non-profit transportation services, human services providers and the general public.

Agencies planning on applying for funding under the Section 5310, 5316 or 5317 programs anytime within the next four years, must participate in plan development and meetings. Those agencies must also complete the INDOT on-line survey at www.sndayton.com/INDOT_coordination_survey. Participation from agencies that represent individuals, who use or need public transportation, whether or not that agency is a transportation provider, is also important to the validity of the plan. If you have not yet received notification of the meeting in your region, please contact Laura Brown (contact information provided below).

Interested parties who are unable to attend the meeting in their region, but would like to submit comments, may send their comments in advance to: Laura Brown, 3131 South Dixie Hwy. Suite 545 Dayton, Ohio 45439, Call (937) 299-5007, or email comments to lbrownrls@verizon.net no later than August 17, 2007.

Appendix

Region 2.2



INDIANA DEPARTMENT OF TRANSPORTATION *Driving Indiana's Economic Growth*

100 North Senate Avenue
Room N955
Indianapolis, Indiana 46204-2216 (317) 232-5292 FAX: (317) 232-1499

Mitchell E. Daniels, Jr., Governor
Karl B. Browning, Commissioner

MEMORANDUM

TO: TRANSPORTATION STAKEHOLDERS
FROM: LARRY BUCKEL, MANAGER, OFFICE OF TRANSIT
DATE: MAY 30, 2007
SUBJECT: STAKEHOLDERS MEETINGS

Larry Buckel

Dear Friend of Transportation:

In August of 2005, Congress passed the Safe, Accountable, Flexible and Efficient Transportation Equity Act - A Legacy for Users (SAFETEA-LU), reauthorizing the surface transportation act. As part of this reauthorization, grantees under the Elderly and Disabled Transportation Program (5310), Job Access and Reverse Commute (JARC - 5316) and the New Freedom Initiative (NFI - 5317), must meet certain requirements in order to receive funding for fiscal year 2007 (beginning 10/1/06) and beyond.

One of the SAFETEA-LU requirements is that projects from the programs listed above must be part of a "locally developed coordinated public transit-human services transportation plan." This plan is required to be developed through a process that includes input from representatives of public, private, and non-profit transportation services, human services providers, and the general public. As part of this process and to ensure adequate input into the local plans by these different entities, a series of stakeholder meetings will be held across the state.

The Indiana Department of Transportation, Office of Transit is coordinating these meetings, as they are 1) currently responsible for reviewing federal and state program applications; 2) need to be aware and knowledgeable of transit programs and funding streams in each county or region; and 3) are an independent and objective entity. In regions where there are urbanized areas, these areas will be coordinated with, or be part of, the regional plan.

A stakeholders meeting is scheduled in your area. The meeting agenda, time, and location are provided in the enclosed announcement. The meeting will include a discussion of the contents of the locally developed Coordinated Plan, needs assessment, the level of coordination between transportation programs, and developing an action plan for developing strategies and steps for improving coordination efforts.

You have received this meeting invitation because you represent a local/county/state government agency or advocacy group which provides service to, or advocates for, individuals who have public or specialized (elderly, persons with disabilities and/or low income) transportation service needs. Additionally, if you plan to apply for funding under the Section 5310, 5316 or 5317 programs anytime within the next four years, you must participate in the plan development and meetings.

Please forward this letter to other appropriate transportation stakeholders that need to be part of the coordinated public transit-human services transportation plan in your region. A meeting flyer is attached for you to distribute and post, as appropriate, to announce the meeting.

Please RSVP your attendance to this meeting invitation by calling RLS & Associates, at (937) 299-5007 or email lbrownrls@verizon.net. We look forward to seeing you.

Attachments: Meeting flyer for distribution and posting
Meeting Agenda

www.in.gov/dot/
An Equal Opportunity Employer

Appendix

Region 2.2

EXHIBIT 5: STAKEHOLDER MEETING/ANNOUNCEMENT

INDOT Regional Public Transit- Human Services Coordination Meeting



Please Plan to Attend...

A regional meeting will be held to start the process of developing a public transit-human services coordinated transportation plan. Everyone interested in coordinating transportation should attend. Everyone planning to apply for grant funding under Section 5310, 5316 and 5317 must attend. The meeting will be facilitated Bill Djubeck, RLS & Associates, Inc. and INDOT, Office of Transit.

Prior to the meeting, please complete the INDOT on-line web survey at http://www.sndayton.com/INDOT_coordination_survey

Date: 06/27/07

Time: 1:30 PM - 4:00 PM

Address: 116 E. Marion St. Monticello, IN

White County Senior Center

For information about the meeting, please contact Laura Brown at (937) 299-5007 or by e-mail lbrownrls@verizon.net

Appendix

Region 2.2

EXHIBIT 6: MEETING AGENDA

COORDINATED PUBLIC TRANSIT-HUMAN SERVICE TRANSPORTATION PLAN

FOR Benton, Carroll, Clinton, Warren and White Counties

June 27, 2007

White County Senior Center

116 E. Marion St. Monticello, IN

Agenda

- Registration
- Introductions and Welcome
- Purpose and Overview
 - United We Ride
 - Framework for Action
 - FTA Coordinated Public Transit-Human Service Plans
- Goals of this Session
 - Identify Existing Need for Transportation
 - Identify Existing Services
 - Identify Service Gaps and/or Duplication of Service
 - Identify Possible Alternatives for Coordination
- Brainstorming
- What is Coordination and its Perceived Benefits?
- What Are the Existing Transportation Needs for:
 - Older Adults
 - Individuals with Disabilities
 - Individuals with Limited Incomes
 - Other
- What Services Are Already Available?
 - Public Transit
 - Private Providers
 - Intercity
 - Taxi
 - Other
 - Human Services Transportation
- For each Type of Service, what are the:
 - Strengths
 - Weaknesses
 - Opportunities for Coordination
 - Obstacles to Coordination
- Coordination Alternatives: Innovative Ideas & Solutions

Appendix

Region 2.2

- Next Steps
- Adjourn

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Region 2.2

EXHIBIT 7: MEETING SIGN IN SHEETS

Region 2.2 Monticello, Indiana - June 27, 2007			
Attendees			
AGENCY	AGENCY ADDRESS	TELEPHONE	E-MAIL
Area IV Agency on Aging & Community Action Programs Waveland Vol. Pub. Transit	660 N. 36 th Street Lafayette, IN 47903	765-447-7683	sminnick@areaIVagency.org
CDC Resources	5054 Norway Rd. Monticello, IN 47960	574-583-8227	hmarshall@cdcreources.com
Paul Phillippe Resource Ctr.	401 W. Walnut St. Frankfort, IN 46041	765-654-4743	Dlayton-pprc@sbcglobal.net
Area IV Agency on Aging & Community Action Area IV Head Start	660 N. 36 th St. Lafayette, IN 47903	765-447-7683	sminnick@areaIVagency.org
Area IV Agency on Aging & Community Action HOPE Transit	660 N. 36 th St. Lafayette, IN 47903	765-447-7683	sminnick@areaIVagency.org
Carroll County Council on Aging Carroll County Senior & Family Services	1001 S. Washington St. Delphi, IN 46923	765-564-2772	cccoa@localline.com
White County Alcohol & Drug Court Services Prog./ White County Probation	P.O. Box 230 Monticello, IN 47960	765-583-8938	cdvantwoud@whitecountyindiana.us
White County Council on Aging	P.O. Box 421 Monticello, IN 47960	574-583-9119	wccoa@sugardog.com
Wabash Valley Hospital	207 N. Bluff St. Monticello, IN 47960	574-583-9350	None
White County Memorial Hospital	1101 O'Connor Blvd. Monticello, IN 47960	574-583-7111	cjordan@whitemh.org
White County Community Corrections	Not provided	574-583-4175	Not provided

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White County United Way, Inc.	1001 S. Main St. P.O. Box 580 Monticello, IN 47960	574-583-6544	wcunitedway@embargmail.com
Doug Poad, Sr. Transportation Planner Area Plan Commission of Tippecanoe County (MPO)	20 N. 3 rd St. Lafayette, IN 47901	765-423-9242	dpoad@tippecanoe.in.gov

Region 2.2 Monticello, Indiana – March 11, 2008

Attendees

AGENCY	AGENCY ADDRESS	TELEPHONE	E-MAIL
Connie Jordan, Director Acute Care White County Memorial Hospital	1101 O'Connor Blvd. Monticello, IN 47960	(574) 583-1705	cjordan@whitecmh.org
Jacquelyn Kauffman, Office Manager Paul Phillippe Resource Ctr.	401 W. Walnut St. Frankfort, IN 46041	(765) 659-4060	Jkauffman_pprc@sbcglobal.net
Cindy Orem, Transportation Coordinator Paul Phillippe Resource Ctr.	401 W. Walnut St. Frankfort, IN 46041	(765) 659-4060	Corem_pprc@sbcglobal.net
Ellen L. Bartlett, Director White County United Way	P.O. Box 580 1001 S. Main St. Monticello, IN	(754) 583-6544	
Gale Spry, Executive Dir. White County Council on Aging	P.O. Box 421 116 E. Marion St. Monticello, IN 47960	(574) 583-9119	wccoa@sugardog.com
Dawn Layton, Executive Dir. Paul Phillippe Resource Center	401 West Walnut Frankfort, IN 46401	(765) 659-4060	Dlayton_pprc@sbcglobal.net

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Region 2.2

EXHIBIT 8: MEETING INVITATION AND DISTRIBUTION LIST, MARCH 2008

From: WDJUBEK@aol.com

Subject: Indiana Coordination Meeting March 11

Date: February 25, 2008 9:52:53 AM EST

To: dlayton_pprc@sbcglobal.net, severt@geetel.net, cccoa@localline.com, wcco@ sugardog.com, lphcwhite@isdh.in.gov, mcruz@cdcresources.org

Cc: jenglish@indot.state.in.us, lbrownrls@verizon.net, John.Edmondson@illinois.gov

Hello Transportation Stakeholders,

We have completed the needs assessment portion of your regional transportation plan (posted on-line at: www.in.gov/indot/7381.htm). Thank you for your time and efforts that lead to the accomplishment of phase one of your Local Coordinated Human Service Public Transportation Plan. Now it's time for the next step!

Please mark you calendar and plan to attend the 2nd Coordinated Public Transit-Human Services Transportation Planning Meeting:

Tuesday, March 11, 2008

10:00 AM to Noon (EST)

at Calvert Community Center

White County Untied Way Conference Room

1001 South Main Street

Monticello, IN 47960.

The meeting will be facilitated by RLS & Associates, Inc. for the Indiana Department of Transportation (INDOT), Public Transit Department. The meeting agenda is below.

Your participation in the meeting will ensure that the transportation plan:

- (1) Accurately reflects and meets the transportation need, goals, priorities and interests of your agency;
- (2) Includes local plans to apply for Federal Section 5310 (Elderly and Persons with Disabilities - capital), Section 5316 (Job Access and Reverse Commute), and/or Section 5317 (New Freedom) grants from the Federal Transit Administration; and,
- (3) Will be adopted locally for implementation (as required by the Federal Transit Administration).

Please reply to this email by March 7 to reserve your seat at the meeting. If you would like to invite other local transportation stakeholders not included on this email, please feel free to forward the message to them.

We understand that you have a busy and demanding schedule and thank you in advance for taking the time to ensure that your local community transportation plan includes strategies that are specific to your needs and goals!

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Region 2.2

EXHIBIT 9: MEETING AGENDA, MARCH 2008

Coordinated Public Transit-Human Service Transportation Plan Region 2.2 - Benton, Carroll, Clinton, Warren, and White Counties

What: Follow-up Meeting - Region 2.2 Coordinated Public-HSTP
When: **Tuesday, March 11, 2008, 10:00 a.m. to Noon (EST)**
Where: Calvert Community Center
White County United Way conference room
1001 South Main Street
Monticello, IN 47960

Agenda

- ✓ Sign-In
- ✓ Introductions and Welcome
- ✓ Review
 - “Why Coordinate?”
 - Existing Need for Transportation
 - Existing Services (www.in.gov/indot/7381.htm)
 - Public Transit
 - Private Providers
 - Intercity
 - Taxi
 - Other
 - Human Services Transportation
 - Was anyone missed?
- Service Gaps and/or Duplication of Service
 - Is it correct?
- ✓ Presentation of Strategies for Region 2.2 Coordination
 - Other suggestions/strategies for Coordination
- ✓ Prioritize strategies
- ✓ Adjourn

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Region 2.2

EXHIBIT 10: STAKEHOLDER ASSESSMENT TOOL/SURVEY

Indiana Department of Transportation Statewide Transportation Coordination Plan

Public/Nonprofit Organization Survey

Instructions to Survey Respondent – The Safe, Accountable, Flexible, Efficient Transportation Act, a Legacy for Users (SAFETEA-LU) was enacted in August 2005 and provides guaranteed funding for Federal surface transportation programs through FY 2009. SAFETEA-LU requires the establishment of a locally-developed, coordinated public transit – human services transportation plan (HSTP) in order for an applicant to access three specific funding programs; Section 5310 Elderly and Individuals with Disabilities, Section 5316 Job Access Reverse Commute (JARC), and Section 5317 New Freedom. In response to this requirement, the Indiana Department of Transportation (INDOT) is embarking on a thorough planning process to identify strategies that encourage more efficient use of available service providers that bring enhanced mobility to the state’s older adults, persons with disabilities and individuals with lower incomes.

As part of this planning process, INDOT must develop inventories of transportation services available to the elderly, persons with disabilities, and low-income individuals. Please complete the following survey to the best of your ability. If you have any questions regarding this survey, please contact Todd Lenz via email at tlenz@rlsandassoc.com, or via telephone at (937) 299-5007.

ORGANIZATION CHARACTERISTICS AND SERVICES PROVIDED

The first set of questions has to do with the general characteristics of your organization and the general nature of the services provided.

1. Identification of Organization:

a. Respondent’s Name: _____

b. Title: _____

c. Organization: _____

d. Street Address: _____

e. City: _____ State: _____ Zip: _____

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f. Work Phone: _____ Fax _____

g. Respondent's E-mail: _____

h. Respondent's Website Address: _____

2. Please check the box that best describes your organization. (Choose only one of the following options)

- | | |
|---|--|
| <input type="checkbox"/> a. Publicly Sponsored Transit Agency | <input type="checkbox"/> l. Private School |
| <input type="checkbox"/> b. Social Service Agency – Public | <input type="checkbox"/> m. Neighborhood Center |
| <input type="checkbox"/> c. Social Service Agency – Nonprofit | <input type="checkbox"/> n. Taxi/Wheelchair/Stretcher Service |
| <input type="checkbox"/> d. Medical Center/Health Clinic | <input type="checkbox"/> o. Public Housing |
| <input type="checkbox"/> e. Nursing Home | <input type="checkbox"/> p. Shelter or Transitional Housing Agency |
| <input type="checkbox"/> f. Adult Day Care | <input type="checkbox"/> q. Job Developer |
| <input type="checkbox"/> g. Municipal Office on Aging | <input type="checkbox"/> r. One-Stop Agency |
| <input type="checkbox"/> h. Nonprofit Senior Center | <input type="checkbox"/> s. Other _____ |
| <input type="checkbox"/> i. Faith Based Organization | |
| <input type="checkbox"/> j. YMCA/YWCA | |
| <input type="checkbox"/> k. Red Cross | |

3. What are the major functions/services of your organization? (Select all of the following options that apply)

- | | |
|---|--|
| <input type="checkbox"/> a. Transportation | <input type="checkbox"/> k. Job Placement |
| <input type="checkbox"/> b. Health Care | <input type="checkbox"/> l. Residential Facilities |
| <input type="checkbox"/> c. Social Services | <input type="checkbox"/> m. Income Assistance |
| <input type="checkbox"/> d. Nutrition | <input type="checkbox"/> n. Screening |
| <input type="checkbox"/> e. Counseling | <input type="checkbox"/> o. Information/Referral |
| <input type="checkbox"/> f. Day Treatment | <input type="checkbox"/> p. Recreation/Social |
| <input type="checkbox"/> g. Job Training | <input type="checkbox"/> q. Homemaker/Chore |
| <input type="checkbox"/> h. Employment | <input type="checkbox"/> r. Housing |
| <input type="checkbox"/> i. Rehabilitation Services | <input type="checkbox"/> s. Other _____ |

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j. Diagnosis/Evaluation

4. Under what legal authority does your organization operate?

a. Local government department or unit (city or county)

b. Private nonprofit organization

c. Transportation authority

d. Private, for-profit

e. Other (Specify) _____

5. Please list all counties in which you provide services. List all such counties, even if you serve a small portion of the county(ies).

Counties Served: _____

6. Does your organization impose eligibility requirements on those persons who are provided transportation?

Yes No

If yes, please define those basic requirements below (e.g., Medicaid only, low-income only, etc).

7. Is your organization involved in the direct operation of transit for the general public and/or transportation services for human service agency clients?

Yes No

8. Does your organization purchase transportation on behalf of clients or the general public from other service providers?

Yes No

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If the answer to Question 7 is “No,” and the answer to Question 8 is “Yes,” Skip to Question 27 and continue the survey.

If the answer to both questions is “No,” Skip to Section V, Question 29 and continue the survey.

TRANSPORTATION SERVICES PROVIDED

Service Providers Only. In this section, explain the various methods by which your organization delivers public transit or human service agency transportation. Exclude meal deliveries or other non-passenger transportation services that may be provided.

9. Which mode of transit service delivery best describes your methods of service delivery? (Select all of the following options that apply))

- a. Publically-operated fixed route (fixed path, fixed schedule, with designated stops)
- b. Human service agency fixed route (fixed path, fixed schedule, with designated stops)
- c. Demand response (includes casual appointments and regular clients attending daily program activities)
- d. Route deviation
- e. Other (Specify) _____

10. In what manner does your organization directly provide, purchase, operate, or arrange transportation? (Check all that apply.)

	Services for the General Public	Client Only Services
Mode of Transportation	<i>(Check All That Apply)</i>	
a) Personal vehicles of agency staff		
b) Agency employees using agency owned fleet vehicles		
c) Pre-purchased tickets, tokens, passes for other modes of paratransit/transit		
d) Reimbursement of mileage or auto expenses paid to employees, clients, families, or friends		
e) Volunteers		

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f) Information and referral about other community transportation resources		
g) Organized program with vehicles and staff designated specifically for transportation		
h) Other (Describe in space provided below)		

Please describe any other methods in which your organization delivers transportation services not previously checked in Question 10a through 10h.

11. Please provide the following information regarding the vehicle fleet used in the provision of transportation services provided directly by your agency. The vehicle type(s) used include the following:

Vehicle Type	Number of Vehicles			
	Total Number	Number Owned or Leased	No. Owned or Leased: Wheelchair Accessible	Volunteer Vehicles
a) Sedans				
b) Station wagons				
c) Minivans				
d) Standard 15-passenger vans				
e) Converted 15-passenger vans (e.g., raised roof, wheelchair lift)				
f) Light-duty bus (body-on-chassis type construction seating between 16-24 passengers)				
g) Medium duty bus (body-on-chassis type construction seating over 22 passengers with dual rear wheel axle)				
h) School bus (yellow school bus seating between 25 and 60 students)				
i) Medium or heavy duty transit bus				

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j) Other (Describe):				
----------------------	--	--	--	--

Note: "Number Owned" and "Number Leased" should add to equal "Total Number."

12. Do drivers carry any type of communication device (cell phone, two-way radio, etc.)?

Yes No

If "Yes," what type of communications device/system is used? (Select any of the following options that apply)

- Cellular phones
- Two-way mobile radios requiring FCC license
- Pagers
- Mobile data terminals
- Other (describe): _____

13. Define the level of passenger assistance provided for users of your transportation service. (Select any of the following options that apply)

- Curb-to-curb (i.e., drivers will assist passengers in and out of vehicle only).
- Door-to-door (i.e., drivers will assist passengers to the entrance of their origin or destination).
- Drivers are permitted to assist passengers with a limited number of packages.
- Drivers are permitted to assist passengers with an unlimited number of packages.
- We provide personal care attendants or escorts to those passengers who require such services.
- Passengers are permitted to travel with their own personal care attendants or escorts.

14. What are the daily hours and days of operation for your transportation services? Check days and list hours of operation in the space provided.

	Mon	Tues	Wed	Thu	Fri	Sat	Sun
--	-----	------	-----	-----	-----	-----	-----

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Transportation service begins:							
Transportation service ends:							

15. How do clients/customers access your transportation services? (Choose one of the following options)

- There are no advance reservation requirements.
- Clients/customers must make an advance reservation (e.g., by telephone, facsimile internet, arrangement through a third party, etc).

16. If advance reservations are required, what notice must be provided?

- Customers/clients can call on the same day as the trip (e.g. taxi service)
- Customers/clients must call for a reservation the day before travel.
- Customers/clients must call for a reservation 24 hours before travel.
- Customers/clients must call for a reservation two days before travel.
- Customers/clients must call for a reservation three days before travel.
- Customers/clients must call for a reservation four days before travel.
- Customers/clients must call for a reservation five days before travel.
- Customers/clients must call for a reservation one week before travel.
- Other (Define): _____

17. Will you accommodate late reservations if space is available?

- Yes No

Explain _____

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Question Number 18 was deleted.

RIDERSHIP

The following questions have to do with client/patron caseload and/or client ridership.

18. Must individuals be certified or pre-qualified in order to access your transit services?

Yes No

If yes, what are the eligibility/qualification standards?

19. Please provide your organization's annual passenger statistics. If possible, use data for the most recently completed 12-month period for which data is available. Complete questions (a) through (d).

Unduplicated Persons/Passenger Trips	Services for the General Public	Client Only Services	Estimate	Actual
a) Total number of persons ¹ provided transportation				
b) Total number of passenger trips ² (most recent fiscal year)				
c) Estimated number of trips ² which the riders use a wheelchair				

In the above table, use the following definitions:

¹ A "person" is an unduplicated count of individuals receiving service (a person riding the vehicle 200 trips per year is counted as one person).

² A "trip" equals one person getting on a vehicle one time. Most riders make two or more trips a day since they get on once to go somewhere and then get on again to return.

Answer the following questions about figures provided in the table above:

d) Time period for counts: _____

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ANNUAL EXPENDITURES AND REVENUES

The following questions concern your **transportation** funding sources and annual revenues and expenditures.

20. Does your organization charge a fare or fee for providing transportation services?

Yes No

If yes, what is the fare structure? _____

21. Does the organization provide any discounts for the elderly or persons with disabilities?

Yes No

If yes, what is the discount? _____

22. Does your organization accept any donations from seniors to offset the cost of providing transportation services?

Yes No

If yes, what is the suggested donation amount? _____

23. What are the beginning and ending dates of your organization's fiscal year?

Beginning: _____ Ending: _____

24. What are your transportation operating revenues?

Category	Actual, FY 2006
Transportation Operating Revenues – List Individually	
a) Fares Collected from Passengers Through Cash, or Tickets/Tokens Purchased by Passengers (Include Client Fees and/or General Public	

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Fares Here)	
b) Revenues Collected From Cash or Ticket/Tokens Purchased by Third Parties on Behalf of Passengers	
c) Reimbursements for Services Obtained from Third Parties (e.g., Medicaid Reimbursements)	
d) City Government Appropriations	
e) County Government Appropriations	
f) State Government Appropriation	
g) Grants Directly Received by the Organization	
1) FTA Section 5307	
2) FTA JARC	
3) Title III (Older Americans Act)	
4) Medicaid	
5) Other (List)	
6) Other (List)	
h) United Way:	
i) Passenger Donations	
j) Fundraising	
k) Contributions from Charitable Foundations, etc.	
l) Other, not listed above (Explain)	
Total Transportation Revenues – Total	

Other comments on organization revenues?

25. Did you receive any capital revenues during FY 2006 for transportation (e.g., facilities, vehicles, technology, etc.)?

Category	Actual, FY 2006
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Transportation Capital Revenues – List Individually	
a) FTA	
1) FTA Section 5307	
2) FTA Section 5309	
3) FTA Section 5310	
4) FTA Section 5311	
b) Governmental Revenues	
c) Passenger Donations	
1) State	
2) County (list county)	
3) City (list city)	
d) Fundraising	
e) Contributions from Charitable Foundations, etc.	
f) Other, not listed above (Explain)	
Total Transportation Capital Revenues – Total	

Other comments on organization capital revenues?

26. What are your transportation operating and capital expenses?

Category	Actual, FY 2006

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Transportation Operating Expenses – List Individually	
a) Transit Operation Expenses	
1) Transportation administration	
2) Transportation operations	
3) Transportation maintenance (facilities and equipment)	
Total Operating Expenses	
b) Transportation Capital Expenses	
Total Transportation Operating and Capital Expenses	

Other comments on organization expenses?

27. Does your agency make any payments to third parties to pay for transportation of the general public or for clients of your agency?

Yes No

If No, skip to Question 29.

28. If your agency purchases client transportation services from third parties, please complete the following table. If the third party or parties are private individuals, do not list individual names; sum all such entries in one line labeled as “private individuals.”

<i>Transportation Payments Made to Third Parties for the Purchase of Transportation Services</i>			
<i>Name of Third Party</i>	Total Number of Trips Purchased	Rate and Basis of Payment (e.g., Per Mile, Per Trip, etc.)	Total Amounts Paid Last Fiscal Year

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Note: If different rates apply to different types of trips (e.g., ambulatory trips vs. non-ambulatory trips), please specify each rate and ridership separately). Also, if rate structure incorporates more than one structure (e.g., a base rate plus a mileage-based rate), please specify accordingly.

ASSESSMENT OF NEEDS/COORDINATION

Questions 30 and 31 were deleted, and a reworded version of Question 31 appears below as Question 30..

29. What elements of the existing transportation network provide the most useful personal mobility options in your service area (select one)?

- Public transit.
- ADA complementary paratransit services.
- Taxis and other private providers.
- Human service transportation programs.
- Families, friends, and neighbors.
- Volunteers.
- Other (Define): _____

30. In your assessment, what enhancements are most needed to improve personal mobility in your service area (select one)?

- Greater coordination among providers.
- More funding.
- Longer hours and/or more days of service.

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- Loosening of eligibility restrictions.
- Lower fares on existing services.
- Other (Define): _____

31. In what type of transportation coordination activities do you currently participate?

- Information and referral.
- Joint procurement.
- Joint training.
- Joint dispatch.
- Shared backup vehicles.
- Shared maintenance.
- Joint use of vehicles.
- Trip sharing.
- Service consolidation.
- Service brokerage.
- Joint grant applications funding.
- Driver sharing.
- Other (Define): _____

Please provide additional explanation of your coordination activities indicating the names of the other organizations that participate with you.

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Question 34 has been deleted.

32. What issues, if any, have your coordination efforts encountered (check all that apply)?

- Statutory barriers to pooling funds
- Restrictions placed on the use of vehicles
- Liability/insurance concerns
- Turf issues among providers
- Billing/accounting issues
- Unique characteristics of client populations
- Other (Define): _____

33. In your opinion, what do you see as the greatest obstacle(s) to coordination and personal mobility in your service area (check only one)?

- Statutory barriers to pooling funds
- Restrictions placed on the use of vehicles
- Liability/insurance concerns
- Turf issues among providers
- Funding
- Unique client characteristics/inability to mix clients on-board vehicles
- Other (Define): _____

34. In your opinion, what enhancements are most needed to improve the coordination of public transit and human service transportation in your service area?

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35. In your community, has some organization or committee been established that has assigned responsibility to coordinate transportation among transit providers, human service agencies, and consumers?

Yes No

If yes to Question 35, please indicate below, using a scale of one through five, if your governing board actively participated in the planning, development, and implementation leading up to this arrangement?

Little participation	—————→			Strong participation
1	2	3	4	5

36. On a scale of one to five, with five being the strongest support, is there sustained support for coordinated transportation planning among elected officials, agency administrators, and other community leaders?

Weak support	—————→			Strong support
1	2	3	4	5

37. On a scale of one to five, with five being the strongest perception, do you and members of the

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governing board perceive there to be real and tangible benefits to be realized if local organizations worked together to better coordinate the delivery of services?

Weak perception	—————▶				Strong perception
1	2	3	4	5	

If yes, what are the potential benefits in your opinion?

38. If there are any other issues, concerns, or information relevant to this issue, please feel free to address them in the spaces below.

39. If you would like to provide more detailed information and feedback, please leave your name and contact telephone number so that we can schedule an interview.

Thank you for your cooperation!

Exhibit 11: Spreadsheet of Participation by County

County	Organization Invited to Participate	Completed Survey	Attended Stakeholder Meeting	Participated in Telephone Review	Section 5310 Recipient in 2006	Section 5310 Application 2007	Section 5311 Providers in 2006	Section 5307 Providers in 2006
Warren County	CAP of Western Indiana							
	M.S.D. Warren County							
	Area IV Agency on Aging	Yes	Yes		Yes		Yes	
Benton County	Benton Community School Corp.							
	C.A.R.S.	Yes	Yes		Yes			
	Hope Transit		Yes		Yes			
	CDC Resources	Yes	Yes		Yes			
White County	Frontier School Corporation							
	Mobility for Area Citizens (MAC Vans)							
	North White School Corp.							
	Tri-County School Corp.							
	Tri-County School Corporation							
	Twin Lakes School Corporation							
	White County Community Corrections		Yes					
	White County Alcohol and Drug Prgram/ County Probation		Yes					
	White County		Yes				Yes	
	White County United Way		Yes					
	White County Council On Aging, Inc.	Yes	Yes					
	Wabash Valley Hospital		Yes					
	White County Memorial Hospital		Yes					
	White County Health Department	Yes						
White County Senior Center								
Carroll County	Carroll County Council on Aging		Yes					
	Carroll County Senior & Family Services	Yes	Yes		Yes			
	Peak Community Services	Yes	Yes (at Miami Co. meeting)		Yes			
	Delphi Community School Corp.							
	Carroll Cons. School Corp.							
Clinton County	Area Plan Commission (Tippecanoe County)		Yes					
	Clinton Central School Corp.							
	Clinton County						Yes	
	Clinton County ARC							
	Clinton Prairie School Corp.							
	Gem City Cab							
	Howard Regional Health Systems	Yes		Yes				
	Lutheran Community Services							
	Nouthesia Christian School							
	Paul Phillippe Resource Center, Inc.	Yes	Yes				Yes	
Rossville Area Transit (Waveland Volunteer Transportation Program)	Yes	Yes				Yes		
Rossville Cons. School Dist.								