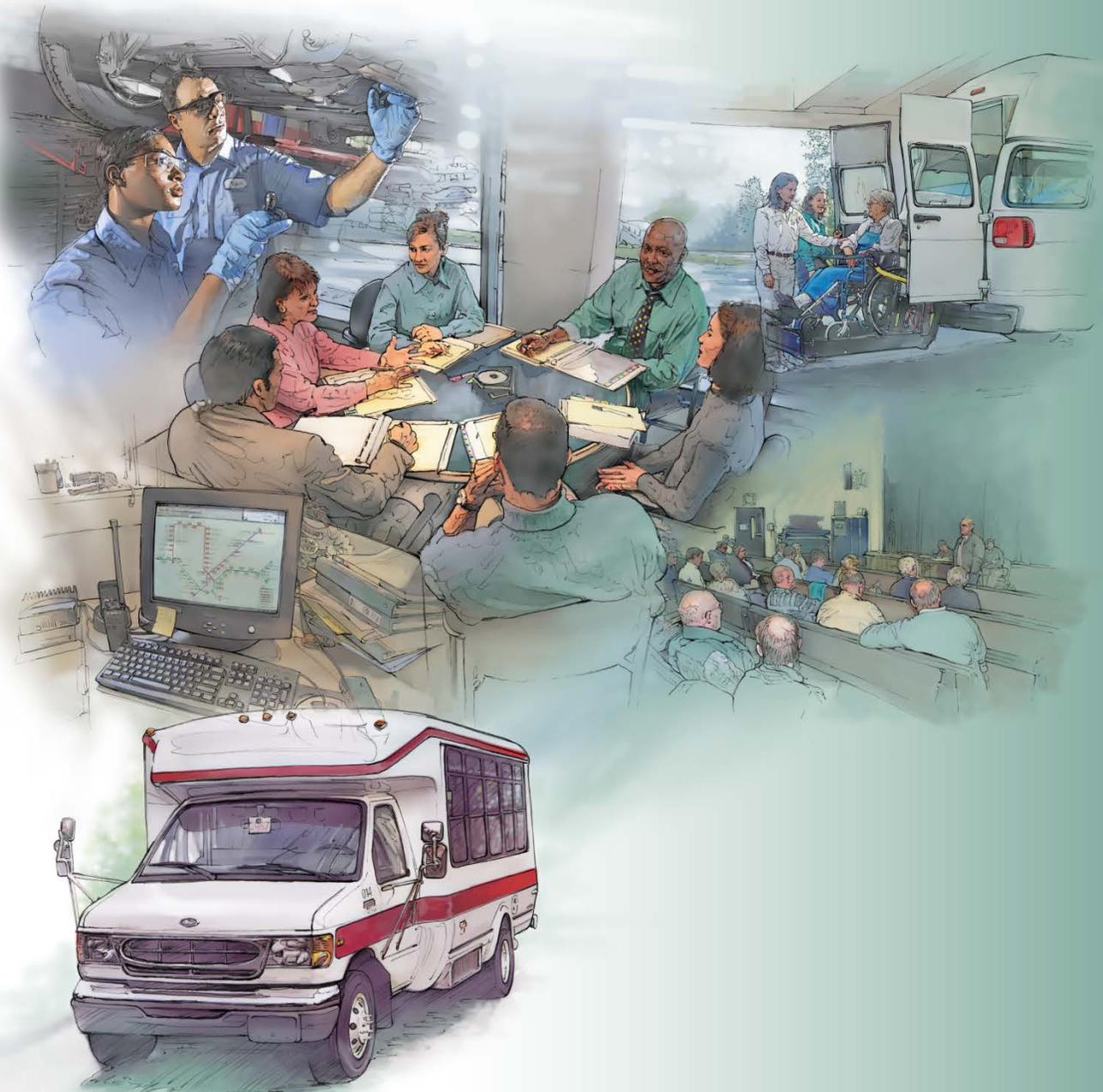




**Coordinated Public Transit-Human Services  
Transportation Plan Update  
Region 4**

**Final Report**

**March 2017**





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# I. INTRODUCTION

# Introduction

## OVERVIEW

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

On December 4, 2015, the Fixing America's Surface Transportation (FAST) Act, was signed into law as a reauthorization of surface transportation programs through Fiscal Year 2020. The FAST Act applies new program rules to all Fiscal Year 2016 funds and authorizes transit programs for five years. According to requirements of the FAST Act, locally developed, coordinated public transit-human services transportation plans must be updated to reflect the changes established by the FAST Act Federal legislation.

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

### **Relevant FAST Act Programs**

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

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

The Section 5310 Program provides formula funding to states for the purpose of assisting public and private nonprofit groups in meeting the transportation needs of older adults and people with disabilities when transportation service provided is unavailable, insufficient, or inappropriate to meeting those needs. The Federal Transit Administration (FTA) apportions Section 5310 Program funds to direct recipients. For rural and small urban areas in Indiana, the Indiana Department of Transportation (INDOT) is the direct recipient. As the direct recipient, INDOT solicits applications and selects Section 5310 Program recipient projects for funding through a formula-based, competitive process which is clearly explained in the INDOT Transit State Management Plan.

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

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

## **PLAN DEVELOPMENT METHODOLOGY**

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

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

The fundamental element of the planning process is the identification and assessment of existing transportation resources and local/regional unmet transportation needs and gaps in service. This was accomplished by receiving input from the stakeholders noted above through a public meeting, telephone calls, email conversations, and completion of a public survey.

The coordination plan update incorporated the following planning elements:

1. Review of the previous regional coordination plan updates to develop a basis for evaluation and recommendations;
2. Evaluation of existing economic/demographic conditions in each county;
3. Conduct of a survey of the general public. It must be noted that general public survey results are not statistically valid, but are intended to provide insight into the opinions of the local community. The survey also includes distribution to agencies that serve older adults and individuals with disabilities and their consumers. A statistically valid public survey was beyond the scope of this project. However, U.S. Census data is provided to accompany any conclusions drawn based on general public information;

4. Conduct of one local meeting for stakeholders and the general public for the purpose of soliciting input on transportation needs, service gaps, and goals, objectives and implementation strategies to meet these deficiencies;
5. Update of the inventory of existing transportation services provided by public, private and non-profit organizations;
6. Update of the summary of vehicle utilization for the purpose of determining where vehicles can be better utilized to meet transportation needs;
7. Update of the assessment of unmet transportation needs and gaps in service obtained through meetings, interviews, and surveys; and
8. Development of an updated implementation plan including current goals, strategies, responsible parties and performance measures.

## **GLOSSARY OF TERMS**

**Bus and Bus Facilities Grants Program (Section 5339)** – The Grants for Buses and Bus Facilities program (49 U.S.C. 5339) makes federal resources available to states and direct recipients to replace, rehabilitate and purchase buses and related equipment and to construct bus-related facilities including technological changes or innovations to modify low or no emission vehicles or facilities. Funding is provided through formula allocations and competitive grants. Eligible recipients include direct recipients that operate fixed route bus service or that allocate funding to fixed route bus operators; state or local governmental entities; and federally recognized Indian tribes that operate fixed route bus service that are eligible to receive direct grants under Sections 5307 and 5311. Subrecipients may allocate amounts from the grant to subrecipients that are public agencies or private nonprofit organizations engaged in public transportation.

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

**Enhanced Mobility for Seniors and Individuals with Disabilities (Section 5310 Program)** – [Statutory Reference: 49 U.S.C. Section 5310/FAST Act Section 3006] The program provides formula funding to improve mobility for seniors and individuals with disabilities by removing barriers to transportation service and expanding transportation mobility options. This program supports transportation services planned, designed, and carried out to meet the special transportation needs of seniors and individuals with disabilities in all areas – large urbanized, small urbanized, and rural. The Indiana Department of Transportation, Office of Transit (INDOT) administers the Section 5310 Program in Indiana. The Federal share is 80% for capital projects. In Indiana, the program has historically been utilized for capital program purchases.

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

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

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

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

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

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

# Conditions

## II. EXISTING CONDITIONS

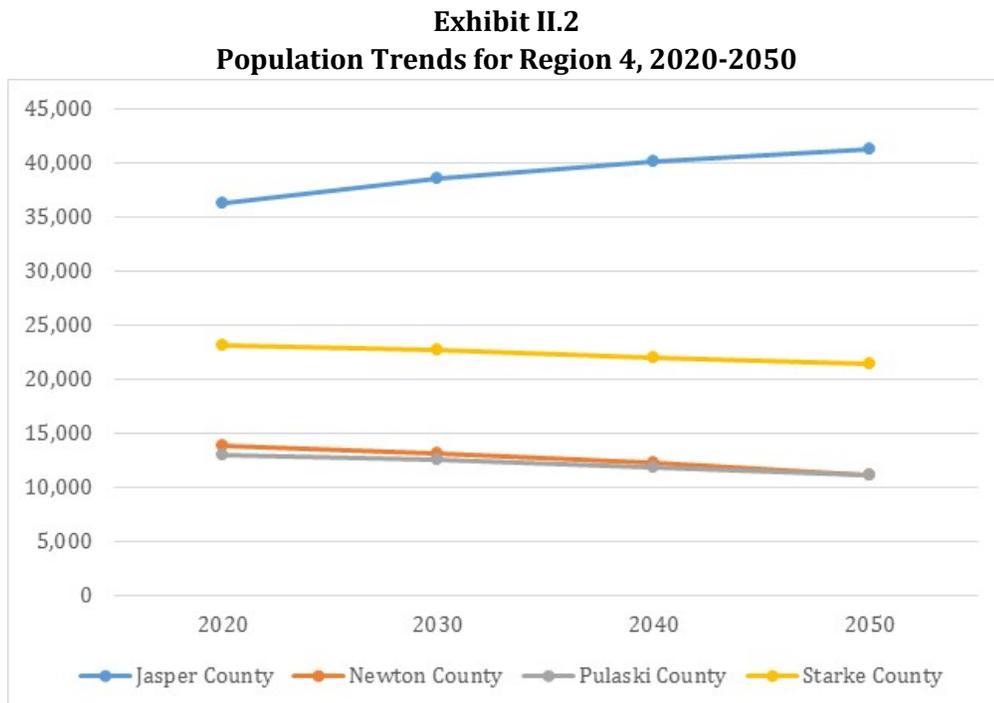
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Region 4 is located in northwest Indiana and includes the counties of Jasper, Newton, Pulaski, and Starke in Indiana. The map in Exhibit II.1 provides a depiction of the area included in this study. The counties are served by the following major highways: Interstate 65; U.S. Routes 24, 30, 35, 41, 231 and 421; and Indiana Routes 10, 14, 16, 39, 49, 55, 71, 114, and 119.

The demographics of an area are a strong indicator of demand for transportation service. Relevant demographic data was collected and is summarized in this section. The data provided in this chapter was gathered from multiple sources including the U.S. Census Bureau’s 2014 American Community Survey (ACS) Five-Year Estimates and the State of Indiana. These sources are used to ensure that the most current and accurate information is presented. As a five-year estimate, the data represent a percentage based on a national sample and does not represent a direct population count.

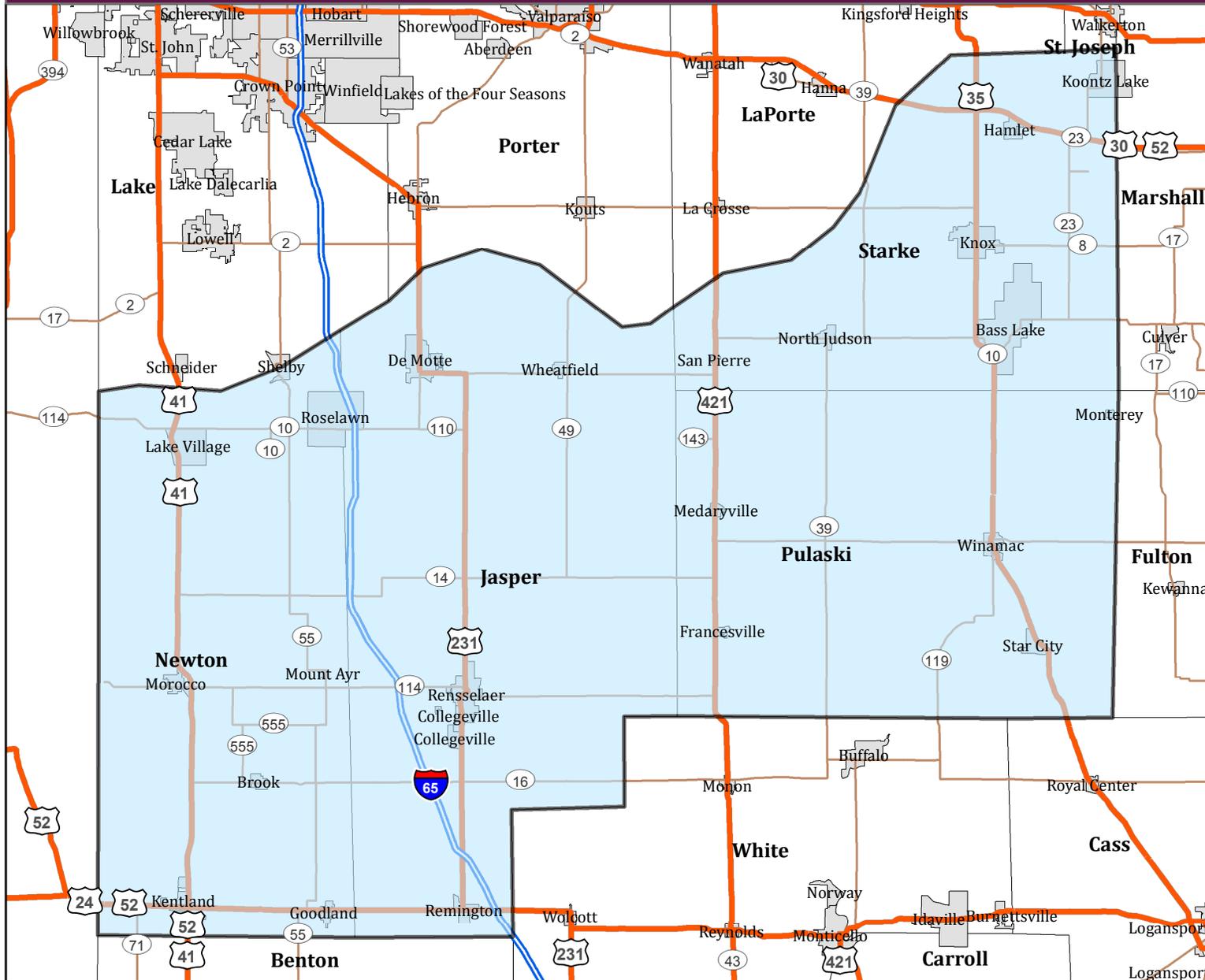
### POPULATION PROJECTIONS

STATS Indiana, using data from the Indiana Business Research Center, IU Kelley School of Business, projects the Region’s population will decrease to 85,072 by 2050, an estimated loss of 1.5 percent from the year 2020 population projection. Exhibit II.2 shows population trends between 2020 and 2050 for each county in Region 4.



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

# Exhibit II.1: Location Map Region 4



## Region 4 Coordinated Public Transit- Human Services Transportation Plan Update

### Legend

- Region 4
- Interstate
- Highway
- Major Road
- Local Road
- Minor Road
- Cities/Towns
- Counties

Source: U.S. Census American  
Community Survey 2014  
5-Year Estimates



## **OLDER ADULT POPULATION**

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

There is a trend occurring in the United States relating to the aging of the population. People primarily born during the post-WWII “baby boom,” era defined by the Census Bureau as persons born from 1946 through 1964, are over, or approaching, age 65 and are becoming more likely to need an alternative to driving their personal vehicles.

Further, the Administration on Aging (U.S. Department of Health and Human Services) reports that, based on a comprehensive survey of older adults, longevity is increasing and individuals in this category are younger and healthier than in all previously measured time in our history. Quality of life issues and an individual’s desire to live independently will put increasing pressure on existing transit services to provide mobility to this population. As older adults live longer and remain independent, the potential need to provide public transit is greatly increased.

Exhibits illustrating the population percentage of persons over 65 years of age by block group will be provided for each County in the Region in the County Profile section.

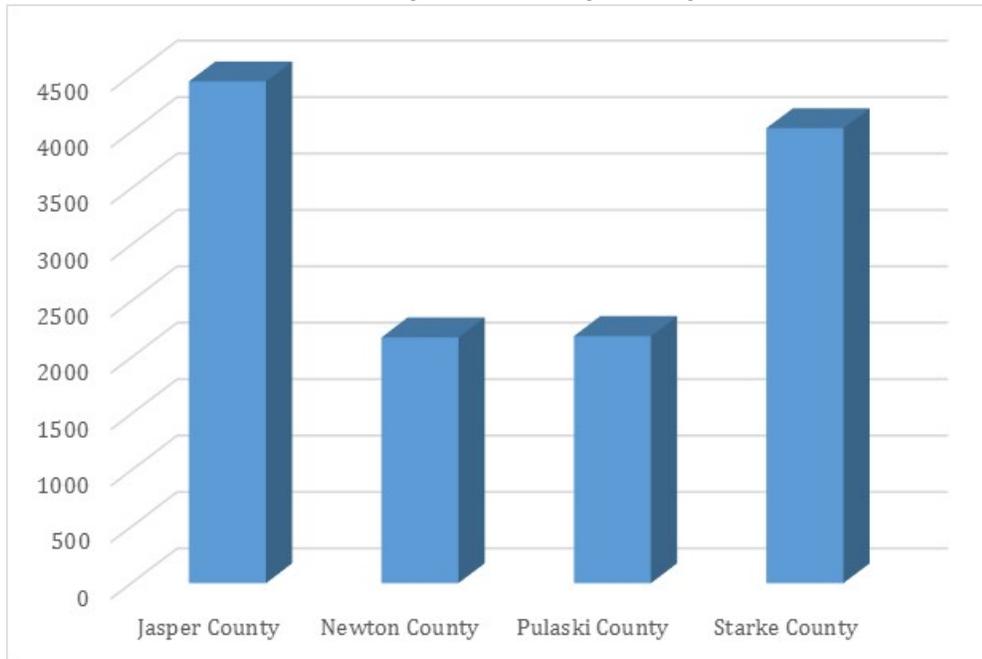
## **INDIVIDUALS WITH DISABILITIES**

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

The U.S. Census offers no method of identifying individuals as having a transportation-related disability. The best available data for Region 4 is available through the 2014 ACS Five-Year Estimates of disability for the non-institutionalized population. Exhibit II.3 is intended to provide a comparison of the population count of individuals with a disability in each county within the Region.

The chart identifies that the highest population of individuals with a disability resides in Jasper County. The total disabled population estimate for Jasper County is 4,448. Starke County has an estimated 4,033 population of individuals with a disability, Pulaski County has a 2,191-disability incidence, and Newton County has a 2,179-disability incidence.

**Exhibit II.3  
Disability Incidence by County**

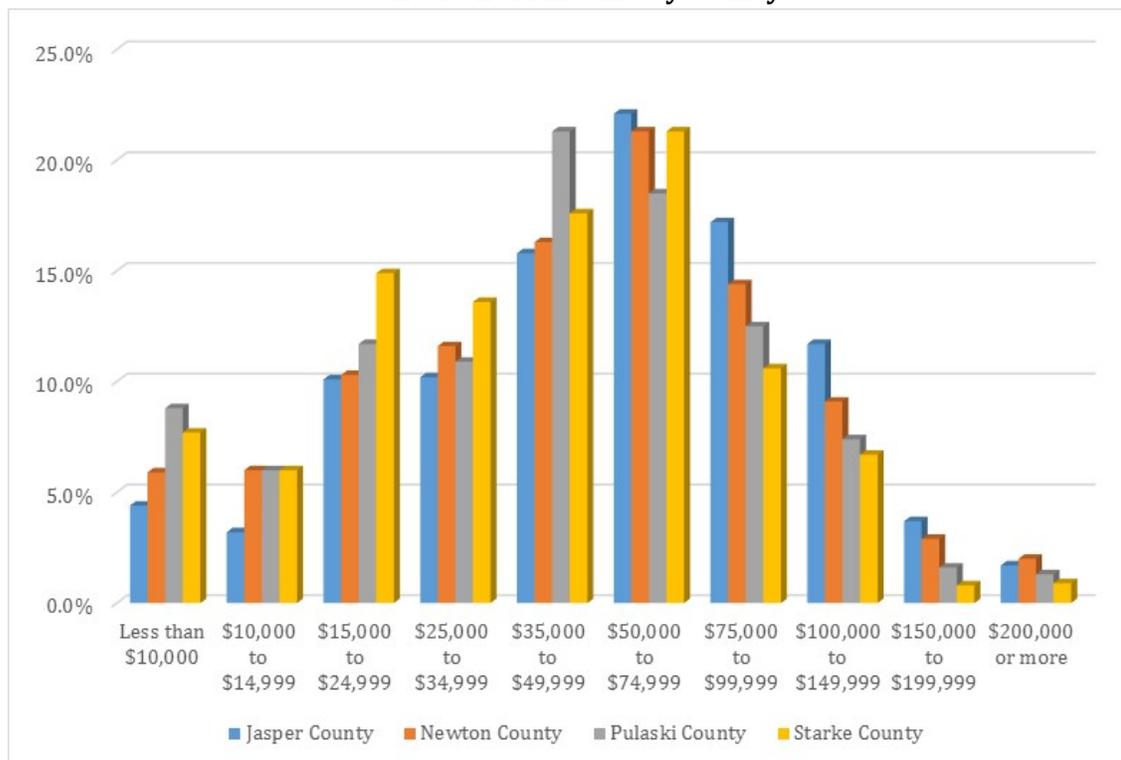


Source: 2014 ACS Five-Year Estimates

**HOUSEHOLD INCOME**

Exhibit II.4 illustrates the household incomes for the study area according to the 2014 ACS Five-Year Estimates. According to the survey, there are a total of 31,458 households in Region 4. Of those households, about 34.5 percent earn less than \$35,000 annually. Of the households earning less than \$35,000, 11.5 percent earned between \$25,000 and \$34,999. Another 16.7 percent earned between \$10,000 and \$24,999 and about 6.3 percent earned less than \$10,000 per year. The median household income for each area is shown in Exhibit II.5.

**Exhibit II.4  
Household Income by County**



Source: 2014 ACS Five-Year Estimates

**Exhibit II.5  
Median Household Income**

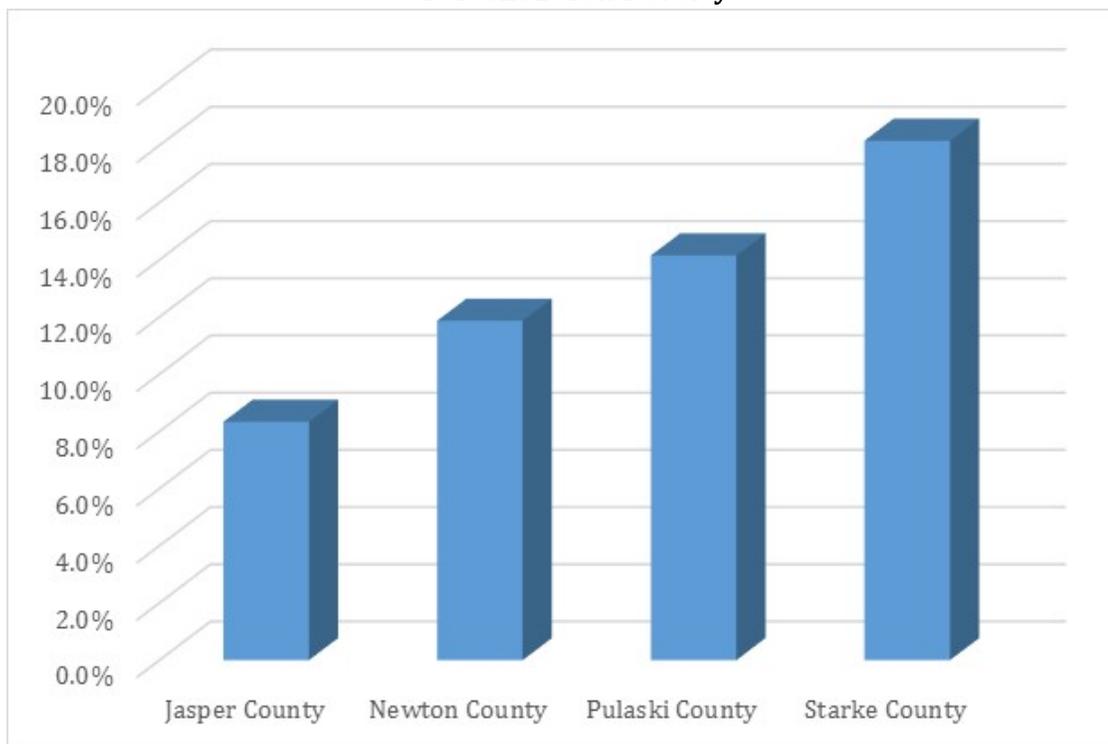
Jasper County	\$56,214
Newton County	\$49,769
Pulaski County	\$42,910
Starke County	\$40,357

Source: 2014 ACS Five-Year Estimates

## POVERTY STATUS

Exhibit II.6 illustrates the percentage of the population in each County that is living below the poverty level. Starke County has the highest percent of population living below the poverty level with 18.2 percent. Pulaski County has the second highest percentage of population living in poverty with 14.2 percent, while Newton and Jasper Counties have 11.9 and 8.3 percent, respectively.

**Exhibit II.6**  
**Percent Below Poverty**

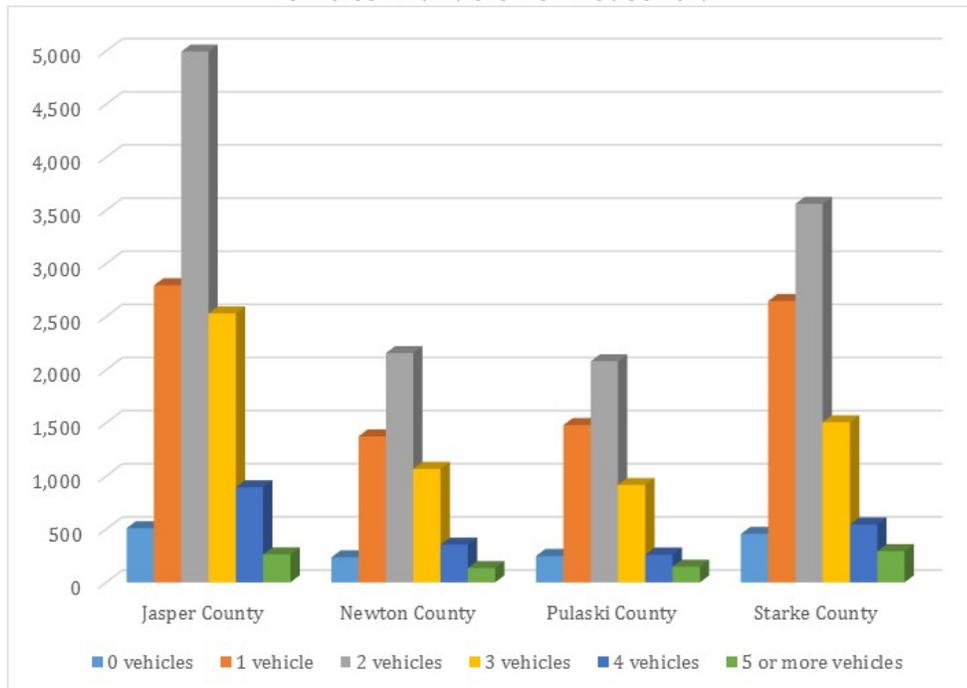


Source: 2014 ACS Five-Year Estimates

## ZERO VEHICLE HOUSEHOLDS

The number of vehicles available to a housing unit is also used as an indicator of demand for transit service. There are 1,450 households in the Region that have no available vehicle. This is 4.6 percent of all households in the Region. An additional 8,298 or 26.4 percent of households in the Region have only one vehicle. Exhibit II.7 shows the total number of vehicle availability per household in each county.

**Exhibit II.7  
Vehicles Available Per Household**



Source: 2014 ACS Five-Year Estimates

**COUNTY PROFILES**

**JASPER COUNTY**

**Older Adult Population**

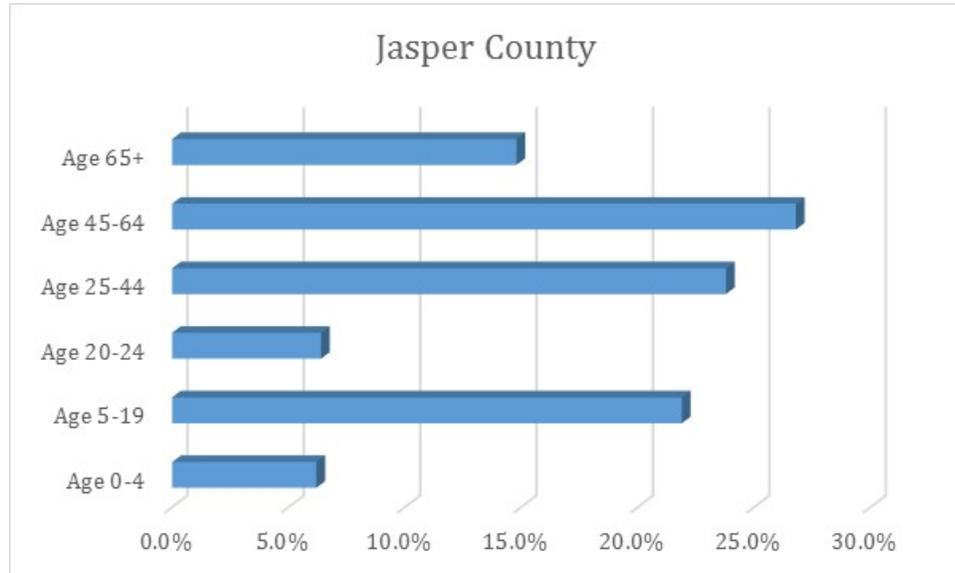
Exhibit II.8 illustrates the density of persons aged 65 and older by Census block group. The block groups with the highest density of Jasper County residents aged 65 and older are in Rensselaer. These block groups have densities of older adults between 134.9 and 664.7 persons per square mile. Areas in De Monte and Roselawn have moderate densities of persons age 65 and older (54.28 to 134.8). The remainder of the County has low to very low densities of persons age 65 and older.



## **Population by Age**

The largest age cohort for Jasper County is between the ages of 45 and 64. The second largest group is between ages 25 and 44, which constitutes 23.8 percent of the county's population (see Exhibit II.9). The third largest age group is 5 to 19 years old (21.9 percent), while 14.8 percent is age 65 or older.

**Exhibit II.9: Jasper County Population by Age**



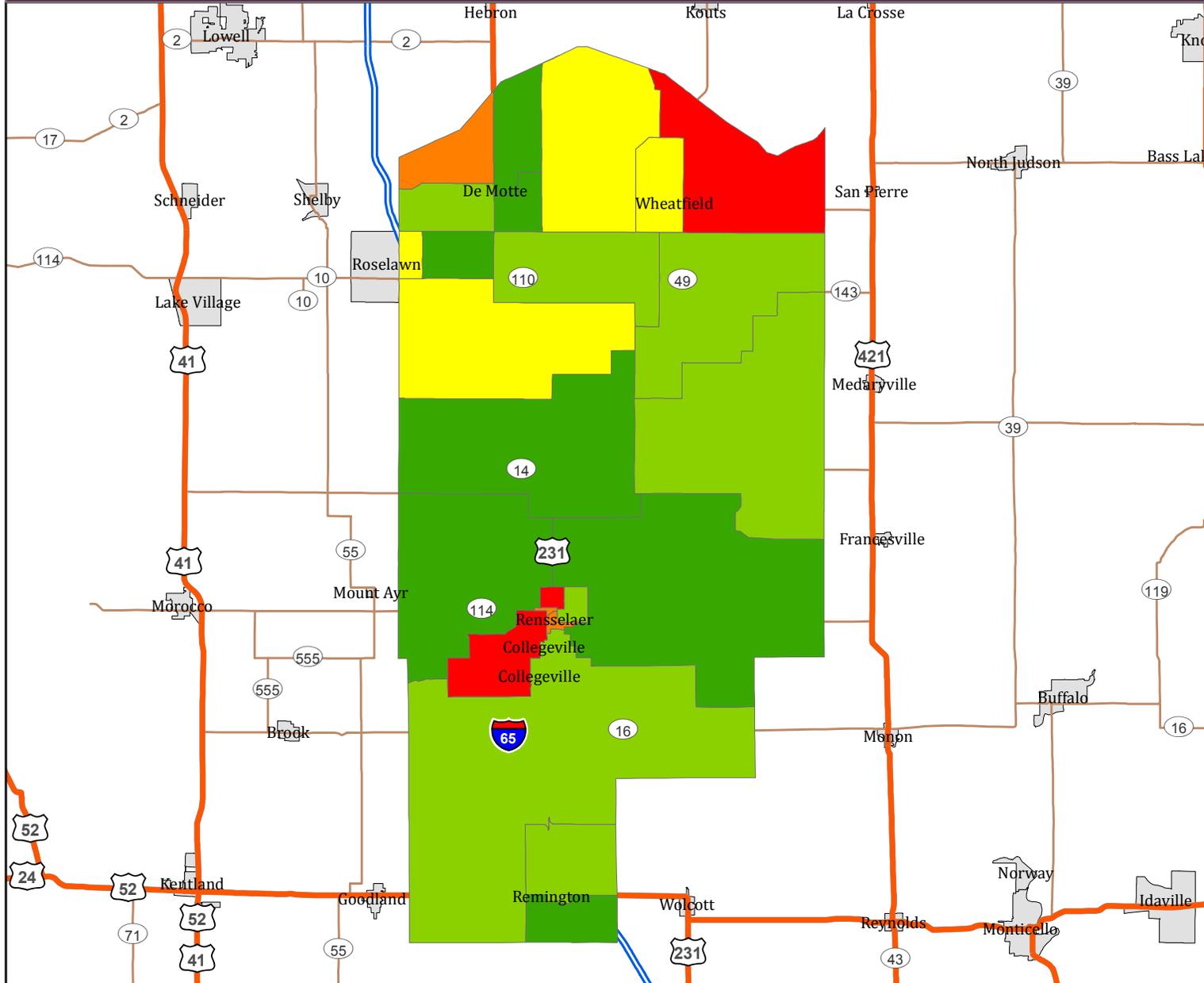
Source: 2014 ACS Five-Year Estimates

## **Economic Profile**

Exhibit II.10 illustrates the percentage of housing units that have no available vehicle, according to 2014 ACS Five-Year Estimate data. The block groups with the red shading have the highest percentage of housing units with no available vehicles. The block group locations with the highest concentration of these households are concentrated in Rensselaer, Collegeville, and northeast Jasper County. Over 9.69 percent of households within these block groups have no vehicle available. Areas with a moderately high percentage ranging from 6.09 to 9.68 percent of zero vehicle households can be found in Rensselaer and northwest Jasper County. The remainder of the County has moderate to very low percentages of zero vehicle households.

# Exhibit II.10: Percent Zero Vehicle Households Jasper County

## Region 4 Coordinated Public Transit- Human Services Transportation Plan Update



**Legend**

**Percent ZVH**

- 0%
- 0.01% - 3.14%
- 3.15% - 6.08%
- 6.09% - 9.68%
- 9.69% - 15.99%

Interstate  
 Highway  
 Major Road  
 Local Road  
 Minor Road  
 Cities/Towns

Source: U.S. Census American Community Survey 2014 5-Year Estimates

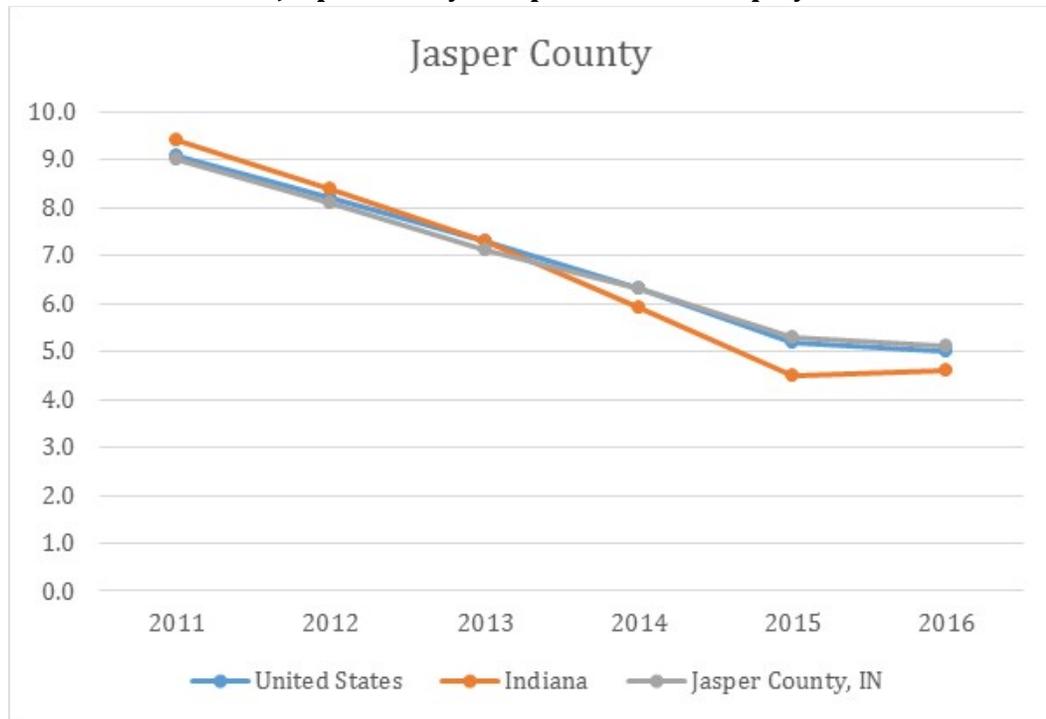


## **Industry and Labor Force**

Jasper County's unemployment rate reached a high in 2011 of 9 percent. This was slightly lower than that of the United States (9.1) and the State of Indiana (9.4).

From 2011 to 2016, the unemployment rate for Jasper County paralleled the national unemployment average. Exhibit II.11 illustrates a comparison of the unemployment rates in the county, state, and nation.

**Exhibit II.11: Jasper County Comparison of Unemployment Rates**



Source: STATS Indiana using Bureau of Labor Statistics

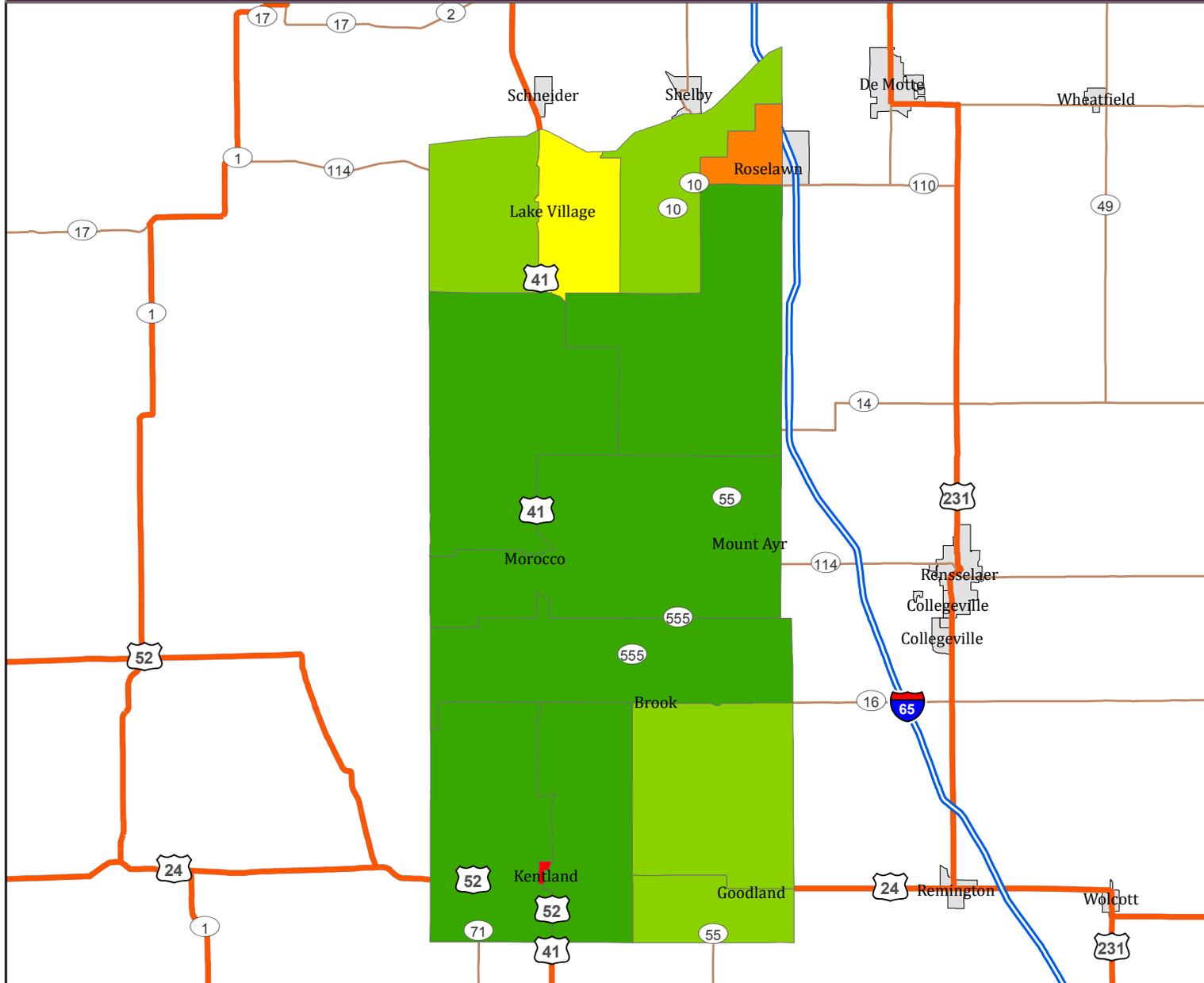
## **NEWTON COUNTY**

### **Older Adult Population**

Exhibit II.12 illustrates the density of persons aged 65 and older by Census block group. The block groups with the highest densities (38.56 to 408.7) of Newton County residents aged 65 and older are in Kentland. Moderately high densities of older adults can be found in Roselawn. These block groups have densities between 16.27 and 38.55 persons aged 65 and older per square mile. The remainder of the county has older adult population densities below 16.26 persons per square mile.

# Exhibit II.12: Population Density Age 65 and Older Newton County

## Region 4 Coordinated Public Transit- Human Services Transportation Plan Update



### Legend

#### Age 65 Plus / SQMI

- 2.466 - 5.500
- 5.501 - 8.749
- 8.750 - 16.26
- 16.27 - 38.55
- 38.56 - 408.7

- Interstate
- Highway
- Major Road
- Local Road
- Minor Road
- Cities/Towns

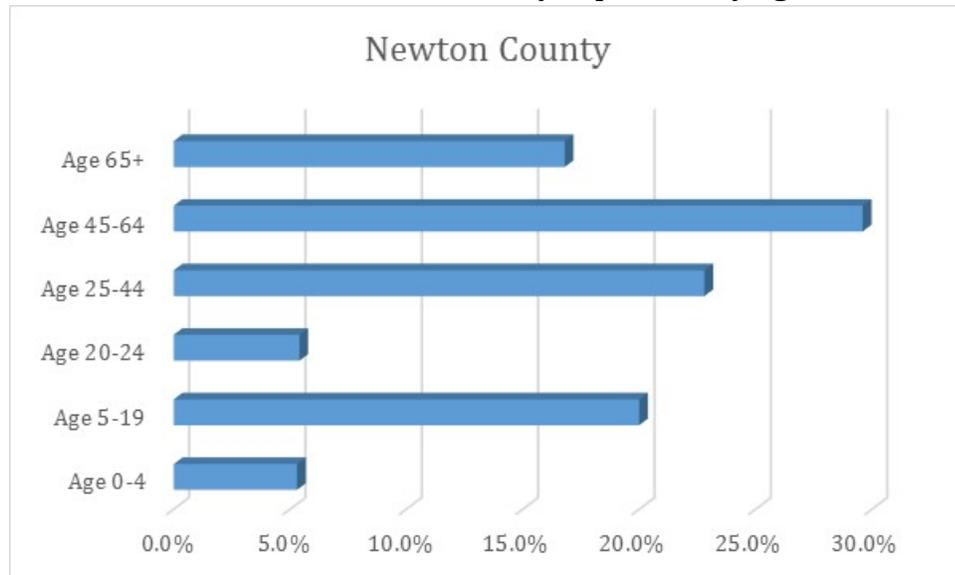
Source: U.S. Census American  
Community Survey 2014  
5-Year Estimates



## **Population by Age**

The largest age cohort for Newton County is between the ages of 45 and 64 (29.6 percent). The second largest group is between ages 25 and 44, which constitutes 22.8 percent of the county's population (see Exhibit II.13). The third largest age group is 5 to 19 years old (20 percent), while 16.8 percent is age 65 or older.

**Exhibit II.13: Newton County Population by Age**



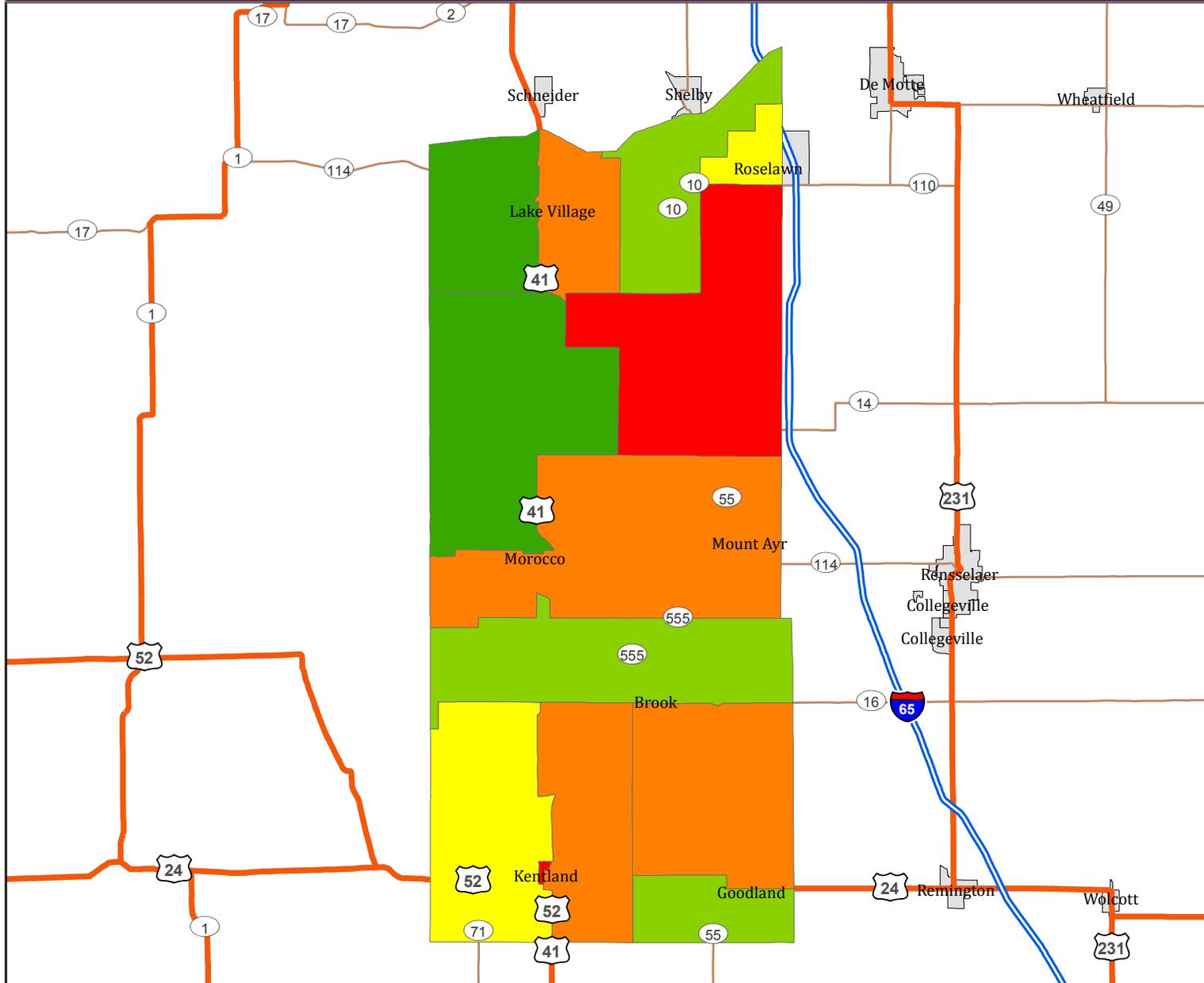
Source: 2014 ACS Five-Year Estimates

## **Economic Profile**

Exhibit II.14 illustrates the percentage of housing units that have no available vehicle, according to 2014 ACS Five-Year Estimate data. The block groups with the red shading have the highest percentage of housing units with no available vehicles. The block group locations with the highest concentration of these households are in Kentland and south of Roselawn in northeast Newton County. Over 8.02 percent of households within these block groups have no vehicle available. Areas with a moderately high percentage ranging from 3.31 to 8.07 percent of zero vehicle households can be found in Kentland, Lake Village, Morocco, Mount Ayr, Brook, and Goodland. The remainder of the County has low percentages of zero vehicle households.

# Exhibit II.14: Percent Zero Vehicle Households Newton County

## Region 4 Coordinated Public Transit- Human Services Transportation Plan Update



### Legend

- ZVH / Households**
- 0%
  - 0.01% - 1.7%
  - 1.71% - 3.3%
  - 3.31% - 8.01%
  - 8.02% - 10%
- Interstate
  - Highway
  - Major Road
  - Local Road
  - Minor Road
  - Cities/Towns

Source: U.S. Census American  
Community Survey 2014  
5-Year Estimates

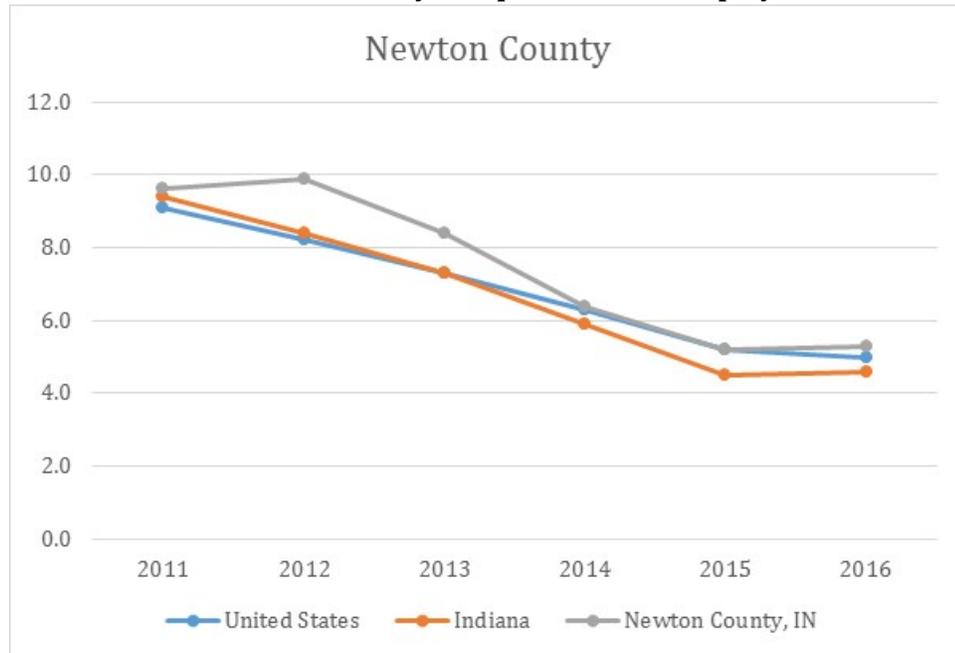


## **Industry and Labor Force**

Newton County's unemployment rate reached a high in 2012 of 9.9 percent. This was significantly higher than that of the United States (8.2) and the State of Indiana (8.4).

From 2011 to 2014, the unemployment rate for Newton County was consistently higher than the national and state unemployment averages. In 2015 the unemployment rate of Newton County equaled the national average but in 2016 again grew to levels higher than both the state and national averages. Exhibit II.15 illustrates a comparison of the unemployment rates in the county, state, and nation.

**Exhibit II.15: Newton County Comparison of Unemployment Rates**



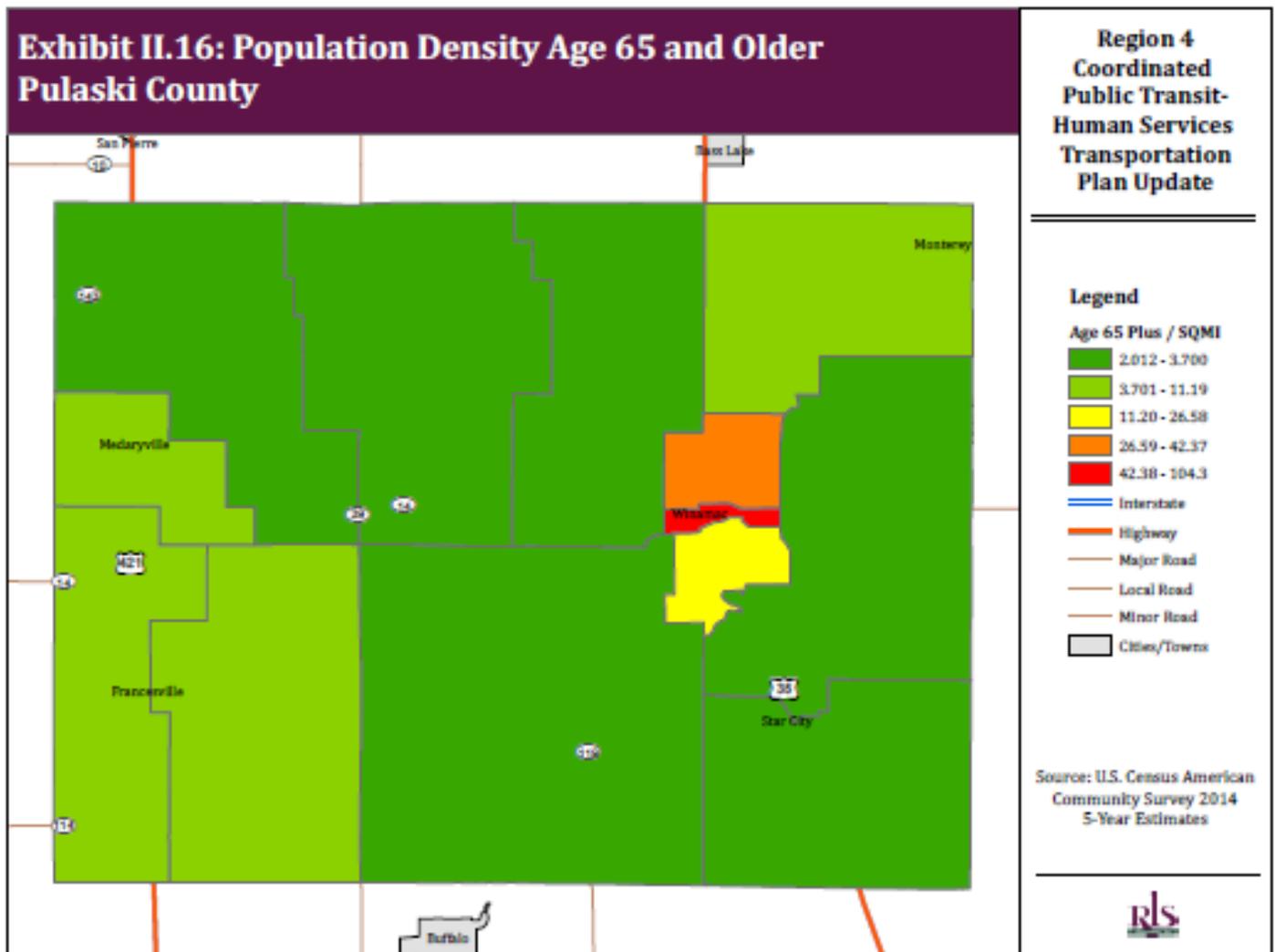
Source: STATS Indiana using Bureau of Labor Statistics

## PULASKI COUNTY

### Older Adult Population

Exhibit II.16 illustrates the density of persons aged 65 and older by Census block group. The block groups with the highest density of Pulaski County residents aged 65 and older are in Winamac (11.20 to 104.3 persons per square mile). The remainder of the county has low percentages of older adults.

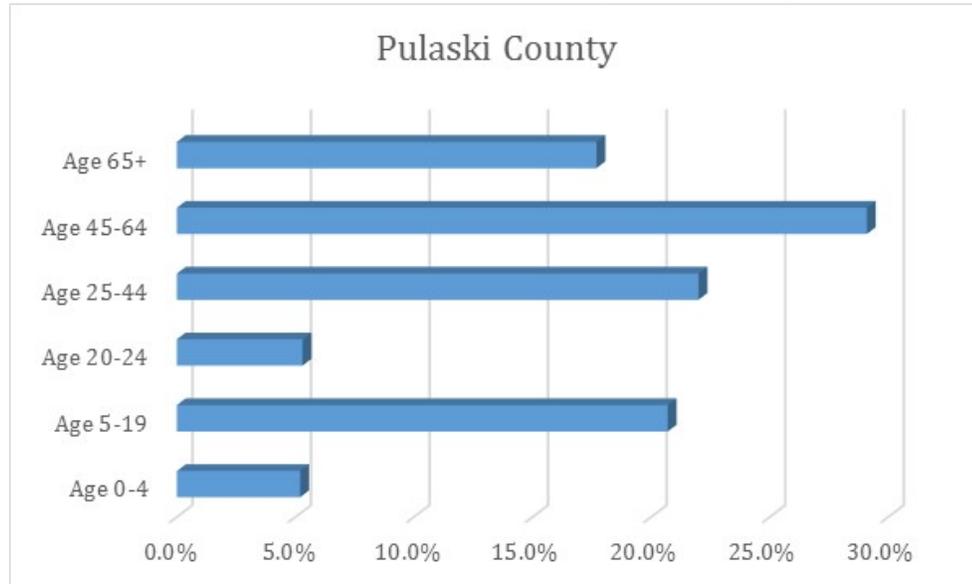
### Pulaski Seniors Density Map



## **Population by Age**

The largest age cohort for Pulaski County is between the ages of 45 and 64 (29.1 percent). The second largest group is between ages 25 and 44, which constituted 22 percent of the county's population (see Exhibit II.17). The third largest age group is 5 to 19 years old (20.7 percent), while 17.7 percent is age 65 or older.

**Exhibit II.17: Pulaski County Population by Age**



Source: 2014 ACS Five-Year Estimates

## **Economic Profile**

Exhibit II.18 illustrates the percentage of housing units that have no available vehicle, according to 2014 ACS Five-Year Estimate data. The block groups with the red shading have the highest percentage of housing units with no available vehicles. The block group locations with the highest concentration of these households are concentrated in Winamac, Star City, southeast Pulaski County, and north central Pulaski County. Over 8.16 percent of households within these block groups have no vehicle available. Areas with a moderately high percentage ranging from 3.8 to 8.15 percent of zero vehicle households can be found in Winamac. The remainder of the county has low percentages of zero vehicle households.

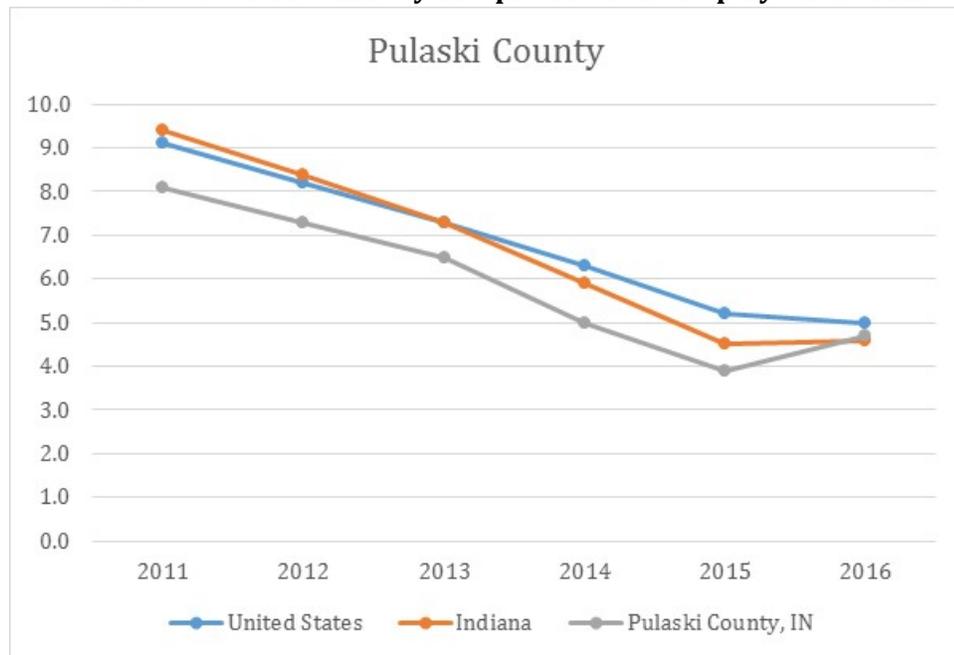


## **Industry and Labor Force**

Pulaski County's unemployment rate reached a high in 2011 of 8.1 percent. This was lower than that of the United States (9.1) and the State of Indiana (9.4).

From 2011 to 2015, the unemployment rate for Pulaski County remained lower than the State and National averages. In 2016, the County's unemployment rate has stayed low, but rose to higher than the State average. Exhibit II.19 illustrates a comparison of the unemployment rates in the county, state, and nation.

**Exhibit II.19: Pulaski County Comparison of Unemployment Rates**



Source: STATS Indiana using Bureau of Labor Statistics

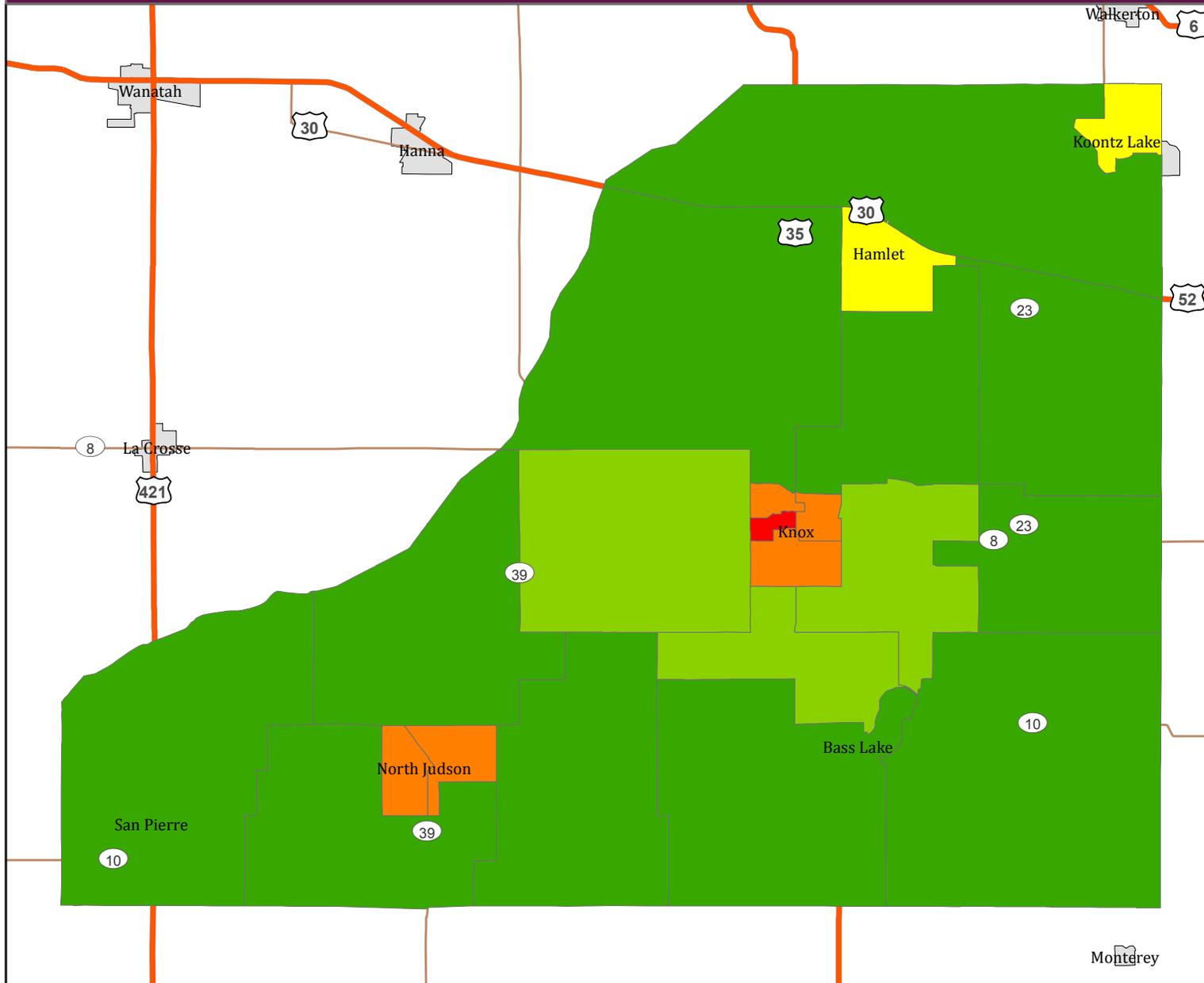
## **STARKE COUNTY**

### **Older Adult Population**

Exhibit II.20 illustrates the density of persons aged 65 and older by Census block group. The block groups with the highest density of Starke County residents aged 65 and older are in Knox. These block groups have older adult densities between 176.6 and 370.5 persons per square mile. Moderately high population densities of persons age 65 and older are located in Knox and North Judson. The remainder of the county has moderate to very low older adult population percentage.

# Exhibit II.20: Population Density Age 65 and Older Starke County

## Region 4 Coordinated Public Transit- Human Services Transportation Plan Update



### Legend

#### Age 65 Plus / SQMI

- 4.599 - 11.78
- 11.79 - 24.08
- 24.09 - 43.03
- 43.04 - 176.5
- 176.6 - 370.5

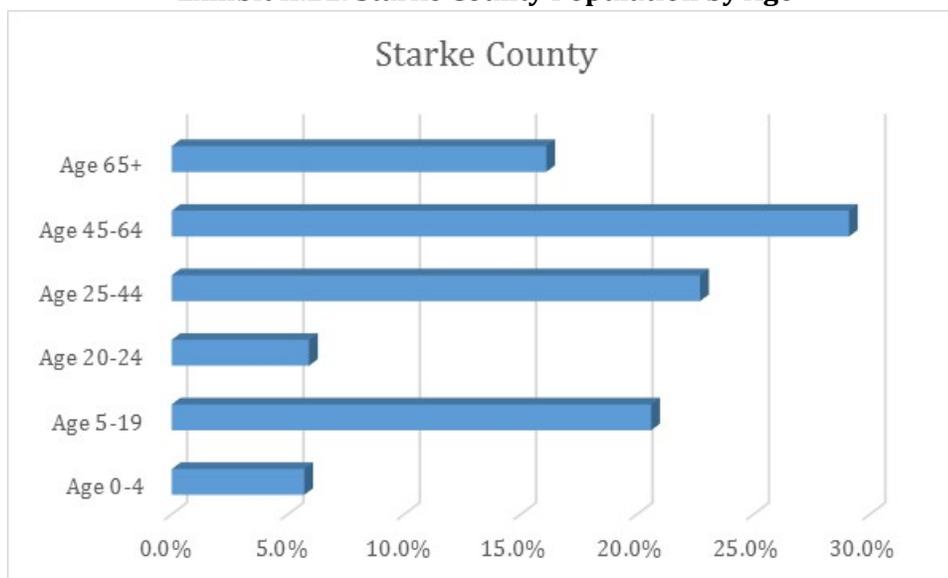
- Interstate
- Highway
- Major Road
- Local Road
- Minor Road
- Cities/Towns

Source: U.S. Census American  
Community Survey 2014  
5-Year Estimates

## **Population by Age**

The largest age cohort for Starke County is between the ages of 45 and 64 (29.1 percent). The second largest group is between ages 25 and 44, which constituted 22.7 percent of the county's population (see Exhibit II.21). The third largest age group is 5 to 19 years old (20.6 percent), while 16.1 percent is age 65 or older.

**Exhibit II.21: Starke County Population by Age**



Source: 2014 ACS Five-Year Estimates

## **Economic Profile**

Exhibit II.22 illustrates the percentage of housing units that have no available vehicle, according to 2014 ACS Five-Year Estimate data. The block groups with the red shading have the highest percentage of housing units with no available vehicles. The block groups with the highest concentration of these households are in Knox and North Judson. Over 8.16 percent of households within these block groups have no vehicle available. Areas with a moderately high percentage ranging from 4.75 to 8.15 percent of zero vehicle households can be found in Knox, Koontz Lake, Bass Lake, southeast Starke County, north central Starke County, and south central Starke County. The remainder of the county has overall low levels of zero vehicle households.

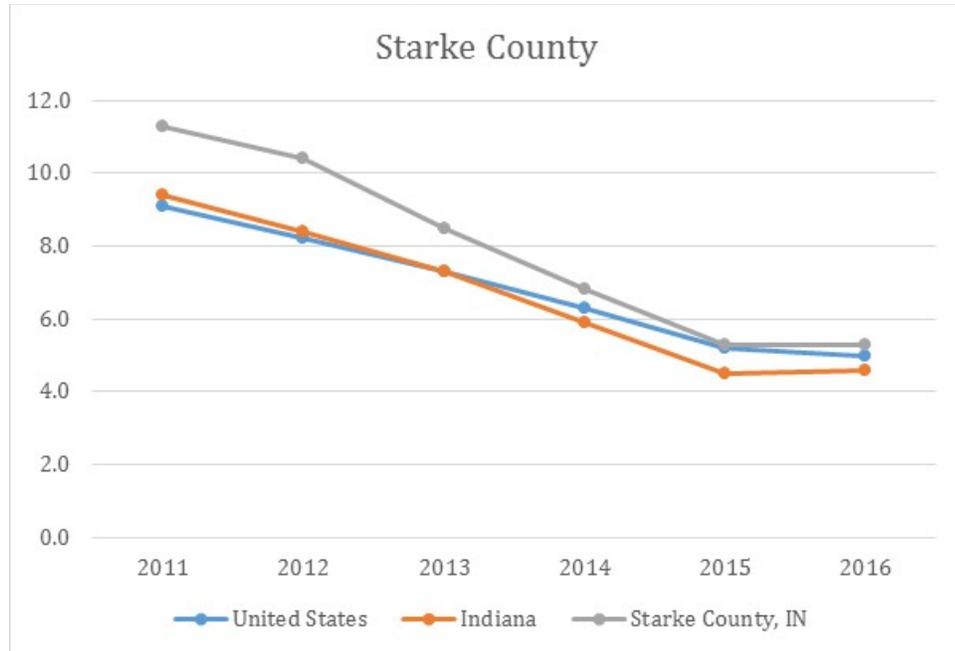


## **Industry and Labor Force**

Starke County's unemployment rate reached a high in 2011 of 11.3 percent. This was significantly higher than that of the United States (9.1) and the State of Indiana (9.4).

From 2011 to 2016, the unemployment rate for Starke County remained higher than the State and National averages. Exhibit II.23 illustrates a comparison of the unemployment rates in the county, state, and nation.

**Exhibit II.23: Starke County Comparison of Unemployment Rates**



Source: STATS Indiana using Bureau of Labor Statistics

# Existing Services

## III. INVENTORY OF EXISTING TRANSPORTATION SERVICES AND GAPS

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### INTRODUCTION

Local stakeholders including coordinated providers of human service and public transportation and stakeholder providers whose transportation delivery was limited to their agency consumers were invited to participate in a Stakeholder and Inventory process. Provider agencies were also invited to participate in a public meeting to evaluate unmet human service transportation needs and gaps and to develop a set of mobility goals and strategies/projects designed to address those unmet needs and promote more coordinated delivery of provider services to maximize the use of transportation resources. These public meetings would also be used to encourage the promotion of the general public survey of stakeholders and the general public which is discussed in the next chapter.

An update of the inventory of provider services and vehicle inventory was obtained through phone interviews and e-mail requests conducted just before the scheduled public meetings. This was done in order to promote active participation in the public meetings, familiarize the providers with the public meeting process, and stimulate discussion of key mobility issues while updating the description of the types and manner of service delivery (including types of services, funding sources, eligibility, hours of service ridership and fare/donation policies) for the individual providers in the Region.

The Region 4 Provider Stakeholder Summaries listed below include Section 5310 providers who serve primarily older adults and individuals with disabilities. These agencies, including Peak Community Services, provide transportation primarily to their agency consumers but may have the potential for shared services with other providers in the future.

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

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

## EXISTING PUBLIC TRANSPORTATION RESOURCES

### **Arrowhead Country Public Transit Service**

Public transportation services in Region 4 are organized under the Kankakee-Iroquois Regional Planning Commission (KIRPC). The regional public transportation program is titled Arrowhead Country Public Transit Service for Jasper, Pulaski, Newton, and Starke Counties. Transportation services are open to the public and include any trip purpose such as travel to medical appointments, senior centers, shopping, social purposes, and kindergarten and preschool trips. Lift-equipped vehicles are available in each county and service animals are permitted. Public transit service is compliant with the Americans with Disabilities Act and subscription services are available.

Arrowhead Country Public Transit Service is operated by four providers, one for each county. They are as follows:

- ◆ Jasper County Community Services, Inc.
- ◆ Newton County Community Services, Inc.
- ◆ Pulaski County Human Services, Inc.
- ◆ Community Services of Starke County, Inc.

### **Jasper County Community Services, Inc. (Section 5311)**

**Service Area:** Remington, Rensselaer, DeMotte, Wheatfield, and other areas by request.

**Funding Sources:** FTA Section 5311, Title III-B Older Americans Act, County appropriations and passenger fares.

**Eligibility:** General public residents of Jasper County with 24-hour advance reservation and same-day service available.

**Hours of Operation:** 8:00 AM and 4:00 PM CST, Monday through Friday.

**Annual One-Way Passenger Trips:** 34,894 in 2015.

**Fare Structure:** Jasper County Community Services Transit has a fare system in place for the general public service:

- ◆ \$1.00 per one-way trip for first three miles.
- ◆ \$0.10 per additional mile per one-way trip. i.

### **Newton County Community Services (Section 5311)**

**Service Area:** Anywhere in the State of Indiana.

**Funding Sources:** FTA Section 5311, Title III-B Older Americans Act, Medicaid, County funding and passenger fares and donations.

**Eligibility:** The agency serves the general public including people with low incomes, people over age 60, and individuals with disabilities. Newton Community Services directly provides demand response, door-to-door, transportation to agency consumers and the general public. Drivers are permitted to assist passengers with a limited number of packages. Passengers are permitted to travel with a personal care attendant or escort. Guardians, personal assistants, and minors are permitted to ride with consumers.

Common trip purposes include: medical facilities; shopping centers; Indiana Department of Veterans' Affairs Hospital/medical offices; and Head Start programs in Goodland and DeMotte (children).

**Hours of Operation:** 6:00 AM-4:00 PM CST, Monday through Friday. Other hours available upon request.

**Annual One-Way Passenger Trips:** 16,775 in 2015.

**Fare Structure:** Newton County Community Services fares for the general public is a mileage-based system using origins and destinations to calculate the mileage as follows:

- ◆ 1-5 miles: \$3.00 one-way or \$5.00 roundtrip
- ◆ 6-10 miles: \$5.00 one-way or \$9.00 roundtrip
- ◆ Age 60 and over pay donations (based on paying half of the general public fare)

Additional costs are associated with longer trips out-of-county.

**Pulaski County Human Services, Inc. (Section 5311)**

**Service Area:** Pulaski County with out of county service based on vehicle availability.

**Funding Sources:** Transportation revenue from passenger fares; reimbursements for services obtained from third parties (i.e., Medicaid reimbursements); county government appropriations; state appropriation; FTA Section 5311, Title III-B Older Americans Act, Head Start, Kankakee-Iroquois Regional Planning Commission (KIRPC); and donations and fuel and sales tax refunds.

**Eligibility:** Open to the general public.

**Hours of Operation:** 8:00 AM-4:00 PM, Monday through Friday. Service outside regular service hours are available by request and approval.

**Annual One-Way Passenger Trips:** Pulaski County Human Services provided 17,210 one-way passenger trips between January 1, 2015 and December 31, 2015.

**Fare Structure:**

<u>Destination</u>	<u>One-Way Fare</u>	<u>Older Adults</u>
	<u>Adults</u>	
Per boarding (one-way) trip within Pulaski County (suggested based on fares)	\$1.00	Donation
Destinations outside Pulaski County	\$10.00 plus \$1.25 per mile after 30 miles	

**Community Services of Starke County, Inc. (Section 5311)**

**Service Area:** Knox, North Judson, Bass Lake, Ora, Ober, Koontz Lake, Hamlet, Grovertown, and other areas by request.

**Funding Sources:** Title III-B of the Older Americans Act; Medicaid reimbursements; and Section 5311 grantee and funding from KIRPC; passenger fares; fundraising; and county government appropriations.

**Eligibility:** Open to the general public.

**Hours of Operation:** Service is available between 8:00 AM and 4:00 PM EST, Monday through Friday.

**Annual One-Way Passenger Trips:** Community Services of Starke County, Inc. provided 11,660 general public passenger trips between January 1, 2015 and December 31, 2015.

**Fare Structure:** Community Services of Starke County, Inc. has the follow fare system in place for general public service:

<u>Destination</u>	<u>One-Way Fare</u>	<u>Older Adults</u>
	<u>Adults</u>	
Township of Origin	\$1.50	Donation
Per additional Township	\$1.50	Donation
Out-of-Starke County trips per mile	\$0.30	

Multi-Ride Ticket - \$10.00 (a \$12.00 value)

Waiting Fee (after one hour) - \$10.00

**Peak Community Services (Section 5310)** - Peak Community Services is a private, nonprofit human service agency. It provides transportation, human services, day treatment, job training, employment, and rehabilitation programs in Cass, Carroll, Fulton, Howard, Miami, Pulaski, Tippecanoe, and White Counties.

Peak Community Services also purchases transportation on behalf of clients from general public or other service providers. Agency staff drive personal vehicles as well as agency-owned vehicles. Mileage reimbursement is provided when personal vehicles are used.



Peak Community Services provides scheduled service based on where people live with one vehicle in the morning (leaving at 7:30 AM) and another in the afternoon (leaving at 3:00 PM). The service provides employment transportation to agency consumers traveling to Day Services.

The agency participates in two Transportation Advisory Committees including one for Pulaski County Human Services and one for Cass Area Transit.

**Funding Sources:** Transportation funding sources include FTA Section 5310 Program (vehicles) and Medicaid waiver.

**Hours of Operation:** 24-hours a day, seven-days a week for agency consumers. Peak hours of service are on weekdays, 8:00-5:00 PM. Late-afternoon/evening shopping, social, and medical trips are provided in addition to agency program trips.

**Fare Structure:** Peak Community Services consumers are not charged a fare for transportation.

**Marshall-Starke Developmental Center, Inc. (Section 5310)** - Marshall-Starke operates standing order, door-to-door transportation services serving consumers in Marshall, Starke, and Fulton Counties. The agency has contracts with Marshall County Council on Aging and Fulton County Council on Aging for consumer transportation to the agency destination and it coordinates with Community Services of Starke County, Inc. for limited consumer transportation. The agency also provides transportation to volunteer work, medical/health, recreation, shopping locations in Marshall, Starke, and Fulton Counties.

**Funding Sources:** Medicaid Waiver and County funding from Marshall, Starke, and Fulton Counties; FTA Section 5310 program subrecipient through INDOT.

**Annual One-Way Passenger Trips:** 41,900 in 2015.

**Eligibility Requirements:** Eligibility limited to agency consumers and staff.

**Hours of Operation:** 6:00 AM- 6:00 PM.

**Fare Structure:** No fare or donation policy.

**CDC Resources, Inc. (Section 5310)** - CDC Resources, Inc. operates a standing order service for door-to-door transportation services to agency site and supported employment locations.

**Funding Sources:** Medicaid waiver program, FTA Section 5310 Program, thrift store sales, and donations.

**Annual One-Way Passenger Trips:** 37,312 in 2015.

**Eligibility Requirements:** Agency consumers with cognitive, emotional, and physical disabilities.

**Hours of Operation:** 6:00 AM- 6:00 PM, weekdays.

**Fare Structure:** Free.

**Pulaski Health Care Center** – Pulaski Health Care Center is a private non-profit organization. The Board of Directors is the Pulaski Health Foundation. Pulaski Health Care Center does not operate vehicles for passenger transportation. However, efforts to incorporate this organization into the coordinated transportation effort should be explored in terms of patient needs. Pulaski County Family Social Services Agency provides transportation for Pulaski Health Care Center patients. Pulaski Health Care Center in Winamac is a nursing facility providing a complete range of care, rehabilitation services and activities, including accompanying residents to appointments, upon request.

## **VEHICLE INVENTORY AND UTILIZATION**

Vehicle inventories were obtained by e-mail from transportation providers who reported a total of 107 vehicles serving the counties in Region 4 and the neighboring counties. Approximately 43 percent of the vehicles in the Region were accessible for wheelchairs and other mobility devices. All agencies operating vehicles were contacted to provide an updated vehicle inventory. If the agency did not provide the updated inventory, alternative fleet information was derived from the 2015 INDOT Annual Report. The Vehicle Inventory table is provided at the end of this chapter.

All of the transportation operators operate at least one accessible vehicle. According to information provided, Newton County Community Services operates one wheelchair accessible vehicle out of its fleet of 12 vehicles. This ratio is likely insufficient to meet future needs. However, given the demand for wheelchair accessible service and the growing aging population and individuals with physical challenges living independently in the community, the number of accessible vehicles needed must continuously be evaluated.

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

**Exhibit III.1 Vehicle Inventory and Utilization Table**

Veh #	Make	Model	Year	Capacity	WC	Days of the Week Vehicle is in Service	Service Hours	Mileage	Vehicle Condition	Program to which Vehicle is Assigned	Service Area
<b>CDC Resources</b>											
-	Dodge	Mini Van	2003	5	0	Mon-Fri	6:00 AM-6:00 PM	107,135	Poor	5310	Benton, Carroll, Jasper, Newton, White
-	Ford	Mini Van	2004	6	0	Mon-Fri	6:00 AM-6:00 PM	99,636	Fair	5310	
-	Toyota	Car	2004	5	0	Mon-Fri	6:00 AM-6:00 PM	287,983	Fair	5310	
-	Ford	Large Tran	2004	18	2	Mon-Fri	6:00 AM-6:00 PM	281,713	Poor	5310	
-	Ford	Turtle Top	2006	12	1	Mon-Fri	6:00 AM-6:00 PM	137,855	Poor	5310	
-	Ford	Turtle Top	2006	12	2	Mon-Fri	6:00 AM-6:00 PM	51,414	Fair	5310	
-	Ford	Wagon	2006	5	0	Mon-Fri	6:00 AM-6:00 PM	126,499	Fair	5310	
-	Ford	Wagon	2006	5	0	Mon-Fri	6:00 AM-6:00 PM	100,454	Fair	5310	
-	Ford	Med Tran	2007	12	2	Mon-Fri	6:00 AM-6:00 PM	63,950	Fair	5310	
-	Ford	Med Tran	2007	12	2	Mon-Fri	6:00 AM-6:00 PM	168,392	Poor	5310	
-	Ford	Turtle Top	2008	10	1	Mon-Fri	6:00 AM-6:00 PM	32,153	Good	5310	
-	Ford	Large Tran	2009	18	2	Mon-Fri	6:00 AM-6:00 PM	172,101	Poor	5310	
-	Ford	Turtle Top	2009	10	1	Mon-Fri	6:00 AM-6:00 PM	39,245	Good	5310	

Veh #	Make	Model	Year	Capacity	WC	Days of the Week Vehicle is in Service	Service Hours	Mileage	Vehicle Condition	Program to which Vehicle is Assigned	Service Area
-	Chevy	Malibu	2009	5	0	Mon-Fri	6:00 AM-6:00 PM	68,359	Good	5310	
-	Ford	Flex	2009	8	0	Mon-Fri	6:00 AM-6:00 PM	73,782	Good	5310	
-	Ford	Fusion	2010	5	0	Mon-Fri	6:00 AM-6:00 PM	100,157	Good	5310	
-	Ford	Turtle Top	2011	10	1	Mon-Fri	6:00 AM-6:00 PM	41,047	Good	5310	
-	Ford	Med Tran	2014	10	2	Mon-Fri	6:00 AM-6:00 PM	79,559	Good	5310	
-	Ford	Fusion	2015	5	0	Mon-Fri	6:00 AM-6:00 PM	3,994	Excellent	5310	
-	Ford	Fusion	2015	5	0	Mon-Fri	6:00 AM-6:00 PM	8,758	Excellent	5310	
-	Ford	Med Tran	2015	10	2	Mon-Fri	6:00 AM-6:00 PM	50,219	Excellent	5310	
-	Ford	Large Tran	2016	16	2	Mon-Fri	6:00 AM-6:00 PM	3,784	Excellent	5310	
-	Ford	Large Tran	-	-	-	Mon-Fri		-	-	-	
<b>Pulaski County Human Services</b>											
-	Ford	MDV	2005	9	2	Mon-Fri	6:00 AM-6:00 PM	105,015	Poor	5311	Pulaski County
-	Chevy	LTV	2003	30	0	Mon-Fri	6:00 AM-6:00 PM	149,409	Good	5311	
-	Chevy	LTV	2007	22	0	Mon-Fri	6:00 AM-6:00 PM	109,983	Good	HHS	
-	Dodge	MNV	2007	6	0	Mon-Fri	6:00 AM-6:00 PM	128,931	Fair	5311	
-	Ford	MDV	2007	11	0	Mon-Fri	6:00 AM-6:00 PM	121,312	Fair	5311	
-	GMC	LTV	2008	30	0	Mon-Fri	6:00 AM-6:00 PM	58,295	Excellent	HHS	
-	Ford	STV	2009	8	2	Mon-Fri	6:00 AM-6:00 PM	61,037	Fair	5311	
-	Dodge	Low Floor MV	2010	8	2	Mon-Fri	6:00 AM-6:00 PM	44,804	Excellent	5311	



Veh #	Make	Model	Year	Capacity	WC	Days of the Week Vehicle is in Service	Service Hours	Mileage	Vehicle Condition	Program to which Vehicle is Assigned	Service Area
-	Ford	LTV	2013	12	2	Mon-Fri	6:00 AM-6:00 PM	299	Excellent	5311	
-	Dodge	Low Floor MV	2010	8	2	Mon-Fri	6:00 AM-6:00 PM	56,382	Excellent	5311	
<b>Jasper County Community Services</b>											
-	Chevy	LTV	2001	22	0	Mon-Fri	8:00 AM-4:00 PM, CST	159,091	Backup	HHS	Remington, Rensselaer, DeMotte, Wheatfield
-	Ford	High Top	2006	9	2	Mon-Fri	8:00 AM-4:00 PM, CST	39,866	Good	5311	
-	Dodge	MV	206	6	0	Mon-Fri	8:00 AM-4:00 PM, CST	49,518	Good	5311	
-	Dodge	MV	2007	7	0	Mon-Fri	8:00 AM-4:00 PM, CST	13,606	Good	5311	
-	Chevy	LTV	2005	27	0	Mon-Fri	8:00 AM-4:00 PM, CST	114,363	Fair	HHS	
-	Ford	STV	2010	8	2	Mon-Fri	8:00 AM-4:00 PM, CST	15,462	Excellent	5311	
-	Chevy	LTV	2008	27	0	Mon-Fri	8:00 AM-4:00 PM, CST	68,138	Fair	HHS	
-	Ford	STV	2009	8	2	Mon-Fri	8:00 AM-4:00 PM, CST	54,156	Good	5311	
-	Ford	High Top	2011	24	0	Mon-Fri	8:00 AM-4:00 PM, CST	5,535	Excellent	HHS	
-	Ford	STV	2010	8	2	Mon-Fri	8:00 AM-4:00 PM, CST	31,749	Excellent	5311	
-	Ford	STV	2010	8	2	Mon-Fri	8:00 AM-4:00 PM, CST	39,881	Excellent	5311	
<b>Community Services of Starke County</b>											
-	Dodge	Low Floor MV	2010	8	2	Mon-Fri	8:00 AM-4:00 PM, EST	3,539	Excellent	5311	Knox, North Judson, Bass



Veh #	Make	Model	Year	Capacity	WC	Days of the Week Vehicle is in Service	Service Hours	Mileage	Vehicle Condition	Program to which Vehicle is Assigned	Service Area
-	Dodge	Low Floor MV	2010	8	2	Mon-Fri	8:00 AM-4:00 PM, EST	74,421	Good	5311	Lake, Ora, Ober, Koontz Lake, Hamlet, Grovertown, Other
-	Dodge	MNV	2005	6	0	Mon-Fri	8:00 AM-4:00 PM, EST	194,044	Bad	5311	
-	Buick	AO	2005	5	0	Mon-Fri	8:00 AM-4:00 PM, EST	134,592	Fair	Local	
-	Ford	MNV	2005	7	1	Mon-Fri	8:00 AM-4:00 PM, EST	41,233	Good	5311	
-	Ford	MDV	2006	9	2	Mon-Fri	8:00 AM-4:00 PM, EST	101,201	Fair	5311	
-	Ford	High Top	2007	11	0	Mon-Fri	8:00 AM-4:00 PM, EST	93,227	Good	5311	
-	Chevy	LMV	2008	5	0	Mon-Fri	8:00 AM-4:00 PM, EST	112,343	Good	5311	
-	Dodge	Low Floor MV	2010	8	2	Mon-Fri	8:00 AM-4:00 PM, EST	78,678	Good	5311	
<b>Newton County Community Services</b>											
-	Chevy	Low Floor MV	2008	6	0	Mon-Fri	6:00 AM-4:00 PM, CST	172,338	Fair	5311	Statewide
-	Ford	LTV	2013	12	2	Mon-Fri	6:00 AM-4:00 PM, CST	7,232	Excellent	5311	
-	Dodge	Low Floor MV	2010	5	0	Mon-Fri	6:00 AM-4:00 PM, CST	138,555	Fair	5311	
-	Dodge	MV	2005	7	0	Mon-Fri	6:00 AM-4:00 PM, CST	311,281	Bad	5311	
-	Dodge	Low Floor MV	2010	5	0	Mon-Fri	6:00 AM-4:00 PM, CST	139,639	Fair	5311	
-	Ford	High Top	2006	11	0	Mon-Fri	6:00 AM-4:00 PM, CST	109,239	Fair	5311	



Veh #	Make	Model	Year	Capacity	WC	Days of the Week Vehicle is in Service	Service Hours	Mileage	Vehicle Condition	Program to which Vehicle is Assigned	Service Area
-	Chevy	High Top	2006	28	0	Mon-Fri	6:00 AM-4:00 PM, CST	157,012	Fair	HHS	
-	Ford	High Top	2007	11	0	Mon-Fri	6:00 AM-4:00 PM, CST	138,836	Fair	5311	
-	Chevy	High Top	2007	28	0	Mon-Fri	6:00 AM-4:00 PM, CST	123,278	Fair	HHS	
-	Chevy	High Top	2003	21	0	Mon-Fri	6:00 AM-4:00 PM, CST	45,566	Good	HHS	
-	Chevy	High Top	2003	21	0	Mon-Fri	6:00 AM-4:00 PM, CST	91,070	Good	HHS	
-	Chevy	High Top	2008	5	0	Mon-Fri	6:00 AM-4:00 PM, CST	195,100	Fair	5311	
<b>Peak Community Services</b>											
14	Ford	E350XL	2010	8	0	Mon-Fri	7:00 AM-3:00 PM	90,475	Good	Agency	Cass, Pulaski, White
17	Dodge	MNV	2003	6	0	Mon-Fri	7:00 AM-3:00 PM	174,165	Poor	Agency	
12	Dodge	MNV	2000	6	0	Mon-Fri	7:00 AM-3:00 PM	177,681	Poor	Agency	
22	Pontiac	Sedan	2007	4	0	Mon-Fri	7:00 AM-3:00 PM	150,916	Fair	Agency	
30	Ford	E350SD	2007	9	1	Mon-Fri	7:00 AM-3:00 PM	44,955	Good	Agency	
1	Ford	E350	2006	9	1	Mon-Fri	7:00 AM-3:00 PM	114-281	Good	5310	
2	Dodge	3500	2000	9	1	Mon-Fri	7:00 AM-3:00 PM	180,977	Poor	5310	
3	Dodge	MNV	2000	6	0	Mon-Fri	7:00 AM-3:00 PM	213,825	Fair	Agency	
15	Chevy	Express	2012	9	1	Mon-Fri	7:00 AM-3:00 PM	177,360	Good	Agency	
46	Ford	Conversion	2009	11	2	Mon-Fri	7:00 AM-3:00 PM	25,680	Fair	Agency	
41	Ford	Conversion	2009	11	2	Mon-Fri	7:00 AM-3:00 PM	33,483	Fair	Agency	
42	Ford	Conversion	2009	11	2	Mon-Fri	7:00 AM-3:00 PM	37,597	Fair	Agency	



Veh #	Make	Model	Year	Capacity	WC	Days of the Week Vehicle is in Service	Service Hours	Mileage	Vehicle Condition	Program to which Vehicle is Assigned	Service Area
<b>Marshall-Starke Developmental Center, Inc.</b>											
1	Ford	Auto	2003	5	0	Mon-Fri	6:00 AM-6:00 PM	140,141	Poor	Local	Starke
2	Chevy	Van	2003	12	0	Mon-Fri	6:00 AM-6:00 PM	182,299	Poor	Local	
3	Dodge	LF Minivan	2013	6	1	Mon-Fri	6:00 AM-6:00 PM	42,479	Good	5310	
4	Ford	Van	2001	12	0	Mon-Fri	6:00 AM-6:00 PM	232,139	Poor	Local	
5	Ford	Auto	2016	5	0	Mon-Fri	6:00 AM-6:00 PM	1,556	Excellent	Local	
6	Ford	Van	2006	12	0	Mon-Fri	6:00 AM-6:00 PM	160,875	Poor	Local	
7	Chevy	Van	2003	12	0	Mon-Fri	6:00 AM-6:00 PM	102,555	Fair	Local	
8	Dodge	LF Minivan	2015	6	1	Mon-Fri	6:00 AM-6:00 PM	14,243	Good	5310	
9	Ford	Auto	2015	5	0	Mon-Fri	6:00 AM-6:00 PM	5136	Good	Local	
10	Honda	Auto	2012	5	0	Mon-Fri	6:00 AM-6:00 PM	72,387	Good	Local	
11	Chrysler	Minivan	1999	7	0	Mon-Fri	6:00 AM-6:00 PM	228,527	Poor	Donation	
12	Ford	BOCV	2001	14	2	Mon-Fri	6:00 AM-6:00 PM	195,284	Poor	Local	
13	Ford	BOCV	2003	14	2	Mon-Fri	6:00 AM-6:00 PM	230,357	Poor	Local	
14	Dodge	Minivan	2012	7	0	Mon-Fri	6:00 AM-6:00 PM	34,967	Good	Local	
15	Ford	Auto	2014	5	0	Mon-Fri	6:00 AM-6:00 PM	33,304	Good	Local	
16	Chevy	Van	2008	12	0	Mon-Fri	6:00 AM-6:00 PM	152,038	Fair	Local	
17	Chevy	Van	2003	12	0	Mon-Fri	6:00 AM-6:00 PM	260,100	Poor	Local	
18	Ford	Van	2006	12	0	Mon-Fri	6:00 AM-6:00 PM	157,830	Poor	Local	
19	Honda	Auto	2012	5	0	Mon-Fri	6:00 AM-6:00 PM	53,400	Good	Local	
20	Dodge	LF Minivan	2007	6	1	Mon-Fri	6:00 AM-6:00 PM	246,989	Poor	Local	
21	Ford	High Top	2013	12	2	Mon-Fri	6:00 AM-6:00 PM	30,912	Good	5310	
22	Ford	BOCV	2007	12	2	Mon-Fri	6:00 AM-6:00 PM	148,010	Poor	Local	
23	Ford	Auto	2014	5	0	Mon-Fri	6:00 AM-6:00 PM	29,600	Good	Local	



Veh #	Make	Model	Year	Capacity	WC	Days of the Week Vehicle is in Service	Service Hours	Mileage	Vehicle Condition	Program to which Vehicle is Assigned	Service Area
24	Ford	Auto	2014	5	0	Mon-Fri	6:00 AM-6:00 PM	20,872	Good	Local	
25	Dodge	LF Minivan	2015	6	1	Mon-Fri	6:00 AM-6:00 PM	10,368	Good	5310	
26	Ford	High Top	2016	8	1	Mon-Fri	6:00 AM-6:00 PM	5266	Good	5310	
27	Ford	High Top	2016	12	2	Mon-Fri	6:00 AM-6:00 PM	5955	Good	5310	
28	Chrysler	LF Minivan	2006	6	1	Mon-Fri	6:00 AM-6:00 PM	160,607	Fair	Local	
29	Dodge	Minivan	2006	7	0	Mon-Fri	6:00 AM-6:00 PM	150,000	Good	5310	
30	Ford	Auto	2015	5	0	Mon-Fri	6:00 AM-6:00 PM	7553	Good	Local	

## IV. NEEDS ASSESSMENT

### OVERVIEW

RLS & Associates, Inc. contacted local human service agencies, faith-based organizations, employers, and all transportation providers serving each county in an attempt to solicit input and request participation from any organization that could potentially be impacted by the coordinated transportation planning process. Meeting invitations were mailed to all identified organizations, those that participated in the 2013-2014 Coordinated Public Transit Human Services Transportation Plan, and agencies that applied for Section 5310 grants from INDOT since 2013. Documentation of outreach efforts included in this project to date and the level of participation from each organization is provided in the Appendix. The following paragraphs outline results from the local general public and stakeholder coordinated transportation meeting.

### GENERAL PUBLIC AND STAKEHOLDER MEETINGS

A local meeting was conducted at a location accessible to Region 4 stakeholders and facilitated by RLS & Associates, Inc. to discuss the unmet transportation needs and gaps in service and establish goals for older adults, individuals with disabilities, people with low incomes, and the general public. The schedule for the meeting is provided in the following table:

<b>Date</b>	November 15, 2016
<b>Location</b>	Peak Community Services Logansport, Indiana
<b>Time</b>	10:00 AM to 12:30 PM

Invitations to the meeting were distributed via the U.S. Postal Service to more than 150 individuals or organizations that represent transportation providers, older adults, individuals with disabilities, and/or people with low incomes. The general public was invited and notified of the meeting through a variety of public announcements through the following websites and newspapers:

- ◆ Kankakee Valley Post News (DeMotte)
- ◆ Newton County Enterprise (Kentland)
- ◆ The Leader of Starke County (Knox)
- ◆ Rensselaer Republican (Rensselaer)
- ◆ The Pulaski County Journal and the Independent (Winamac)

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

- ◆ CDC Resources
- ◆ Community Services of Starke County
- ◆ INDOT, Office of Transit
- ◆ Kankakee-Iroquois Regional Planning Commission (KIRPC)

- ◆ Marshall-Starke Development Center
- ◆ Newton County Community Services
- ◆ Peak Community Services
- ◆ Pulaski County Human Services

During the meeting, the RLS facilitator presented highlights of historical coordinated transportation in the Region and discussed the activities since the 2013-2014 Coordinated Public Transit Human Services Transportation Plan that have helped to address some of the unmet transportation needs and gaps in services for the area. Many of the participants in the meetings were involved in the 2013-2014 planning process.

Following the initial presentation, the stakeholders were asked to review the gaps in transportation services and needs from the 2013-2014 plan, to identify any gaps that were no longer valid, and any new needs/gaps, which the facilitator deleted/added to/from a flip chart list. The focus of the discussion was transportation for older adults and individuals with disabilities. However, several topics discussed also impact mobility options for the general public.

After the changes to the needs/gaps list were completed, each participant was asked to rank the needs/gaps using colored dots representing a high, medium, or low priority or that the remaining gap/need should be deleted.

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

Exhibit VI.1 provides the identified unmet transportation needs and gaps in services that were identified by meeting participants or during the public survey process. The list includes unmet needs and gaps documented during the previous coordinated plan and the status of that need (satisfied, solutions in progress, not addressed) as well as the needs that were documented for the first time in 2016. The table also includes a reference to the Goal (explained in Chapter V) that corresponds with each identified need or gap. Coordinated transportation stakeholders will consider these unmet needs and gaps in service when developing transportation strategies and grant applications. Needs were consistent for each county.

**Exhibit IV.1: Unmet Mobility Needs and Gaps in Service**

2013-2014 Need/Gap	2016-2017 Need/Gap	2016-2017 Priority Level	Goal
<p>Activities and structure to build trust among coordination partners is needed because it can lead to reductions or elimination of barriers created by policy and funding restrictions.</p> <p>A fully allocated cost allocation model is needed to facilitate client mixing on vehicles.</p>	<p>Activate the Interagency Transportation Coordination Committee (ITCC) to facilitate implementing steps to address identified gaps and unmet needs in transportation for all counties. Encourage ITCC members to participate in INCOST and Indiana trainings to take advantage of opportunities, including fully allocated cost of operating public and specialized transportation. A fully allocated cost model may make client-mixing more feasible.</p>	<p>Medium Priority This activity received the highest priority ranking of all identified coordination strategies, unmet needs and gaps in services.</p>	<p>#1</p>
<p>There is a lack of sufficient funding to hire more drivers to maintain higher levels of service. Existing revenue would not cover driver and staff wages, according to stakeholders. Gaps in service are created because providers are serving large rural counties with minimal number of drivers.</p>	<p>More funding to expand the driver workforce for all providers is needed.</p>	<p>High Priority This need received the second highest priority of all unmet needs, gaps, and strategies for coordinated services.</p>	<p>#1</p>
	<p>More video/webinar driver training is needed. Stakeholders would also like to have a list of acceptable training/webinar options and who teaches those courses.</p>	<p>High Priority This need also received the second highest priority of all unmet needs, gaps, and strategies for coordinated services.</p>	<p>#1</p>
<p>Gaps in the education and awareness of transportation resources.</p>	<p>Expansion of information sharing seems to be a need. Stakeholders need to create a regional provider council with the purpose of educating local politicians and community members about local transportation options.</p>	<p>High Priority This need received the third highest priority of all unmet needs, gaps, and strategies for coordinated services.</p>	<p>#1</p>

2013-2014 Need/Gap	2016-2017 Need/Gap	2016-2017 Priority Level	Goal
In the KIRPC service area, organizations need to provide transportation to all Head Start children.	More large capacity (15+passengers) accessible vehicles to replace Head Start vehicles.	Medium Priority This need received the third highest priority of all unmet needs, gaps, and strategies for coordinated services.	#2
There is a limited number of small and/or wheelchair accessible vehicles available throughout the area.	Small vehicles limit the possibilities for coordinating or providing trips for multiple passengers. However, several stakeholders indicated that they prefer to use smaller vehicles that are fuel-efficient because the vast majority of longer distance trips are provided with only a few passengers per trip. There are not typically enough passengers to make operation of a large vehicle cost effective.	Medium Priority	#2
Agencies need to replace vehicles with new vehicles that meet ADA guidelines.		Medium Priority	#2
Earlier and later hours of operation for transportation are needed for medical and employment.	Earlier and later hours of operation for transportation, particularly for employment.	High Priority This need received the fourth highest priority of all unmet needs, gaps, and strategies for coordinated services.	#3
Weekend hours of operation – Individuals in rural communities would attend church suppers and festivals on weekends if transportation were available.	Weekend hours of operation, particularly for houses of worship and recreation trips.	Medium Priority	#3
Need for transportation to out-of-county and regional destinations, especially from Starke and Newton Counties.  Service limited to county jurisdictional boundaries due to funding restrictions and agency	Out-of-County transportation to drug treatment programs is needed. Demand for drug treatment programs is on the rise. Also, daily out-of-county medical trips, particularly dialysis for persons not eligible for Medicaid payment is needed.	Medium Priority Transportation providers indicated that dialysis trip needs are largely, but not completely, being met.	#4

2013-2014 Need/Gap	2016-2017 Need/Gap	2016-2017 Priority Level	Goal
policies create gaps in availability of service.		Demand for drug treatment programs is on the rise.	
Alternative structure for Medicaid transportation. Coordination could possibly reduce costs for these trips.	<p>In 2016-2017, the structure for Medicaid transportation was not a problem for stakeholders. Instead, it was the lack of available drivers to provide the trips for the Medicaid brokerage. They have enough vehicles, but not enough drivers.</p> <p>Other stakeholders need brokers to offer more Medicaid trips to local providers to increase coordination and reduce costs, particularly for multi-county/regional trips.</p>	Medium Priority Most local transportation providers have a good working relationship with the Medicaid brokers. Some providers do not have the drivers to provide any of the Medicaid trips so they do not provide as many as they could with the vehicles they have available.	#4
	Need for longer distance medical service, particularly for veteran services to destinations such as Indianapolis, Fort Wayne, or Valparaiso.	Medium Priority Some stakeholders are making VA trips. It doesn't seem like a significant amount to pose problems at this time. However, stakeholders are keeping an eye on this as a potential area of increasing need.	#4
	Route, scheduling, and dispatching software is needed to improve communication between providers and to facilitate multi-county trip sharing or transfer opportunities.	Low Priority	#4

### PROGRESS SINCE THE 2013-2014 COORDINATED PLAN

As indicated in Exhibit IV.1, several of the unmet needs identified in 2013 continue to exist today. However, some progress has been made. Noteworthy coordinated transportation programs in Region 4 include the following two activities in Starke County:

- ◆ Starke County currently has a voucher program with the hospital.

- ◆ Starke County has a contract with Community Corrections to get incarcerated people back into the community.

The impact that the coordination between Starke County, the hospital, and Community Corrections has made on the individuals who now have access to transportation has improved the health, productivity, and well-being of numerous people. Additional efforts to examine the needs and gaps created by lack of transportation will continue in an effort to implement similar successful programs.

## **CONTINUING CHALLENGES TO COORDINATED TRANSPORTATION**

There are numerous challenges to the coordination of human service agency and public transportation in any community or region. Some of the unmet transportation needs listed in Exhibit IV.1 are unmet either because of the level of difficulty to implement strategies that will address them or funding to support the activity is not available. While these needs remain top priority, some may take more time to implement because of the necessary steps and changes that must precede them. Additionally, some of the unmet transportation needs may be addressed before the top priority needs simply because they are easily addressed and/or they are a step that will improve the likelihood of implementing a priority improvement.

During the 2016 public and stakeholder meeting as well as in 2013, participants mentioned that inadequate funding, as well as the real and perceived limitations on use of available funding resources create challenges to achieving a higher level of service or service expansions. Furthermore, the lack of a local or regional committee to take a proactive role in leadership of coordinated transportation efforts makes progress toward addressing unmet needs and gaps in services move very slowly and without direction.

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

## **RESULTS OF THE GENERAL PUBLIC SURVEY**

The following charts outline the public survey results received from individuals living in the Region. Surveys were available on-line, on public transit vehicles, at various non-profits, and distributed by volunteers through organizations that serve seniors and individuals with disabilities. The on-line and paper versions of the survey were also advertised in local newspapers. The survey period was November 2016 through February 2017.

The following survey summary includes the information gained from 71 surveys from the general public. Each chart is based on the number of responses received for individual questions. If an individual skipped a question or did not provide an eligible answer, the distribution of responses for that particular question will be based on fewer than 71 surveys. The survey results are not statistically valid, but do offer insight into the unmet transportation needs and gaps in services for the general public in each county. The distribution of survey results is listed below:

- ◆ Pulaski: 55% (39 surveys)
- ◆ Newton: 41% (29 surveys)
- ◆ Jasper: 4% (3 surveys)
- ◆ Starke: 0% (0 surveys)

Survey respondents were asked to report all of the transportation they or their family have used in the past 12 months. Choices ranged from bicycles and walking to using public or agency services. As indicated in Exhibit IV.2, approximately half of the respondents (50.7%) indicated that they used a personal vehicle or rode with a friend/family member. Approximately 37 percent of respondents indicated that they used public transportation systems or human service/senior agency transportation in a neighboring county. And, 35 percent of respondents used demand response public or agency transportation. Nearly 20 percent of respondents used a bicycle or walked. Exhibit IV.2 outlines the variety of transportation modes used in this Region.

**Exhibit VI.2: Modes of Transportation Used in the Past 12 Months**

<b>Mode of Transportation Used</b>	<b>Response Percent</b>	<b>Response Count</b>
Fixed route public transit (with bus stops and time schedule)	12.7%	9
Flexible public transit routes (vehicles operate on a fixed route and time schedule but can make deviations off the route)	11.3%	8
Demand response public or agency/program-sponsored transportation services (requires an advance reservation and the vehicle comes to your house for pick-up and drop-off)	35.2%	25
Carpool or vanpool	12.7%	9
Public transportation systems or human service/senior agencies in neighboring counties	36.6%	26
Private inter-city bus (such as Greyhound or Megabus)	0.0%	0
Private taxi, Uber, Lyft (or similar)	4.2%	3
Car share (Car 2 Go)	2.8%	2
Agency-provided transportation (such as COA, AAA or Rehabilitation Center Services)	7.0%	5

Mode of Transportation Used	Response Percent	Response Count
Faith-based organization (such as a church bus or van to go to services or activities)	1.4%	1
Ambulette Service (non-emergency medical transportation provided by a medical transportation company)	2.8%	2
Personal vehicle or ride with a friend/family member	50.7%	36
Bicycle or Walk (other than for exercise)	19.7%	14
Volunteer transportation	1.4%	1
Amtrak (to/from an origin or destination in Indiana)	1.4%	1
Other (please specify)	1.4%	1

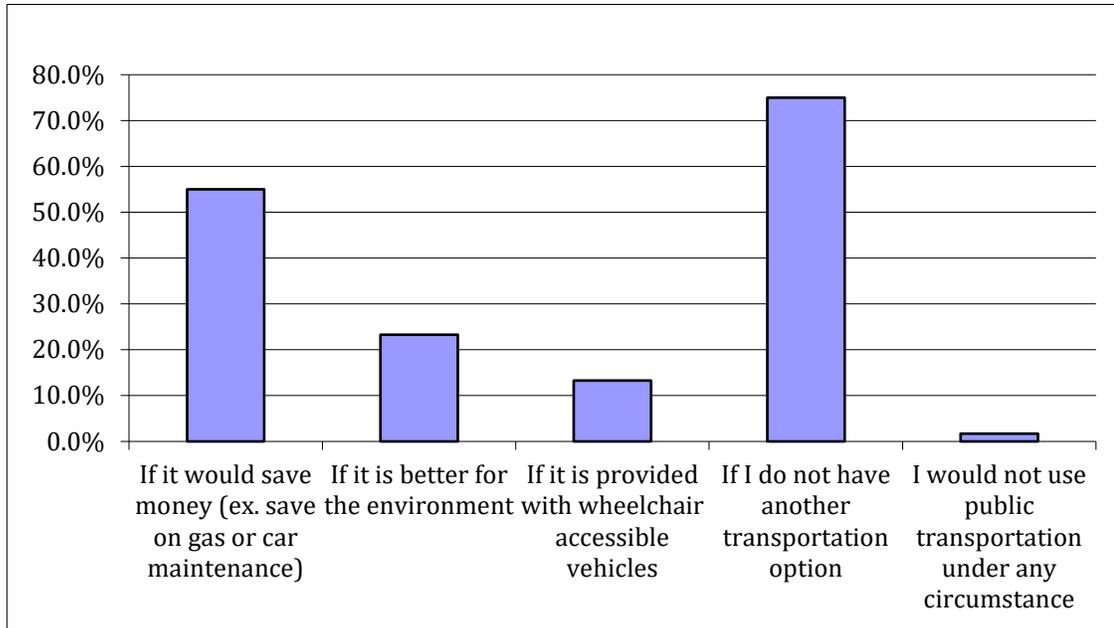
Survey responses listed in Exhibit IV.2 indicate that respondents are not all currently using public or agency transportation services in the region. Exhibit IV.3, below, outlines the reasons why some of the respondents are not using public or agency-sponsored transportation. This question provides an indication of the gaps in the existing network of services that may be causing people to use different transportation options. The primary reason for not using transportation services was having the option and preference to drive (50%). The second most common reason was that the respondent's friend or family drove him or her (37.5%). Other reasons included the vehicle not being available where the respondent lived (12.5%) or not going where the respondent needed to go (12.5%). Others indicated that they did not know how to use public or agency-sponsored services, it was not available when they needed it, it was unaffordable, or it takes too much time to ride compared to other options.

**Exhibit IV.3: Reasons for Not Using Public or Agency-Sponsored Transportation Services**

Answer Options	Response Percent	Response Count
I have my own car and prefer to drive	50.0%	20
My friend or family drive me where I need to go	37.5%	15
It is not available where I live	12.5%	5
It does not go where I need to go	12.5%	5
I don't know how to use it	10.0%	4
It is not available at the times or days when I need it	7.5%	3
It is unaffordable	7.5%	3
It takes too much time compared to my other options	2.5%	1
The vehicles are not wheelchair accessible	0.0%	0
Other (please specify)	0.0%	0
<i>answered question</i>		<b>40</b>

Next, respondents were asked, if transportation were easy to use and available, which reason would cause you to use it? As indicated in Exhibit IV.4, below, the majority of people would use it if there were not another transportation option available to them (75%), and more than half (55%) would use transportation options if they saved money. All of the potential reasons are listed in the following exhibit.

**Exhibit IV.4: Reasons to Use Public or Agency-Sponsored Transportation Services**



When asked what changes could be made to the local transportation options to make using them more appealing, the most common responses included operating on Saturdays, offering trips to other parts of the state, taxi-like service rather than shared rides, operating on Sundays, or ending service later at night.

**Exhibit IV.5: Changes to Make Transportation Options More Appealing**

Answer Options	Response Percent	Response Count
Operate on Saturdays	40.4%	19
If I could ride to other parts of the state (such as Indianapolis or other cities and towns)	34.0%	16
Lower the cost to ride	21.3%	10
Pick me up at my house and take me directly to where I am going/no shared rides with others	21.3%	10
Operate on Sundays	17.0%	8

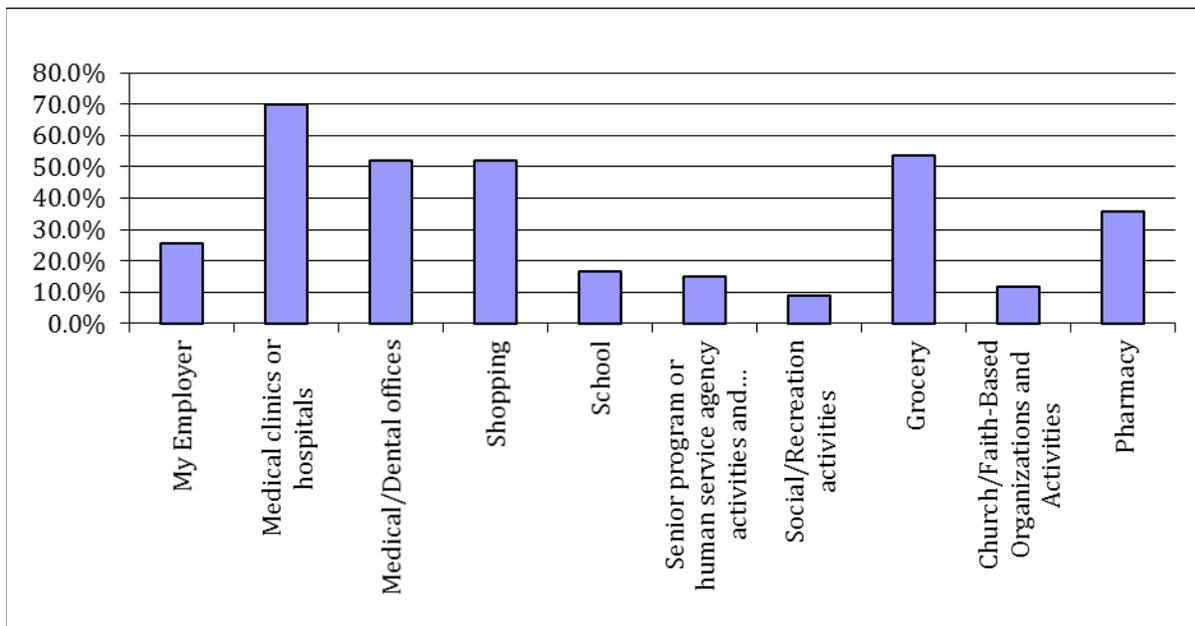
Answer Options	Response Percent	Response Count
Other (please specify)*	17.0%	8
End later at night	14.9%	7
Start earlier in the morning	10.6%	5
More reliable/On-Time for picking me up/dropping me off	10.6%	5
Operate on a fixed route and schedule with bus stops	6.4%	3
Wheelchair accessible vehicles	6.4%	3
Smaller vehicles	4.3%	2
Larger vehicles	2.1%	1
<b>answered question</b>		<b>47</b>
<b>skipped question</b>		<b>24</b>

\*Other: Nothing, service is great the way it is, If I didn't have other transportation. Newton County is very good.

When asked if he or she would use a fixed route bus service if it were available, 47.5% of respondents said yes.

The most commonly visited destinations when transportation is available to the survey respondent are medical clinics or hospitals (70.1%); grocery (53%); medical/dental offices (52.2%); shopping (52.2%); and pharmacy (35.8%). Exhibit IV.6 provides the distribution of responses.

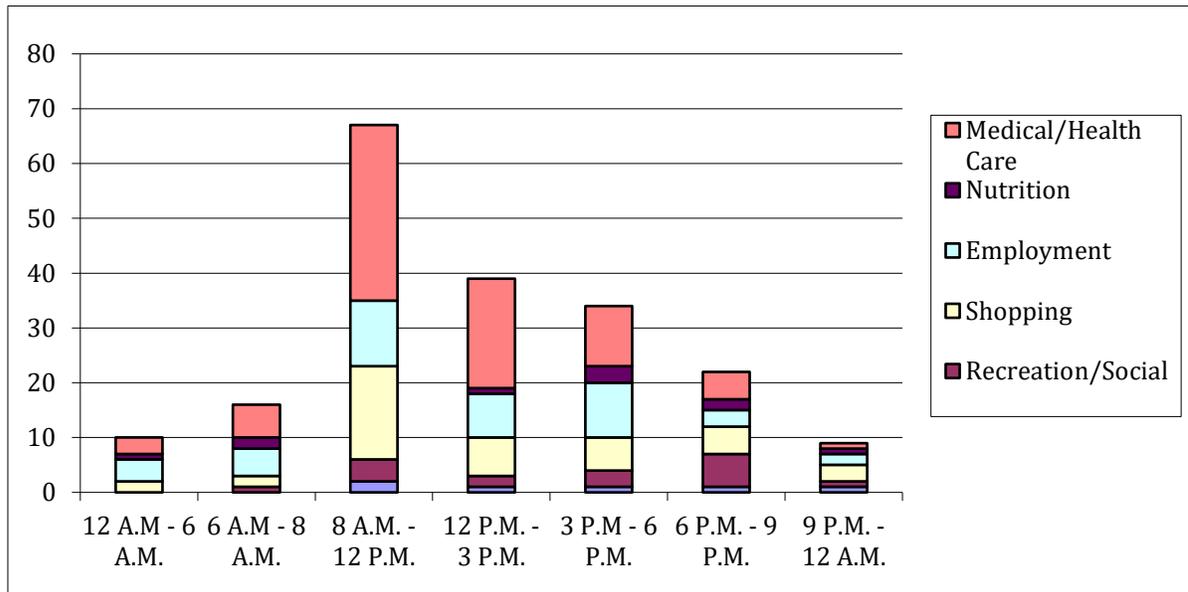
**Exhibit IV.6: Most Common Trip Purposes when Transportation is Available**



Transportation demand by time of day is a tool used to understand when the most vehicles and drivers are likely to be needed. Exhibit IV.7 indicates that the highest demand is between 8:00 AM and 12:00

PM and the most common trip purpose during those hours is for medical and health care. The remainder of the peak period is 12:00 PM through 6:00 PM when medical and health care remain the most common trip purpose. Demand for all trip purposes is lower earlier and later in the day.

**Exhibit IV.7: Time of Day when Trips are Needed, by Purpose**



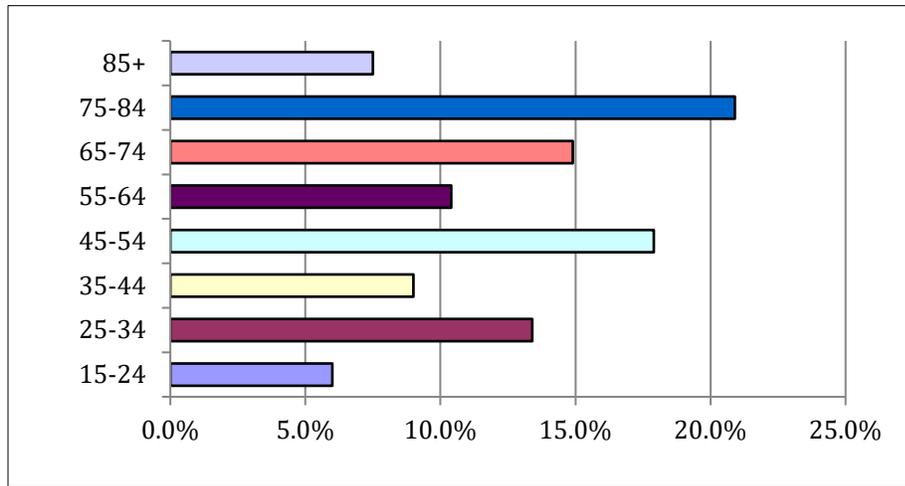
The majority of survey respondents do have transportation to destinations outside of the county of residence when they need it (65%). The remaining 35% sometimes do not have transportation to destinations in other counties when needed. Trip requests to out-of-county destinations ranged from needing trips three days a week, to occasional needs.

**Demographic and Socio-Economic Data**

Ninety-eight percent of survey respondents indicated that English is his or her first language.

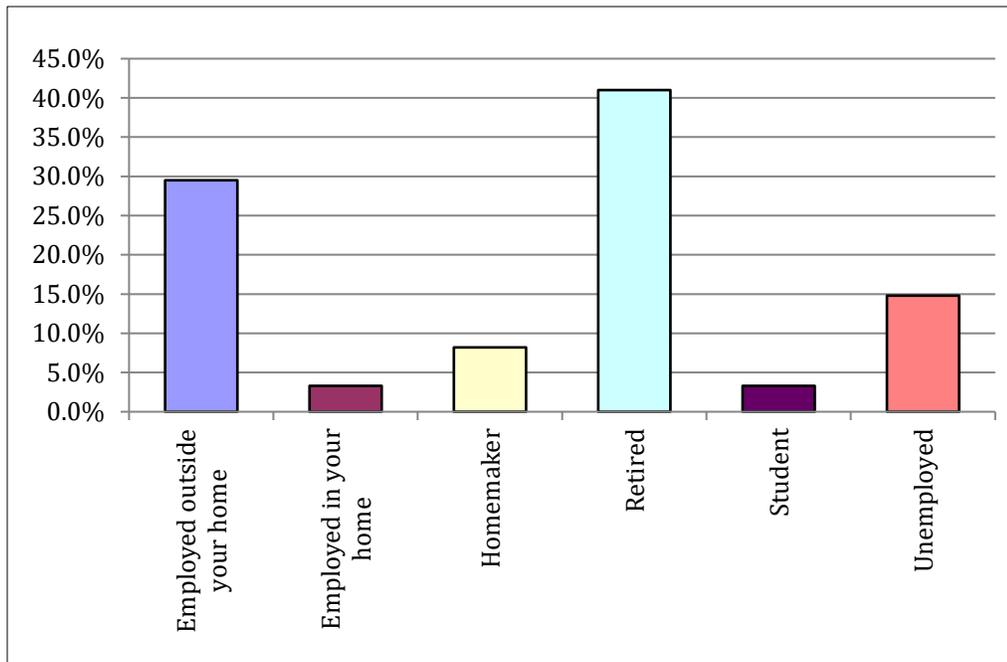
The age distribution of survey respondents is outlined in Exhibit IV. 8, below. Twenty-nine respondents were age 65 or older. Thirty-four percent (34%) of respondents reported having a disability which requires them to use a cane, walker, wheelchair, and/or another device.

**Exhibit IV.8: Age of Survey Respondents**



Approximately 41 percent of survey respondents were retired, while nearly 30 percent were employed outside the home. Other employment situations included being employed in the home (3.3%); homemaker (8.2%); student (3.3%); unemployed (14.8%); or other. The other category included widow and disabled veteran.

**Exhibit IV.9: Employment Status**



## V. IMPLEMENTATION PLAN

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

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

**Goal #1:** Participating transportation stakeholders will work together to identify cost-efficient strategies and/or new funding sources that can be maximized through coordinated activities. Goal #1 addresses highest ranking unmet needs, as described in Exhibit IV.1.

**Goal #2:** Expand the availability of out-of-county trips. Goal #2 addresses the second highest ranking unmet needs, as described in Exhibit IV.1 and should be implemented after or concurrently with the strategies outlined in Goal #1 are achieved or in-progress.

**Goal #3:** Prepare for increasing demand for wheelchair accessible vehicles. Goal #3 addresses the third highest ranking unmet needs, as described in Exhibit IV.1. Work on Goal #3 should be accomplished after or concurrently with the strategies outlined under Goals #1 and #2.

**Goal #4:** Offer expanded transportation during weekday early mornings and evenings, and on weekends. Goal #4 addresses the fourth highest ranking unmet needs, as described in Exhibit IV.1. Work on Goal #4 should be accomplished after or concurrently with the strategies outlined under Goals #1 through #3.

### GOALS AND STRATEGIES

Based on the goals established during this planning process and prioritized during the local general public and stakeholder meeting, local stakeholders are willing to continue to work toward addressing the unmet needs and/or gaps in transportation services by using existing resources and implementing new projects that fill the service gaps associated with employment related trips, medical trips, education, and general quality of life for older adults, individuals with disabilities, and the general public.

Stakeholder participants at the public meeting discussed the existing goals and determined that the goals remained valid for the current planning process. Participants identified new strategies under the goals. The strategies are needed in order to make further progress on the accepted goals.

Finally, the participants voted on the priority for the strategies (high, medium, low) and the consensus of that voting is shown for each strategy.

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

- ◆ Immediate – Activities to be addressed immediately.
- ◆ Near-term – Activities to be achieved within 1 to 12 months.
- ◆ Mid-term – Activities to be achieved within 13 to 24 months.
- ◆ Long-term – Activities to be achieved within 2 to 4 years.
- ◆ Ongoing - Activities that either have been implemented prior to this report, or will be implemented at the earliest feasible time and will require ongoing activity.

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

## **HIGHEST RANKING UNMET NEEDS: FUNDING FOR SERVICE EXPANSION AND ENHANCEMENTS, DRIVERS, IMPROVED EDUCATION AND AWARENESS**

**Goal 1: Participating Transportation Stakeholders will work together to identify cost-efficient strategies and/or new funding sources that can be maximized through coordinated activities.**

**Strategy 1.1:** Activate the Interagency Transportation Coordination Committee (ITCC) as a *Regional Transportation Provider Council*. Members will facilitate and lead the region through the implementable steps identified in this plan to addressing the gaps and unmet needs in transportation services for all counties. The Council will provide leadership through clarifying policy requirements and restrictions; seeking opportunities to share trips; identifying opportunities to purchase service from transportation operators; joint procurement and administrative activities that will result in more efficient use of operating funds; and expansion of the coordinated effort to include additional stakeholders.

One of the initial tasks for the committee will be to identify new operating dollars, or re-directing existing operating dollars to expand the driver workforce.

The ITCC should be a regional subcommittee of the Transportation Advisory Committees for each provider. This committee can accomplish goals through networking and sharing information to generate support for participating counties. The ITCC should meet at least quarterly.

**Priority: Medium**

**Counties Included:** Jasper, Newton, Pulaski, and Starke

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

<u>Implementation Time Frame:</u> Immediate and Ongoing	<u>Staffing Implications:</u> Staff time to provide meaningful participation in meetings
<u>Implementation Budget:</u> Minimal expenses to develop meeting agenda but significant time to provide a leadership role in advancing coordination of resources and/or services	
<u>Potential Grant Funding Sources:</u> Not required	

**Performance Measures:**

- ◆ ITCC includes representation from transportation providers and representatives from the general public from each county.
- ◆ ITCC implements at least one new coordination activity per year. Activities could range from shared information, grant writing, to trip sharing and coordinated transfers.
- ◆ Monitor the number of trip requests received by each participating organization for transportation during evenings and weekends. Create a coordinated plan to expand hours of operation in the areas of highest demand.

**Strategy 1.2:** Some or all of the ITCC members will participate in INCOST and other Indiana Department of Transportation (INDOT) or other applicable trainings to take advantage of opportunities, especially, but not limited to, operating policies that encourage coordinated transportation and models for developing fully allocated costs of operating public and specialized transportation.

**Priority: High**

**Counties Included:** Jasper, Newton, Pulaski, and Starke

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

<u>Implementation Time Frame:</u> Immediate and Ongoing	<u>Staffing Implications:</u> Staff time to participate in trainings and meetings
<u>Implementation Budget:</u> Minimal expenses to participate	
<u>Potential Grant Funding Sources:</u> Not required	

**Performance Measures:**

- ◆ Number of local representatives that participate.
- ◆ Number of ITCC member organizations participating and sharing information with other local agencies and organizations, as appropriate, to improve utilization of resources.
- ◆ Number of new strategies to improve cost allocation and utilization of resources applied by local organizations in any or all of the counties in Region 4.

**Strategy 1.3:** Expand the use of videos and webinars for driver training to include public, private, and non-profit transportation providers, where possible. Providers would like to have a list of training videos and trainers.

**Priority:** High

**Counties Included:** Jasper, Newton, Pulaski, and Starke

**Responsible Parties:** Representatives from each Section 5311 and Section 5310 recipient organization, INDOT staff, and Indiana RTAP.

<u>Implementation Time Frame:</u> Near-Term and Ongoing	<u>Staffing Implications:</u> Staff time to participate in trainings and meetings
<u>Implementation Budget:</u> Neutral; may supplant some of existing RTAP budget used for on-site training	
<u>Potential Grant Funding Sources:</u> Not required	

**Performance Measures:**

- Number of training courses identified, such as National Safety Council Defensive Driving, which might be conducted on-line or by webinar.
- Offset of webinar costs through reduced travel costs.
- Increased effectiveness by measuring the increase in driver participants.

**Strategy 1.4:** The Regional Provider Council (See Strategy 1.1) will design and implement joint purchasing and operations coordination among at least two organizations in Region 4.

**Priority: High**

**Counties Included:** Jasper, Newton, Pulaski, and Starke

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

<u>Implementation Time Frame:</u> Mid-Term	<u>Staffing Implications:</u> Staff time to participate in meetings
<u>Implementation Budget:</u> Travel Costs	
<u>Potential Grant Funding Sources:</u> Not required	

**Performance Measures:**

- Improved coordinated service delivery between providers as evidenced by increased shared riding through creation of transfer points.
- Cost savings through identified joint purchasing efforts.
- At least one new, shared-transportation operation agreement is established to provide trips to employment.
- At least one new, shared-transportation operation agreement is established to provide trips to drug treatment programs.
- Increased financial support from local elected officials and community leaders.

**MODERATE TO HIGH RANKING UNMET NEEDS: CREATE VEHICLE FLEETS THAT ARE APPROPRIATE TO MEET NEEDS SERVED WITH BOTH LARGE AND SMALL VEHICLES**

**Goal 2: Prepare for increasing demand for wheelchair accessible vehicles.**

**Strategy 2.1:** Eligible organizations will collaborate on service needs and coordinate a request for accessible vehicles for local and out-of-area trips through the Section 5310 program.

**Priority: Moderate to Low**

**Counties Included:** Jasper, Newton, Pulaski, and Starke



**Responsible Parties:** Newton County Community Services, Community Services of Starke County, Jasper County Community Services, and Pulaski County Human Services.

<u>Implementation Time Frame:</u> Near-Term	<u>Staffing Implications:</u> Adjustment in driver schedules may be necessary, but additional hours should not be required
<u>Implementation Budget:</u> None	
<u>Potential Grant Funding Sources:</u> Section 5310 and local match	

**Performance Measures:**

- ◆ Number of joint applications created for vehicles which include service for an agency that currently limits its services to in-house clients to demonstrate a higher level of utilization.
- ◆ Number of wheelchair accessible vehicles and/or wheelchair positions on vehicles added.
- ◆ Number of additional wheelchair accessible passenger trips provided.

**Strategy 2.2:** Identifying a more appropriate mix of smaller vehicles (mini-vans) and larger (15+ passenger capacity) vehicles to meet the existing level of passenger demand for seniors and children.

**Priority: Medium**

**Counties Included:** Jasper, Newton, Pulaski, and Starke

**Responsible Parties:** Newton County Community Services, Community Services of Starke County, Jasper County Community Services, and Pulaski County Human Services, Peak Community Services and CDC Resources.

<u>Implementation Time Frame:</u> Near-Term	<u>Staffing Implications:</u> Adjustment in driver schedules may be necessary, but additional hours should not be required
<u>Implementation Budget:</u> None	
<u>Potential Grant Funding Sources:</u> Section 5310 Program, Head Start, Family Social Services Agency, and local match	

**Performance Measures:**

- ◆ Number of joint applications serving needs of more than one agency that are submitted.
- ◆ Number of wheelchair accessible vehicles and/or wheelchair positions on vehicles added.



- ◆ Cost per mile/hour/trip for the Head Start program services is reduced through use of size-appropriate vehicles.
- ◆ Number of additional wheelchair accessible passenger trips provided.

**MODERATE RANKING UNMET NEEDS: EXPAND THE HOURS OF OPERATION FOR TRANSPORTATION SERVICES IN REGION 4**

**Goal 3: Offer expanded transportation during weekday early mornings and evenings, and on weekends.**

**Strategy 3.1:** ITCC member organizations will share schedules and prioritize opportunities to implement new hours of operation for individual transportation providers through coordinating and/or sharing resources (i.e., schedulers, drivers, vehicles, grant writing, etc.). Opportunities to share vehicles or trips should be considered, especially in counties with multiple organizations (public and private) providing transportation. If there is only one transportation provider in the county, consider agreements for out-of-county trips, and seek additional funding from employers and/or foundations to support expanded hours of operation within the county.

**Priority: High**

**Counties Included:** Jasper, Newton, Pulaski, and Starke

**Responsible Parties:** Transportation providers receiving Sections 5311 and 5310 funding.

<u>Implementation Time Frame:</u>	<u>Staffing Implications:</u>
Mid-Term and Ongoing	Initially, planning time will be required, but it could be accomplished through establishment of the Provider Council (Strategy 1-4). Following implementation, adjustment in staffing may be necessary (adjustment may be a change in shift times/days rather than an expansion in the number of hours worked)
<u>Implementation Budget:</u>	
Identification of new sources of Federal operating grant match funding and over-match sources to ensure that applications for Federal sources are being submitted	
<u>Potential Grant Funding Sources:</u> Sections 5310, 5311, and local match provided by public and private resources (i.e., local government, employers, foundations, and others)	

**Performance Measures:**

- ◆ Increased service hours should result in an increase in ridership.
- ◆ Increase in the number of individuals with disabilities, older adults, people with low incomes, and the general public that will now have access to more community resources during mornings, evenings, and on weekends.

- ◆ Number of new partnerships created between transportation providers and employers in the local area.

**Strategy 3.2:** Identify the consistent trip denials among providers to identify areas of opportunity/need for a new coordinated pilot service including earlier/late weekday service and weekend service.

**Priority: Medium**

**Counties Included:** Jasper, Newton, Pulaski, and Starke

**Responsible Parties:** Transportation providers receiving Sections 5311 and 5310 funding.

<p><u>Implementation Time Frame:</u> Long-Term</p>	<p><u>Staffing Implications:</u> Initially, planning time will be required, but it could be accomplished through establishment of the Provider Council (Strategy 1-4)</p>
<p><u>Implementation Budget:</u> Operating costs of the pilot project will depend upon the nature of the service (i.e., hours and days of operation, etc.). Providers should refer to the fully allocated cost model to determine the cost/benefit of implementing expanded services</p>	
<p><u>Potential Grant Funding Sources:</u> Identification of new match and over-match sources including on-vehicle advertising and employer contributions as well as any emerging Federal operating grant sources</p>	

**Performance Measures:**

- ◆ Increased service hours should result in an increase in ridership.
- ◆ Increase in the number of individuals with disabilities, older adults, people with low incomes, and the general public that will now have access to more community resources during mornings, evenings, and on weekends.
- ◆ New partnerships are created between transportation providers and employers in the local area.

**MODERATE TO LOW RANKING UNMET NEEDS: WEEKEND TRANSPORTATION, REGIONAL AND MULTI-COUNTY TRIPS, COORDINATION WITH MEDICAID BROKERAGE, AND SERVICE TO VETERANS**

**Goal 4: Expand the availability of out-of-county trips.**

**Strategy 4.1:** Continue to develop and/or formalize agreements between public and human service agency transportation providers for sharing trips across county lines for medical, drug treatment program, veteran’s administration, and other purposes. Developing an agreement for medical purposes has the highest priority. Begin by sharing schedules with agencies that share common destinations. Analyze the schedules to determine if trips can be shared by the agencies in a way that reduces duplication (i.e., rotating the responsibility for providing certain trips between two or more providers each month, implementing transfer points (if appropriate), filling empty seats on a return trip with other passengers, etc.).

**Priority: Medium**

**Counties Included:** Jasper, Newton, Pulaski and Starke

**Responsible Parties:** Representatives from each transportation provider or organization that funds transportation in Jasper, Newton, and Starke Counties.

<p><u>Implementation Time Frame:</u> Long-Term</p>	<p><u>Staffing Implications:</u> Adjustment in driver schedules may be necessary, but additional hours should not be required</p>
<p><u>Implementation Budget:</u> None. Apply the fully allocated cost model to understand the cost of providing trips for each operator. Then, establish a reimbursement rate to be paid to the system providing the trip. Actual cost of service should be equal or less than the fully allocated cost of operating the trip with empty seats (prior to coordinating). But, because a vehicle can now remain in the county and provide other trips, the benefits of sharing/coordinating the long distance trip may outweigh the cost</p>	
<p><u>Potential Grant Funding Sources:</u> Section 5310, 5311, and local match (including non-DOT Federal funding sources, including the Veterans Administration)</p>	

**Performance Measures:**

- ◆ Number of out-of-county trips shared between organizations.
- ◆ Number of sharing agreements developed or formalized.
- ◆ Reduction in the number of empty seats for out-of-county trips.

- ◆ Improved vehicle utilization within the counties because vehicles can remain in the county to provide local trips for more hours per day and/or days per year.

**Strategy 4.2:** Working with medical providers to group coordinate appointments to increase shared riding among providers and increase service efficiency.

**Priority: Medium**

**Counties Included:** Jasper, Newton, Pulaski and Starke

**Responsible Parties:** Hospitals, clinics, VA, and frequently used regional physician office staff and transportation providers.

<u>Implementation Time Frame:</u> Long-Term	<u>Staffing Implications:</u> Will require outreach by provider management staff
<u>Implementation Budget:</u> Within existing budget/no additional costs	
<u>Potential Grant Funding Sources:</u> Section 5311 and local match	

**Performance Measures:**

- ◆ Number of out-of-county trips shared between organizations.
- ◆ Number of sharing agreements developed or formalized as a result of coordinated appointment times.
- ◆ Reduction in the number of empty seats for out-of-county trips.

**Strategy 4.3:** Coordinate with adjacent region counties on transfers between providers as well as trips across state lines (for Newton County).

**Priority: Medium**

**Counties Included:** Jasper, Newton, Pulaski and Starke

**Responsible Parties:** Providers in Region 4 and selected providers in contiguous counties in Regions 5 and 9, and in Illinois.

<u>Implementation Time Frame:</u> Long-Term	<u>Staffing Implications:</u> Will require outreach by providers to reach out to providers in contiguous regions
<u>Implementation Budget:</u> None. Apply the fully allocated cost model to understand the cost of providing trips for each operator. Then, establish a reimbursement rate to be paid to the system providing the trip. Actual cost of service should be equal or less than the fully allocated cost of operating the trip with empty seats (prior to coordinating). But, because a vehicle can now remain in the county and provide other trips, the benefits of sharing/coordinating the long distance trip may outweigh the cost	
<u>Potential Grant Funding Sources:</u> Section 5310, 5311, and local match	

**Performance Measures:**

- ◆ Number of out-of-county trips shared between providers decreases as number of transfers increases.
- ◆ Number of sharing agreements developed or formalized with providers in neighboring regions.
- ◆ Reduction in the number of empty seats for participating providers.

**Strategy 4.4:** Local transportation providers will work with the Medicaid broker to improve the coordination of trips to local providers in an effort to reduce costs, particularly for regional/multi-county trips. In particular, local transportation providers must tell the Medicaid broker what hours of the day/days of the week when drivers and vehicles have the most available capacity and what hours/day the local services are less available. This communication will help the broker to schedule trips with local providers during off-peak hours. Likewise, if local providers tend to go out-of-county to medical destinations on certain days of the week, they will notify the Medicaid broker of that schedule so that the broker can try to coordinate out-of-county trip needs with a vehicle that is already going to a desired location.

**Priority: Low**

**Counties Included:** Jasper, Newton, Pulaski and Starke

**Responsible Parties:** All transportation providers and the Medicaid broker.

<u>Implementation Time Frame:</u> Long-Term	<u>Staffing Implications:</u> Will require outreach by providers to the Medicaid broker
<u>Implementation Budget:</u> None. Better coordination of trips with the Medicaid broker is likely to result in additional revenue and/or improved productivity for the all partners, as well as better service to the consumer	
<u>Potential Grant Funding Sources:</u> None	

**Performance Measures:**

- ◆ Increase in the number of Medicaid-eligible trips provided by local providers after local providers work with the broker to explain the hours of the day when drivers and vehicles have capacity for Medicaid trips, compared to times of the day when local providers are not as available.
- ◆ The duplication of transportation providers/programs in each county serving Medical destinations is reduced through negotiations and improvements in coordination of trips between the Medicaid broker and the local transportation operators.
- ◆ Cost per trip, mile, and hour for Medicaid-eligible purposes are reduced for local transportation providers.
- ◆ Medicaid-eligible passengers report an improvement in customer service and satisfaction through formal and informal passenger satisfaction surveys.

**Strategy 4.5:** KIRPC will explore and potentially purchase routing, scheduling, and dispatching software to be used by all public transportation providers in the region. The software will improve the awareness of opportunities to provide regional/multi-county trips by making schedules of all participating providers visible in a central place. It will also be a useful tool for the Regional Provider Council to use when working to overcome policy and funding challenges to coordinating services.

Coordinated scheduling may be challenged by the fact that Region 4 is divided between two time zones. Software purchased for this strategy must be designed to interpret the time zone differences.

**Priority:** Low

**Counties Included:** Jasper, Newton, Pulaski and Starke

**Responsible Parties:** KIRPC and all public transportation providers.

Implementation Time Frame:

Long-Term

Staffing Implications:

Will require leadership of KIRPC and input from all providers

Implementation Budget:

Cost of purchasing the software and hardware, training, and maintaining the program will vary according to the software package that is purchased

Potential Grant Funding Sources: Section 5311 and local matching funds

**Performance Measures:**

- ◆ Software packages are evaluated by KIRPC and the public transportation providers.
- ◆ A procurement process is executed and software package is purchased.
- ◆ Number of regional, multi-county trips coordinated between the providers each year.
- ◆ Number of transfers for multi-county trips coordinated between the providers.

## VI. POTENTIAL GRANT APPLICATIONS

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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 eligible for implementation with the assistance of a grant from the Transportation for Enhanced Mobility of Seniors and Individuals with Disabilities (Section 5310) and the Formula Grants for Rural Areas (Section 5311) for rural public transportation providers. Page numbers are provided in Exhibit VI.1 for quick reference to detailed information for each objective.

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

The implementation timeframe for each strategy ranges from the date of this report through 2020. It is noted that a coordinated transportation working group (such as a regional coordination committee) should update this plan on an annual basis and as new coordinated transportation strategies and objectives are developed.

**Exhibit IV.1: Implementation Key**

<b>Goal 1: Participating Transportation Stakeholders will work together to identify cost-efficient strategies and/or new funding sources that can be maximized through coordinated activities.</b>			
<b><u>Page Number</u></b>	<b><u>Strategy Identification Number</u></b>	<b><u>Objective/Strategy Description</u></b>	<b><u>Priority</u></b>
54	1.1	Activate the Interagency Transportation Coordination Committee (ITCC) as a Regional Transportation Provider Council.	Medium
55	1.2	Encourage ITCC members to participate in INCOST and Indiana trainings	High
56	1.3	Expand the use of videos and webinars for driver training to include public, private, and non-profit transportation providers, where possible.	High
56	1.4	The Regional Provider Council will design and implement joint purchasing and operations coordination amount at least two organizations in Region 4.	High
<b>Goal 2: Prepare for increasing demand for wheelchair accessible vehicles.</b>			
<b><u>Page Number</u></b>	<b><u>Strategy Identification Number</u></b>	<b><u>Objective/Strategy Description</u></b>	<b><u>Priority</u></b>
57	2.1	Eligible organizations will collaborate on service needs and coordinate a request for accessible vehicles for local and out-of-area trips through the Section 5310 program.	Medium to Low
58	2.2	Identifying a more appropriate mix of smaller vehicles (mini-vans) and larger (15+ passenger capacity) vehicles to meet the existing level of passenger demand for seniors and children.	Medium
<b>Goal 3: Offer expanded transportation during weekday early mornings and evenings, and on weekends.</b>			
<b><u>Page Number</u></b>	<b><u>Strategy Identification Number</u></b>	<b><u>Objective/Strategy Description</u></b>	<b><u>Priority</u></b>
59	3.1	ITCC member organizations will share schedules and prioritize opportunities to implement new hours of operation for individual transportation providers through coordinating and/or sharing resources (i.e., schedulers, drivers, vehicles, grant writing, etc.).	High
60	3.2	Identify the consistent trip denials amount providers to identify areas of opportunity/need for a new coordinated pilot service including earlier/later weekday service and weekend service.	Medium

**Goal 4: Expand the availability of out-of-county trips.**

<b><u>Page Number</u></b>	<b><u>Strategy Identification Number</u></b>	<b><u>Objective/Strategy Description</u></b>	<b><u>Priority</u></b>
61	4.1	Continue to develop and/or formalize agreements between public and human service agency transportation providers for sharing trips across county lines for medical, drug treatment program, veteran’s administration, and other purposes.	Medium
62	4.2	Working with medical providers to group coordinate appointments to increase shared riding among providers and increase service efficiency.	Medium
62	4.3	Coordinate with adjacent region counties on transfers between providers as well as trips across state lines (for Newton County).	Medium
63	4.4	Local transportation providers will work with the Medicaid broker to improve the coordination of trips to local providers in an effort to reduce costs, particularly for regional/multi-county trips.	Low
64	4.5	KIRPC will explore and potentially purchase routing, scheduling, and dispatching software to be used by all public transportation providers in the region.	Low