

Coordinated Public Transit - Human Services Transportation Plan Update

Indianapolis Region

Final Report



Prepared for Indianapolis
Metropolitan Planning
Organization

October, 2021

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**A RESOLUTION OF THE TRANSPORTATION POLICY COMMITTEE OF
THE INDIANAPOLIS METROPOLITAN PLANNING ORGANIZATION
APPROVING THE 2021 UPDATE TO THE COORDINATED PUBLIC TRANSIT-
HUMAN SERVICES TRANSPORTATION PLAN (“COORDINATED PLAN”)**

Resolution Number 2021-IMPO-020

WHEREAS, the Indianapolis Metropolitan Planning Organization (the “IMPO”) is charged with the responsibility of providing for the continuing, cooperative and comprehensive transportation planning process for the Indianapolis Metropolitan Planning Area (“Planning Area”); and

WHEREAS, the IMPO Transportation Policy Committee (“Policy Committee”), a committee of the IMPO, is the approval body for all transportation-related activities of the IMPO for the Planning Area under applicable U.S. Department of Transportation regulations; and

WHEREAS, it is the desire of the Policy Committee to authorize and approve certain actions as further set forth in this Resolution; and

WHEREAS, the Coordinated Public Transit-Human Services Transportation Plan, hereafter referred to as “Coordinated Plan” is updated every four years and must include prioritized goals and strategies to meet unmet transportation needs and gaps in service for people with disabilities and older adults; and

WHEREAS, IMPO staff worked with INDOT’s selected consultant, RLS and Associates, to conduct a planning process that included gathering information and input from the public, transportation providers, human services providers, and stakeholders; and

WHEREAS, agencies and organizations that apply for Section 5310 funding must cite a goal in the Coordinated Plan that their proposal will address; and

WHEREAS, the Coordinated Plan has been posted for public review and comment from September 17, 2021 through October 1, 2021 and resulting comments have been incorporated into the final draft of the Coordinated Plan and presented to the Transportation Policy Committee (TPC); and

WHEREAS, IMPO staff conducted public engagement and outreach efforts to spread awareness of the plan and the public comment and review period; and

WHEREAS, a public hearing was held on October 20, 2021, for comment on the Coordinated Plan; and

NOW, THEREFORE, BE IT RESOLVED, by the Transportation Policy Committee of the IMPO as follows:

SECTION 1: The Transportation Policy Committee of IMPO hereby approves and adopts the 2021 Coordinated Public Transit-Human Services Transportation Plan for the Central Indiana region.

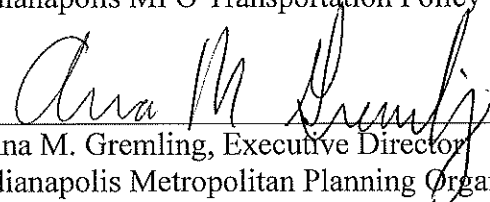
SECTION 2: This Resolution shall be effective immediately upon its passage.

* * * * *

PASSED by the Transportation Policy Committee of the Indianapolis Metropolitan Planning Organization this 20th day of October, 2021.



Andrew Klinger, Vice-Chair
Indianapolis MPO Transportation Policy Committee



Anna M. Gremling, Executive Director
Indianapolis Metropolitan Planning Organization



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This plan was prepared in cooperation with the State of Indiana, the Indiana Department of Transportation, and the Federal Highway Administration. This financial assistance notwithstanding, the contents of this document do not necessarily reflect the official view or policies of the funding agencies.

If information is needed in another language, contact 317-327-5136. Si se necesita información en otro idioma, comuníquese con 317-327-5136.

INTRODUCTION

OVERVIEW

This plan updates the Coordinated Public Transit-Human Services Transportation Plan (hereafter referred to as the Coordinated Plan) for Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, and Shelby Counties.

This Coordinated Plan was initially developed in 2008, and was later updated in 2013 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). A 2014 update was made to meet the planning requirements for Moving Ahead for Progress in the 21st Century (MAP-21). The SAFETEA-LU and MAP-21 were the Federal surface transportation authorizations effective through September 30, 2015.

On December 4, 2015, the Fixing America's Surface Transportation (FAST) Act, was signed into law as a reauthorization of surface transportation programs through Fiscal Year 2020. The FAST Act applied new program rules to all FTA funds and authorized transit programs for five years. According to requirements of the FAST Act, locally developed, coordinated public transit-human services transportation plans must be updated to reflect the changes established by the FAST Act Federal legislation. The Coordinated Plan was updated in 2017 to meet new requirements and reflect the changes in funding programs.

Finally, this 2021 update fulfills the requirement to update the Coordinated Plan once every four years. Funding to update this locally-developed regional Coordinated Public Transit-Human Services Transportation Plan was provided by the Indiana Department of Transportation, Office of Transit (INDOT) and involved active participation from local agencies that provide transportation for the general public, older adults, and individuals with disabilities.

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

The program most significantly impacted by the plan update is the Section 5310 Program because participation in a locally developed Coordinated Plan is one of the eligibility requirements for Section 5310 Program funding. The Section 5310 Program provides formula funding to States and urbanized areas for the purpose of assisting public and private nonprofit groups in meeting the transportation needs of older adults and people with disabilities when transportation service provided is unavailable, insufficient, or inappropriate to meeting those needs. The FTA apportions Section 5310 Program funds to direct recipients based on the population within the recipient service area. For the Indianapolis urbanized

area, the Indianapolis Public Transportation Corporation (dba IndyGo) is the direct recipient. For rural and small urban areas in Indiana, INDOT is the direct recipient. As direct recipients, IndyGo and INDOT solicit applications and select Section 5310 grantee projects for funding through a competitive process which is clearly explained in the Program Management Plans of the direct recipients.

Both INDOT and IndyGo have focused their competitive Section 5310 programs to fund traditional capital projects, such as 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 transportation and stable or declining revenue, organizational partnerships must be explored and cost-saving measures must be made to best serve the region's changing transportation demands. Interactive coordinated transportation planning provides an opportunity to accomplish this objective.

According to FTA requirements, the coordinated plan must be developed and approved through a process that includes participation by older adults and individuals with disabilities. And, IMPO 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 provision of services at State, regional, and local levels have been affected by the COVID-19 Pandemic, beginning in March 2020 in the United States. The necessary public health precautions taken by transit have increased costs, which have been partially offset by Federal economic stimulus funding. As stay-at-home orders and social distancing were implemented to reduce the spread of disease, many human service agencies had to close or reduce their programs, while the older adults, individuals with disabilities, and other riders limited travel to essential trips. Ridership on public and human service transportation has decreased. The continuing impact of the pandemic has affected the landscape of transportation planning.

A fundamental element of the planning process is the identification and assessment of existing transportation resources and local/regional unmet transportation needs and gaps in service. This was

accomplished by receiving input from the stakeholders noted above through a virtual meeting, telephone interviews, and email correspondence. A public input survey was made available both online and in-person through distribution on vehicles. Social distancing protocols led to changed public engagement and outreach methods.

The update to the Coordinated Plan 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. Update of the inventory of existing transportation services provided by public, private and non-profit organizations;
5. Conduct of a virtual meeting for regional stakeholders for the purpose of soliciting input on transportation needs, service gaps, and goals, and implementation strategies to meet these deficiencies;
6. Deploy a survey to begin prioritization process;
7. Conduct of a second virtual meeting for regional stakeholders for the purpose of prioritizing strategies for implementation and reviewing draft language of goals and strategies;
8. Update of the assessment of unmet transportation needs and gaps in service obtained through meetings, interviews, and surveys; and
9. Development of an updated implementation plan including current goals, strategies, responsible parties and performance measures.

GLOSSARY OF TERMS

Bus and Bus Facilities Grants Program (Section 5339 Program) – The Grants for Buses and Bus Facilities program makes Federal resources available to States and direct recipients to replace, rehabilitate and purchase buses and related equipment and to construct bus-related facilities including technological changes or innovations to modify low or no emission vehicles or facilities. Funding is provided through formula allocations and competitive grants. Eligible recipients include direct recipients that operate fixed route bus service or that allocate funding to fixed route bus operators; State or local governmental entities; and Federally recognized Indian tribes that operate fixed route bus service that are eligible to receive direct grants under Sections 5307 and 5311. States and direct recipients may allocate Section 5339 funding to subrecipients that are public agencies or private nonprofit organizations engaged in public transportation. For more information, see <https://www.transit.dot.gov/bus-program>.

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

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

Enhanced Mobility for Seniors and Individuals with Disabilities (Section 5310 Program) – The program provides formula funding to improve mobility for seniors and individuals with disabilities by removing barriers to transportation service and expanding transportation mobility options. This program supports transportation services planned, designed, and carried out to meet the special transportation needs of seniors and individuals with disabilities in all areas – large urbanized, small urbanized, and rural. The Indiana Department of Transportation, Office of Transit (INDOT) administers the Section 5310 Program in rural Indiana; IndyGo administers the program in the Indianapolis Urbanized Area. The Federal share is 80% for capital projects. In Indiana, the program has historically been utilized for capital program purchases. Additional information is available at <https://www.transit.dot.gov/funding/grants/enhanced-mobility-seniors-individuals-disabilities-section-5310>.

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

Individuals with Disabilities – This plan 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.

Public Mass Transportation Fund (PMTF) – The Indiana State Legislature established the Public Mass Transportation Fund (I.C. 8-23-3-8) to promote and develop transportation in Indiana. The funds are allocated to public transit systems on a performance-based formula. The actual funding level for 2021 was \$38.25 million. PMTF funds are restricted to a dollar-for-dollar match with Locally Derived Income and are used to support transit systems' operations or capital needs.

Rural Transit Program (Section 5311 Program) – The Formula Grants for Rural Areas program provides capital, planning, and operating assistance to States to support public transportation in rural areas with populations of less than 50,000. The program also provides funding for State and national training and technical assistance through the Rural Transportation Assistance Program. Additional information is available at www.transit.dot.gov/funding/grants/grant-programs/formula-grants-rural-areas-5311.

Seniors – For the purposes of the Section 5310 Program, people who are 65 years of age and older are defined as seniors.

Subrecipient – A non-Federal entity that receives a subaward (grant funding) from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. Subrecipient programs are monitored by the direct or designated recipient for grant performance and compliance.

Transit Demand – Transit demand is a quantifiable measure of passenger transportation services and the level of usage that is likely to be generated if passenger transportation services are provided.

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

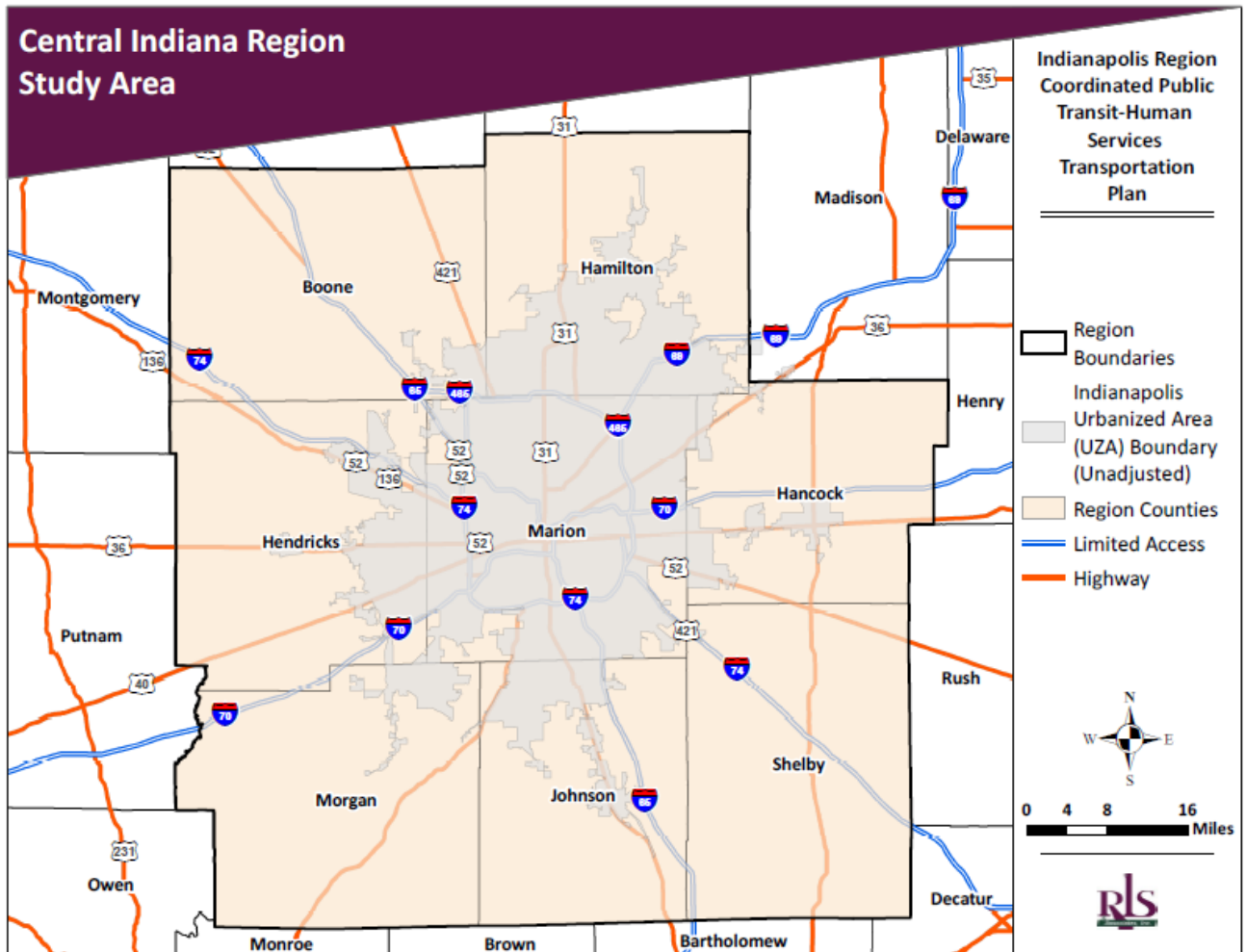
Zero Vehicle Households – Zero vehicle households are households in which no vehicles are available. This factor is an indicator of demand for transit services.

EXISTING CONDITIONS

The Indianapolis Metropolitan Planning Organization (IMPO) is located in central Indiana and includes the counties of Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, and Shelby. The map in Figure 1 provides a depiction of the area included in this study.

The demographics of an area are a strong indicator of demand for transportation service. Relevant demographic data was collected and is summarized in Appendix B. The data has been gathered from multiple sources including the U.S. Census Bureau's 2019 American Community Survey (ACS) Five-Year Estimates and the State of Indiana. These sources are used to ensure that the most current and accurate information is presented. As five-year estimates, the ACS data are taken from national samples and do not represent direct population counts.

Figure 1: Study Area



NEEDS ASSESSMENT

OVERVIEW

RLS & Associates, Inc. contacted local human service agencies, neighborhood service centers, 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. The project team conducted two stakeholder input meetings in the summer of 2021 to obtain information about unmet transportation needs and gaps in service. Invitations to these meetings were emailed to all identified organizations, those that participated in the 2017 Coordinated Public Transit Human Services Transportation Plan, and agencies that applied for Section 5310 grants from INDOT and IndyGo since 2013. Additionally, the project team conducted a series of telephone interviews with representatives of key stakeholder organizations that serve older adults, individuals with disabilities, and people with low incomes in Central Indiana. Documentation of outreach efforts included in this project and the level of participation from each organization is provided in Appendix A.

A general public survey was also deployed. The survey was available online and advertised through social media postings and email. The survey was also distributed by some of the participating transportation providers on-board to passengers. The survey instrument is provided in Appendix A. The following paragraphs outline results from the local stakeholder coordinated transportation meetings, one-on-one stakeholder interviews, and the general public survey.

STAKEHOLDER INPUT MEETINGS AND INTERVIEWS

Two virtual stakeholder input meetings were 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. Virtual meetings were chosen due to the risk of transmission of COVID-19 at an in-person meeting. The first meeting, held on June 29, 2021, focused on identifying unmet need and assessing progress made since the 2017 plan. At the second meeting, on August 10, 2021, the attendees evaluated and prioritized potential coordinated transportation goals and strategies and reviewed draft verbiage. An additional virtual meeting was scheduled for June 28, 2021, to obtain input on unmet needs from private providers of Medicaid non-emergency transportation, however, no providers attended.

Invitations to the virtual meetings were distributed via the email and mail to 188 individuals or organizations that represented transportation providers, older adults, individuals with disabilities, and/or people with low incomes.

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

- ◆ AARP of Indiana

- ◆ A Caring Place/Catholic Charities Indianapolis
- ◆ Access Johnson County/Gateway Services
- ◆ Arc of Greater Boone County
- ◆ Central Indiana Community Foundation
- ◆ Central Indiana Regional Transportation Authority (CIRTA)
- ◆ CICOA Aging & In-Home Solutions
- ◆ Boone Area Transit System/Boone County Senior Services
- ◆ Bosma Enterprises
- ◆ Fishers Age Friendly & Primary Record
- ◆ Hancock County Senior Services
- ◆ Hamilton County Express/Janus Developmental Services, Inc.
- ◆ Health by Design
- ◆ Hendricks County Senior Services
- ◆ IMPO
- ◆ IndyGo
- ◆ INDOT
- ◆ Indiana Statewide Independent Living Council (INSILC)
- ◆ IU Health
- ◆ John Boner Neighborhood Centers
- ◆ Noble, Inc.
- ◆ PrimeLife Enrichment Center
- ◆ Richard L. Roudebush VA Medical Center
- ◆ ShelbyGo/Shelby Senior Services
- ◆ Shepherd's Center of Hamilton County
- ◆ Southeastrans
- ◆ Sycamore Services (administrator of Hendricks County LINK and Morgan County CONNECT)
- ◆ Tangram

During the June meeting, the RLS facilitator presented highlights of historical coordinated transportation in the region and discussed the activities completed since the 2017 Coordinated Public Transit Human Services Transportation Plan that have helped to address some of the unmet transportation needs and gaps in services for the area. Many of the participants in the meeting were involved in the 2017 planning process.

Following the initial presentation, the stakeholders were asked to review the gaps in transportation services and needs from the 2017 plan, to identify any gaps that were no longer valid, and any new needs/gaps, which the facilitator deleted/added to/from a list that the stakeholders could view on the screen. The focus of the discussion was transportation for older adults and individuals with disabilities. However, several topics discussed also impact mobility options for the general public. After the changes to the needs/gaps list were completed, each participant was asked to rank the needs/gaps.

Prior to the June stakeholder meeting, public surveys were distributed in each county. Surveys were available for approximately two 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 transportation providers, the public survey was also available online, and advertised through the social media and newsletters of the IMPO, INDOT, CIRT, and the transportation providers. Survey results are included at the end of this chapter.

In addition to the input methods described above, RLS conducted telephone interviews with stakeholders representing ten public and non-profit organizations that are familiar with the mobility needs of older adults, individuals with disabilities, and people with low incomes in Central Indiana. The list of participating organizations and the feedback they provided are included in Appendix A.

Table 1 compares the 2017 plan’s identified unmet transportation needs and gaps in services with needs identified by meeting and interview participants or during the public survey process. The list includes unmet needs and gaps documented during the previous coordinated plan and the status of these needs in 2021. Repeating the need/gap from the 2017 to the 2021 column indicates that the need is still present. Additionally, the table includes new unmet needs and service gaps that were not included in the 2017 plan. The table also includes a reference to the goal (explained in the next chapter) that corresponds with each identified need or gap. Coordinated transportation stakeholders will consider these unmet needs and gaps in service when developing transportation strategies and grant applications.

While not identified by stakeholders throughout group discussions, it is important to note that not all individuals experience unmet needs and gaps in the same way, to the same degree, or at the same frequency across demographic lines including, but not limited to, age, race, income, or disability status.

Table 1: Unmet Mobility Needs and Gaps in Service

2017 Unmet Need/Gap	2021 Unmet Need/Gap	Goal
Implement ITS and other technology	Lack of technology for providers coordination and/or customer convenience (e.g., reserving trips online, paying fares, tracking buses).	1
Address coordination challenges such as insurance, different fare structure and collection technology, streamlining scheduling and the eligibility process.	Inconsistent provider policies/procedures on fare structure, fare payment, ride scheduling, and eligibility.	1
A high-capacity rapid transit service to improve access to downtown Indianapolis.	Additional bus rapid transit lines as identified in Marion County Transit Plan.	2
Enhancements to IndyGo that improve access from outside the current service area to improve coordination with providers.	Difficulty completing cross-county travel	1, 2
Continue to support CIRT mobility management activities.	Centralized, regional trip planning and scheduling/dispatching resource that incorporates all modes including	1

2017 Unmet Need/Gap	2021 Unmet Need/Gap	Goal
	Transportation Network Companies and micromobility; Communication and coordination between human services and public transit providers; Leadership on coordination.	
Identify additional sources for local match that support transportation programs.	Additional funding (local, State or Federal)	4
Improve coordination between human services and public transit providers.	Communication and coordination between human services and public transit providers.	1
Additional operating dollars to expand rural transit and section 5310 service availability including service during more hours and more days.	Additional funding (local, State or Federal)	4
Consider developing a program for innovative vehicle acquisition strategies such as leasing vehicles in the Section 5310 program.	<i>Not identified as a current unmet need/service gap</i>	N/A
Improve access from surrounding areas that are unserved to business parks similar to the CIRT Connector services.	Access to jobs in suburban industrial parks, medical centers, and retail/hospitality areas.	2
Establish a regional fare structure for all public transportation providers in the region.	Establish a regional fare structure for all public transportation providers in the region.	1
Improve communication/education about mobility options that are available for seniors, individuals with disabilities, people with low incomes, and the general public.	Awareness of transportation options and travel training.	1
Continue the multi-modal regional approach to transportation (i.e., carpool and vanpool).	More opportunities to carpool or vanpool.	1
Expand the use of attendants for frail passengers so that more people can use public transit services.	Expand the use of attendants for frail passengers so that more people can use public transit services.	N/A
Support childcare center stops for parents commuting to work, school, or work-related activities.	Transportation to work that allows for convenient childcare drop-off/pick-up.	2
Travel training for passengers should be offered to expand the utilization of fixed route to more people who are otherwise intimidated or just do not know how to use it.	Awareness of transportation options and travel training.	1
Include emergency management organizations in coordinated planning.	<i>Not identified as a current unmet need/service gap</i>	N/A

2017 Unmet Need/Gap	2021 Unmet Need/Gap	Goal
Regional driver/staff training.	<i>Not identified as a current unmet need/service gap</i>	N/A
Promote transportation services to occasional riders and encourage them to ride more often.	Awareness of transportation options and travel training.	1
Build more accessible bus shelters.	IndyGo and CIRTAs have constructed more accessible infrastructure as bus stops, but more is needed, both in Marion County and the surrounding counties. Infrastructure such as sidewalks should extend from bus stops to frequent destinations.	3
Offer immediate/same-day reservation options through the coordinated transportation network of providers (including private and public operators).	On-demand or same-day transportation through a coordinated transportation network.	1, 2
Promote public transportation as an economic development advantage.	Awareness of transportation options and travel training.	1
Indiana needs a statewide coordinated effort to enable easy travel across the entire state.	Cross-county travel	1, 2
<i>Not identified during 2017 planning</i>	Transportation that operates every day of the week from early morning to late evening.	2
<i>Not identified during 2017 planning</i>	Frequent fixed route service.	2
<i>Not identified during 2017 planning</i>	Transportation in more places (additional geographical coverage), whether it is demand responsive or fixed route.	2
<i>Not identified during 2017 planning</i>	More “customer voice” in transportation planning (e.g., better opportunities for input from people who rely on service, such as individuals with disabilities).	4
<i>Not identified during 2017 planning</i>	Demand response transportation that is timely (does not pick up/drop off excessively early or late, with reasonable ride durations).	1, 2

PROGRESS SINCE THE 2017 COORDINATED PLAN

As indicated in Table 1, many of the unmet needs identified in 2017 continue to exist today. However, some progress has been made. Noteworthy progress in Central Indiana includes:

- ◆ The implementation of the Red Line, the first of three bus rapid transit (BRT) lines to be included in IndyGo’s network as described in the 2016 Marion County Transit Plan. Funding has been secured

for the Purple Line, which will open in 2023. The Blue Line is the final planned line currently in the funding pipeline.

- ◆ The establishment of ongoing funding to support the CIRTAs Workforce Connectors. CIRTAs has worked with the Towns of Plainfield and Whitestown to create Economic Improvement Districts, which generate funding to support continued operations.
- ◆ Improvements to many IndyGo bus stops for accessibility, including new seating, shelters, concrete pads, and sidewalks.
- ◆ The expansion of transportation provided by some of the region’s hospitals for patients who need rides to healthcare, who do not qualify for Medicaid’s transportation benefit.
- ◆ The successful Wayfinder pilot, a partnership of Central Indiana Community Foundation, Easterseals Crossroads, IndyGo, and Able Link Technologies. A software app called Wayfinder served as a travel training tool designed for persons with cognitive disabilities to support them in using fixed route bus service.
- ◆ The implementation of the Midtown-Get-Around, a partnership of the MLK Center and IndyGo, which offers demand response rides in the Crown Hill, Butler Tarkington, Mapleton Fall-Creek and Meridian Kessler neighborhoods of Indianapolis.
- ◆ The transition of Access Johnson County, Hamilton County Express, Hancock Area Rural Transit, and LINK Hendricks County from Section 5311 to Section 5307 funding as urbanized area transit systems.
- ◆ Expansion of providers’ fleets to serve their target populations.

These changes have impacted 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 Table 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 more quickly simply because they are easily addressed and/or they are a step that will improve the likelihood of implementing a priority improvement.

During the input meetings in 2021, as during the meetings for the 2017 and 2013 plans, 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 challenges inherent in organizing and leading coordinated transportation efforts makes progress toward addressing unmet needs and gaps in services move very slowly.

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

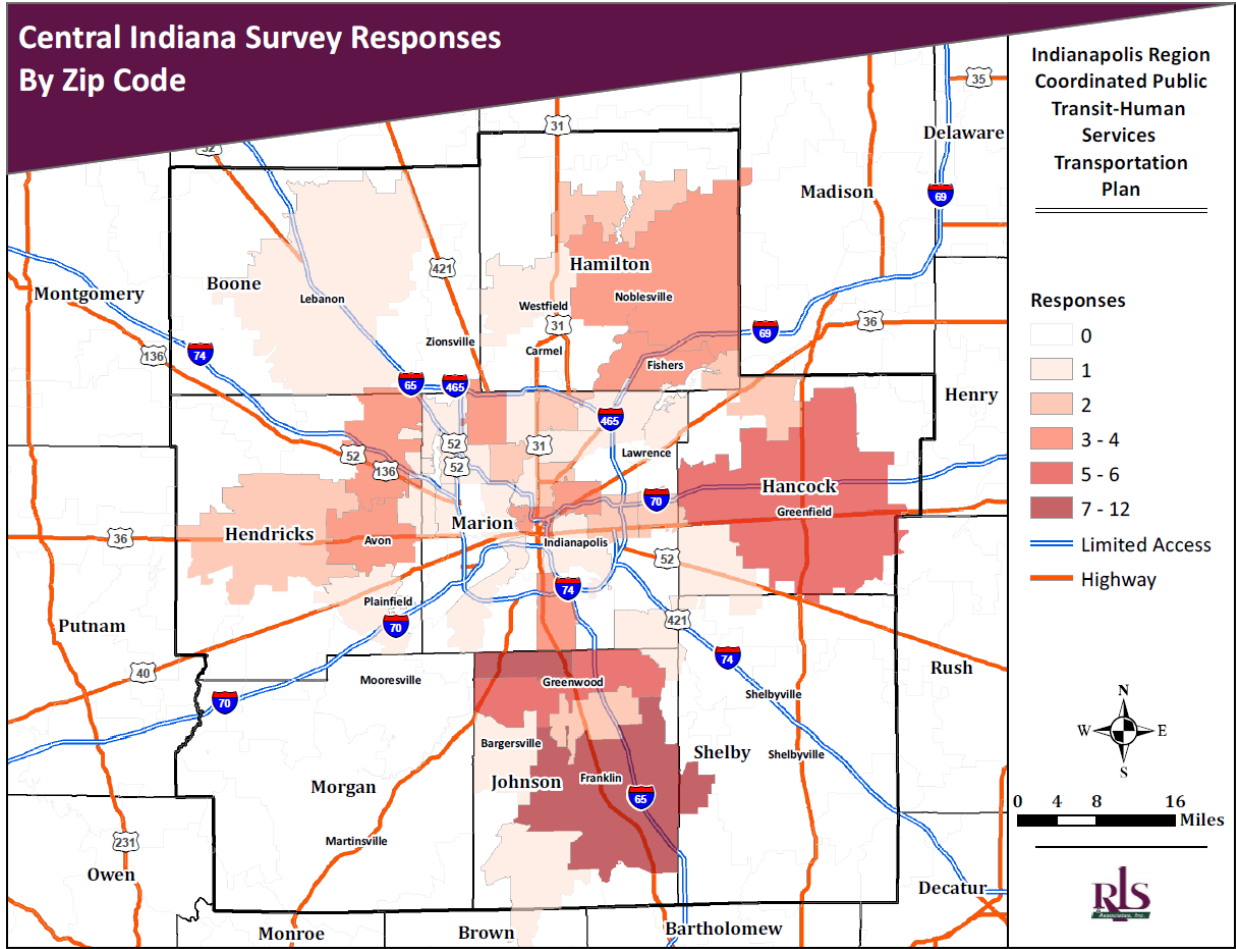
unique needs presented by the different populations served, to name a few, should challenge, but not stop, a coordination effort. There are many resources available to assist communities as they work together to coordinate transportation. The Coordinating Council on Access and Mobility (CCAM) offers Federal coordination guidance (<https://www.transit.dot.gov/coordinating-council-access-and-mobility>). Or, 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 public input survey was available for approximately two months, from March to May 2021. In addition to printed surveys that were distributed by local transportation providers, the public survey was also available online, and advertised through the social media and newsletters of the IMPO, INDOT, CIRTA, and the transportation providers. Survey results are summarized in this section. Detailed survey results are provided in Appendix C.

The distribution of survey results is displayed in Figure 2. Approximately one third of the survey responses came from Johnson County due to special efforts made by Access Johnson County to distribute surveys through a concurrent transportation plan that utilized the survey data.

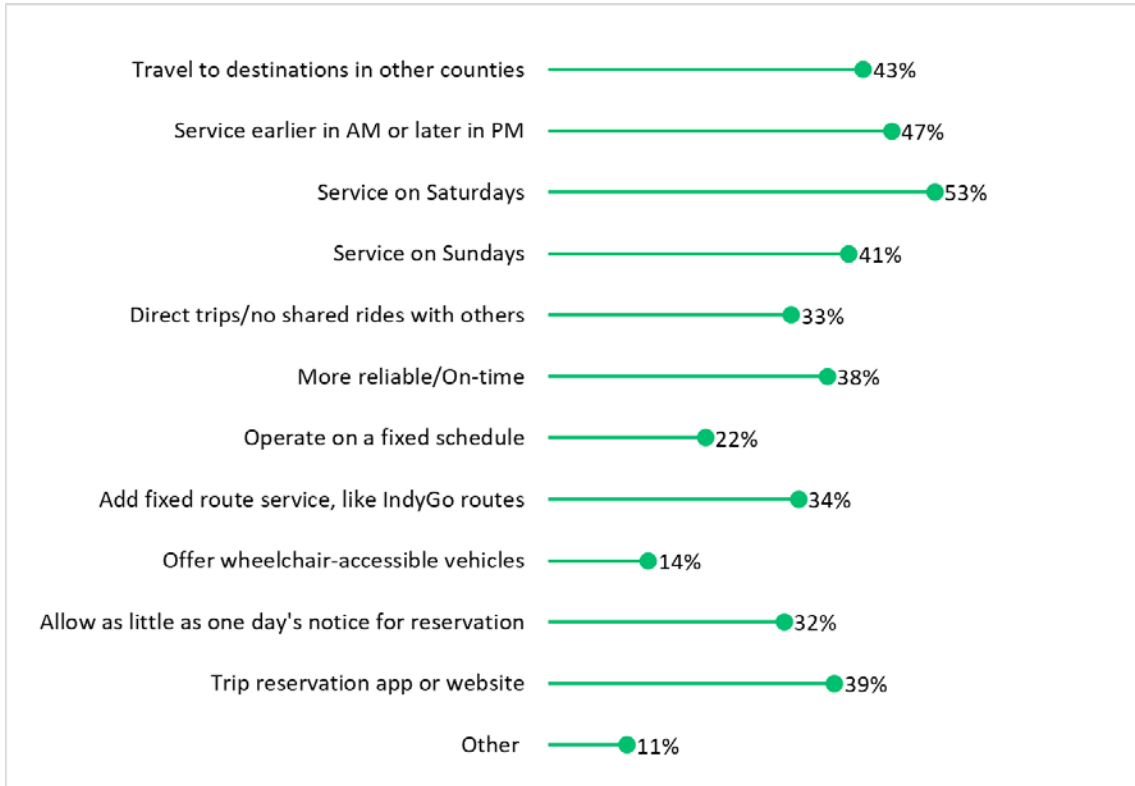
Figure 2: Geographical Distribution of Survey Responses



The public survey needs assessment results are consistent with the priorities indicated during the stakeholder meetings and interviews. The public is supportive of public and human service agency transportation services in the area and would be more likely to ride if the services were easy to use and available to meet their needs. Survey results also indicate that the public may not be fully aware of the services that are available and additional education is needed.

Respondents indicated that there are many types of changes that would make transportation options more appealing. These changes included service on weekends, earlier morning and later evening hours, cross-county service, an app or website for trip reservations, and better reliability and timeliness. Figure 3 displays the results from the survey question that asked respondents what changes they desired.

Figure 3: Changes That Would Make Transportation Options More Appealing



About 42 percent of respondents answered “Yes” when asked if they, or a family member, needed transportation outside of their county of residence, but only sometimes or never had it. Cross-county transportation was one of the most commonly mentioned gaps in transportation on the survey. In a question that allowed open-ended responses, respondents shared what kinds of service improvements they felt were needed in Central Indiana. The full text of all responses is provided in Appendix C. Table 2 categorizes these responses into themes.

Table 2: Categories of Desired Improvements to Service

Category	Description
Affordability	Service needs to be affordable for people with low incomes. Some individuals struggle to pay for a monthly IndyGo fixed route bus pass, which costs \$60 per month. Those who rely on demand response services or private providers like Transportation Network Companies on a regular basis face higher costs.
Call center/technology	Respondents commented that they would like the reservations process to be easier and more reliable. They would like to see technologies like trip request apps, electronic fare payment, and notifications of late-running vehicles.
Expanded hours/days of service	Service should be extended into the early morning and late evening hours, and run seven days per week.
Frequency	Fixed route should be more frequent. In some places, routes only run every 60 minutes.
High-capacity transit	Some respondents mentioned that they wanted more bus rapid transit, dedicated transit lanes, or rail.
More coverage	Respondents would like services to extend into new areas, and provide access to more destinations. Some mentioned that fixed routes are not located within easy walking distance of destinations.
More cross-county service	Many respondents spoke of the need for crossing county lines on public transit.
More options/more service	Many comments were general and spoke of the need for more options and more service. A few mentioned that more transportation funding would need to be available.
More timely service	Timeliness was mentioned by many respondents. Demand response rides can sometimes be very long. They can result in individuals arriving at their destinations excessively early or late. Some providers are short on capacity and therefore require reservations to be made weeks in advance, so it is difficult for people to travel when a need arises only a day or two in advance. On-time performance was also mentioned as a concern.
Same-day service	Same-day service should be available so that individuals can travel even if they don't know they'll need a ride on the previous day, or before.

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. Some stakeholders indicated that they found the 2017 Coordinated Plan's high number of goals and strategies to be overwhelming; therefore, this plan contains a more streamlined approach.

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

Goal 1: Provide a unified, regional transportation scheduling, dispatching and trip payment network with a single portal/one-stop hub for obtaining system information and reserving rides.

Goal 2: Expand mobility through maintaining or building on existing transportation options and developing new services, including providing more opportunities for traveling across county lines for all people regardless of age, race, income, or disability status.

Goal 3: Improve accessibility of bus stops.

Goal 4: Improve mobility for older adults and people with disabilities through enhanced input opportunities and conduct outreach and education to raise awareness of funding needs.

GOALS AND STRATEGIES

Following the first stakeholder meeting on June 29, 2021, the project team developed a set of tentative goals and strategies to meet the identified unmet needs and close the identified gaps in service. These goals and strategies were circulated among the stakeholders via email, with a link to an online survey to allow them to prioritize the strategies and offer feedback. The survey instrument is provided in Appendix A, and the results of the survey and discussion are documented in the presentation slides and notes for the August 10, 2021 meeting.

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 during the implementation time period.

Potential performance measures are listed for each strategy. The project team will develop a separate document exploring performance measurement data collection and tracking.

GOAL 1: PROVIDE A UNIFIED, REGIONAL TRANSPORTATION SCHEDULING, DISPATCHING AND TRIP PAYMENT NETWORK WITH A SINGLE PORTAL/ONE-STOP HUB FOR OBTAINING SYSTEM INFORMATION AND RESERVING RIDES

Under Goal 1, participating transportation stakeholders will work together to set up a region-wide scheduling, dispatching and trip payment system that allows customers to plan and reserve trips with multiple providers throughout Central Indiana. This system will allow providers to coordinate rides involving more than one provider completing various legs of a customer’s trip. Financial procedures for cost-sharing between providers will be developed to allow for this type of coordination.

Strategy 1A

Consolidate the scheduling and dispatching functions of multiple transportation providers under a single organization using robust, modern scheduling and dispatching technology.

A single organization will acquire technology that will allow it to assume scheduling and dispatching functionality on behalf of participating transportation providers. (Providers would continue to operate their own transportation as separate agencies.) Consolidated scheduling and dispatching will offer customers the ability to obtain system information and schedule rides online or through a mobile device app, while also providing caring, personalized telephone-based service for reservations and transportation information/referral. Rides will be dispatched through in-vehicle tablets and a web-based portal available to each participating provider.

With greater coordination of rides, on-demand or same-day transportation could be more easily and efficiently through the transportation network. Trip schedulers would be able to identify capacity in the network at any given time of day, or the system could use automation to plug requests into vehicles schedules instantaneously. Also, the system could schedule rides that cross county lines in cooperation with providers who would be willing to provide these rides.

Priority: High

Counties Included: All counties.

<p><u>Implementation Time Frame:</u> Long-term: 2 to 4 years</p>	<p><u>Staffing Implications:</u> Significant staff time would be required of the lead agency. Staff time at providers to attend planning meetings and develop new policies and procedures.</p>
<p><u>Implementation Budget:</u> Budget would depend on staffing and technology costs; this project would require staffing resources, consulting, and a significant capital investment in technology.</p>	
<p><u>Potential Grant Funding Sources:</u> FTA Section 5307 or discretionary grant funding – these grant programs are announced every one to two years through the Notice of Funding Opportunity process. Potentially, local foundation funding could be leveraged for this project.</p>	

Responsible Parties: Potential lead organizations include CIRTA, CICOA, or IndyGo. Public and human service transportation providers from all counties would be encouraged to participate.

Potential Performance Measures:

- ◆ New scheduling/dispatching system implemented.
- ◆ Number of providers participating in the system.
- ◆ Number of rides provided through the system.
- ◆ Number of customer trips that are shared between multiple providers.

Strategy 1B

Provide a consistent, region-wide fare structure and trip payment system.

The public transit and “open-door” human service transportation providers (i.e., those providing service to a segment of the public, such as older adults, rather than only their agency’s clients) will negotiate and adopt a consistent passenger fare structure. Secondly, the providers will adopt fare collection technology that will allow them to receive fare payments for their customers to transfer to other providers and distribute the appropriate fare revenue to the other providers.

Priority: Low

Counties Included: All counties.

Implementation Time Frame:

Mid-term: 13 to 24 months

Staffing Implications:

Staff time at the lead agency to manage the chosen fare structure; significantly more staff time would be required to implement new fare collection technology. Staff time at providers to attend planning meetings and develop new policies and procedures.

Implementation Budget:

Budget would depend on staffing and technology costs; this project would require staffing resources, and a significant capital investment in technology.

Potential Grant Funding Sources: FTA Section 5307 or discretionary grant funding – these grant programs are announced every one to two years through the Notice of Funding Opportunity process. Potentially, local foundation funding could be leveraged for this project.

Responsible Parties: Potential lead organizations include CIRTA, CICOA, or IndyGo. Public and open-door human service transportation providers from all counties would be encouraged to participate.

Potential Performance Measures:

- ◆ New fare structure adopted.
- ◆ Number of providers participating in the fare structure.
- ◆ Number of vehicles with new fare collection technology.
- ◆ Number of customer trips that use a regional fare instead of a single-provider fare.

Strategy 1C

Adopt a consistent transportation costing methodology based on providers' fully allocated costs and a procedure for billing and payment for coordinated trips.

If the region implements Strategy 1A, schedulers will be able to efficiently allocate trips between providers. For example, if Provider A is picking up a customer at the VA Hospital, and a customer of Provider B is also scheduled for a ride from the VA Hospital, Provider A could transport both customers, then bill Provider B for their customer's share of the ride cost. The two providers must first agree on a consistent pricing structure, then adopt shared policies and procedures for sharing rides. The outcome of this type of arrangement will be greater cost-efficiency and freed-up resources to provide more rides. Moreover, it will allow providers to coordinate round trips on multiple providers instead of placing the burden on the customer to search for available capacity with multiple providers, pay multiple fares, etc.

Priority: Low

Counties Included: All counties.

<p><u>Implementation Time Frame:</u> Mid-term: 13 to 24 months</p>	<p><u>Staffing Implications:</u> Staff time at the lead agency to develop cost sharing methodology. Staff time at providers to attend planning meetings and develop new policies and procedures.</p>
<p><u>Implementation Budget:</u> Budget would depend on staffing and technology costs; this project would require staffing resources and a potential investment in technology to manage the cost-sharing.</p>	
<p><u>Potential Grant Funding Sources:</u> Local foundation funding, FTA discretionary grants, or FTA Section 5307. FTA discretionary grant programs are announced every one to two years through the Notice of Funding Opportunity process.</p>	

Responsible Parties: Potential lead organizations include CIRTA, CICOA, or IndyGo. Public and open-door human service transportation providers from all counties would be encouraged to participate.

Potential Performance Measures:

- ◆ New costing methodology adopted.
- ◆ Number of providers participating in cost-sharing system.
- ◆ Number of customer trips that are shared between providers participating in the cost-sharing system.

Strategy 1D

Increase awareness of Central Indiana’s transportation options by making system information and travel training easily accessible to all.

A lead organization will maintain up-to-date web-based and printed guides to using the regions’ public and open-door human service transportation options. This organization will also partner with providers in offering opportunities for travel training. The transportation guide will be developed with the opportunity for all providers identified the Coordinated Plan to give input. The lead organization will dedicate resources to the regular distribution of the information to social service agencies in the region.

Priority: High

Counties Included: All counties.

Implementation Time Frame:

Near-term: 1 to 12 months

Staffing Implications:

Staff time at the lead agency to coordinate awareness campaigns and travel training. Staff time at providers to attend planning meetings, provide travel training, and support awareness efforts.

Implementation Budget:

Budget would depend on staffing, design/printing, marketing, and website development costs; this project would require staffing resources and costs to create materials, market services, and/or develop a website.

Potential Grant Funding Sources: FTA Section 5307 or discretionary grant funding – these grant programs are announced every one to two years through the Notice of Funding Opportunity process. Potentially, local foundation funding could be leveraged for this project. Providers could allocate existing marketing and travel training spending to this strategy so that funds can be coordinated.

Responsible Parties: Potential lead organizations include CIRTA, CICOA, or IndyGo. Public and open-door human service transportation providers from all counties would be encouraged to participate.

Potential Performance Measures:

- ◆ New marketing efforts implemented.
- ◆ Number of individuals participating in travel training.
- ◆ Increases in inbound phone calls, website hits, and ridership.

GOAL 2: EXPAND MOBILITY THROUGH MAINTAINING OR BUILDING ON EXISTING TRANSPORTATION OPTIONS AND DEVELOPING NEW SERVICES, INCLUDING PROVIDING MORE OPPORTUNITIES FOR TRAVELING ACROSS COUNTY LINES FOR ALL PEOPLE REGARDLESS OF AGE, RACE, INCOME, OR DISABILITY STATUS.

Under Goal 2, transportation providers will expand their services to meet more needs in the region. The strategies under this goal describe the specific ways in which providers will expand.

Strategy 2A

Expand the CICOA My Freedom cross-county transportation voucher program.

CICOA’s My Freedom voucher program, a joint effort with CIRTA, is one of very few options available to individuals who need to travel across county lines, but are unable to use private for-profit options due to cost or accessibility barriers. The program receives many more requests for vouchers than it can fulfill within its existing budget.

Priority: Low

Implementation Time Frame:

Ongoing

Staffing Implications:

Staff time involves the work performed by CICOA's transportation staff to implement the vouchers.

Implementation Budget:

Budget is scalable depending on available funding.

Potential Grant Funding Sources: FTA Section 5307, local foundation funding, and human service funding such as Older Americans Act Title III-B or Medicaid revenue.

Counties Included: All counties.

Responsible Parties: CICOA and CIRTA.

Potential Performance Measures:

- ◆ Number of vouchers redeemed for transportation.
- ◆ Percentage of vouchers used for cross-county trips.

Strategy 2B

Expand public transit and open-door human service transportation providers' service areas.

Public transit customers sometimes use County Connect transfer points to transfer between county providers, however, the process of scheduling and making the transfer can be overly burdensome on the customer if they are older or have a disability. Providers will offer the opportunity for customers to travel across county lines without transferring, even if it is just on a certain day each week. Providers will discuss the need to extend service areas with the appropriate county authorities, and obtain approval if necessary.

This strategy also includes the addition of more fixed route service connecting Marion County with more suburban areas with high densities of entry-level jobs, which may include, but not be limited to, industrial parks, major retail and hospitality areas, and human services providers. A successful example of this type of service is CIRTA's Workforce Connector program, which has allowed hundreds of Marion County residents to find employment in suburbs that were previously inaccessible by transit.

Priority: High

Counties Included: All counties.

Implementation Time Frame:

Mid-term: 13 to 24 months

Staffing Implications:

Additional service will require additional drivers and administrative staff.

Implementation Budget:

Budget is scalable depending on available funding.

Potential Grant Funding Sources: FTA Section 5307 (urbanized area providers), FTA Section 5311 (rural providers), local government funding, and human service funding such as Older Americans Act Title III-B or Medicaid revenue.

Responsible Parties: All public and human service transportation providers.

Potential Performance Measures:

- ◆ Number of providers that expand service areas.
- ◆ Number of additional rides provided.
- ◆ Number of cross-county trips provided.

Strategy 2C

Offer transportation seven days per week with longer and more consistent operating hours (i.e., provide the same hours weekdays, Saturdays, and Sundays), and with increased frequency on fixed routes.

Public transit and open-door human service transportation providers will extend their hours of operation to days and times that are selected based on input from customers. Fixed route providers will increase frequency on bus routes with a goal of providing consistent, frequent service on all bus routes.

Priority: Medium

Counties Included: All counties.

Implementation Time Frame:

Long-term: 2 to 4 years

Staffing Implications:

Additional service will require additional drivers and administrative staff.

Implementation Budget:

Budget is scalable depending on available funding.

Potential Grant Funding Sources: FTA Section 5307 (urbanized area providers), FTA Section 5311 (rural providers), local government funding, and human service funding such as Older Americans Act Title III-B or Medicaid revenue.

Responsible Parties: All public and human service transportation providers.

Potential Performance Measures:

- ◆ Number of providers that expand service days/hours or add frequency.
- ◆ Number of additional rides provided.

GOAL 3: IMPROVE ACCESSIBILITY OF BUS STOPS

Strategy 3A

Ensure that fixed route bus stops are located near destinations that are important for older adults and people with disabilities, and improve infrastructure to allow easy mobility to these destinations.

Fixed route providers will ensure that stops are located near destinations that individuals need to travel to. Fixed route providers will allocate resources to bus stop accessibility for people with disabilities, including adding curb cuts, repairing or extending sidewalks, adding concrete pads, adding shelters, or adding benches.

Priority: Medium

Counties Included: All counties with fixed or deviated route service: Boone, Hendricks, Marion, Johnson, and Shelby.

<u>Implementation Time Frame:</u> Ongoing	<u>Staffing Implications:</u> Staff time involves the planning and implementation of bus stop improvements and route changes/additions.
<u>Implementation Budget:</u> Budget is scalable depending on available funding.	
<u>Potential Grant Funding Sources:</u> Local government funding, FTA Section 5307 (urbanized area providers), and FTA Section 5311 (rural providers). Potentially, local foundation funding could be leveraged for improvements.	

Responsible Parties: CIRTA, IndyGo, Access Johnson County, and ShelbyGo.

Potential Performance Measures:

- ◆ Number of bus stops with improved amenities.
- ◆ Number of new destinations served by bus routes.
- ◆ Number of bus stops with amenities and number of bus stops that are ADA accessible.

GOAL 4: IMPROVE MOBILITY FOR OLDER ADULTS AND PEOPLE WITH DISABILITIES THROUGH ENHANCED INPUT OPPORTUNITIES AND CONDUCT OUTREACH AND EDUCATION TO RAISE AWARENESS OF FUNDING NEEDS

During this planning process, stakeholders pointed out that it is rare for those who use transportation services to be represented on the governing authorities of these services. Furthermore, funding levels for services are inadequate to meet the needs of older adults, individuals with disabilities, and others who rely on public and human service transportation. The strategies under this goal are intended to ensure that services are planned in a manner that represents the needs of users, and that policymakers and funders are well informed about funding needs.

Strategy 4A

Recruit older adults, individuals with disabilities, and people with low incomes as members of policy-making and planning bodies.

Public and human service transportation providers will make efforts to increase the representation of older adults, individuals with disabilities, and people with low incomes on their boards of directors and other decision-making bodies. These efforts will increase the opportunity of the services' main user groups to have a voice in transportation planning and decision-making that directly impacts their lives.

Priority: High

Counties Included: All counties.

<u>Implementation Time Frame:</u> Ongoing	<u>Staffing Implications:</u> N/A
<u>Implementation Budget:</u> N/A	
<u>Potential Grant Funding Sources:</u> N/A	

Responsible Parties: Public and human service transportation providers.

Potential Performance Measures:

- ◆ Number of older adults, individuals with disabilities, and people with low incomes on governing boards/authorities.

Strategy 4B

Engage in outreach and education efforts to demonstrate the need for increased transportation funding.

Transportation providers and stakeholders will assist with outreach and education to bring awareness to funding needs at the state and local levels. Providers and stakeholders may coordinate with advocacy associations such as INCOST (Indiana Council on Specialized Transportation) or Health by Design, and provide information to local coalitions to address transportation funding at the city/town and county levels.

Priority: High

Counties Included: All counties.

Responsible Parties: Public and human service transportation providers.

<u>Implementation Time Frame:</u> Ongoing	<u>Staffing Implications:</u> Staff time involved in outreach and educations.
<u>Implementation Budget:</u> Some funding would be required to cover costs such as travel to meetings and outreach materials.	
<u>Potential Grant Funding Sources:</u> FTA Section 5307 (urbanized area providers), FTA Section 5311 (rural providers) and local government funding for eligible outreach and education expenses.	

Potential Performance Measures:

- ◆ Number of events and meetings held for outreach and education purposes.

Coordinated Public Transit - Human Services Transportation Plan

Indianapolis Region

Appendix A – Outreach Documentation



Prepared for Indianapolis
Metropolitan Planning
Organization

October, 2021

Prepared by:
RLS & Associates, Inc.

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Focus Groups, Workshops, and Public Meetings

Stakeholder Focus Group Meetings (held on Zoom)

Dates: Meeting 1: June 29, 2021 from 10:30 AM to 12:00 PM
Meeting 2: August 10, 2021 from 11:00 AM to 12:00 PM

Invitations Distributed

- ✓ Email: Meeting 1: Date Sent: June 14, 2021
Meeting 2: Date Sent: July 29, 2021
Reminder email by IMPO on August 9, 2021
- ✓ Information was provided in alternative formats, upon request
- ✓ Events were open to all individuals, including hearing impaired and limited English proficient
- ✓ IMPO staff promoted, announced, and gave updates about upcoming meetings, input opportunities, and plan updates at County Connect meetings (run by CIRTA) on June 16, 2021 and July 27, 2021
- ✓ IMPO staff promoted, announced, and gave updates about upcoming meetings, input opportunities, and plan status at the Hamilton County TAC meetings on June 17, 2021 and August 18, 2021

Number of Attendees: Meeting 1: 31
Meeting 2: 24

- ✓ Invitation emails and mailing list included
- ✓ Attendee list included
- ✓ Focus group meeting presentations included
- ✓ Additional Meetings
 - County Connect meeting on February 9, 2021
 - Input meeting for Central Indiana registered Medicaid transportation providers scheduled for June 28, 2021 but had no attendance (invitation letter and mailing list included)

Public Input Survey

Date(s) Surveys Were Distributed/Available Online: March 15, 2021 through May 11, 2021

- ✓ Web Posting: SurveyMonkey
 - ✓ E-mail and hard copy of survey provided upon request (hard copy included)
 - ✓ Information was provided in alternative formats, upon request including an option for people with visual impairments
 - ✓ Survey was distributed to stakeholders with a request to distribute on vehicles to clients
 - ✓ IMPO advertised the survey on social media in March
- Total number of electronic and paper surveys completed: 112

Other Outreach Efforts

- ✓ Telephone Interviews with Key Stakeholders (notes included)
- ✓ Interviews with major transportation providers to collect input about their services and coordination
- ✓ Survey of transportation providers and stakeholders to gather preliminary input on prioritization of strategies (Survey distributed on July 12, 2021; reminder sent on July 16, 2021)

Organization Contact List

Contact Person	Organization
Lisa Sperry	A Caring Place/Catholic Charities
Mandla Moyo	AARP of Indiana
Rebecca J Allen	Access Johnson County/Gateway
Cindy Elliott	Boone Area Transit
Anita Bowen	Boone County Senior Services
Mike Spidel	Boone County VSO
Arvetta Jideonwo	Bosma Enterprises
Michael Howe	CAFE (Community Alliance of the Far Eastside)
Ron Gifford	Central Indiana Community Foundation
La'Toya Pitts	Christamore House
Karen Brooks	CICOA
John Seber	CIRTA
Mohammed Khan	CIRTA
Niki Girls	Concord Neighborhood Center
Wendy Miers	Easter Seals Crossroads
Barato Britt	Edna Martin Christian Center
Catrece Young	Eskenazi
Patrice Duckett	Fay Biccard Glick Neighborhood Center
Jean Ross	Age-Friendly Fishers & Primary Record
Brandon Cosby	Flanner House
Karen Luehmann	Gateway Services
Eric Schlegel	Goodwill Industries of Central Indiana
Robin Wilson	Hamilton County Asst VSO (VSO = Veterans' Service Officer)
Elaine McGuire	Hamilton County Express Public Transit/Janus Developmental Services, Inc.
Lisa Charles	Hamilton County VSO
John Antle	Hancock County Asst VSO
Vicki Adams	Hancock County Senior Services
Suzanne Derengowski	Hancock County Senior Services
Bob Workman	Hancock County VSO
Caleb Sutton	Hawthorne Community Center
Kim Irwin	Health by Design
Melissa Burgess	Health by Design
Joshua Tolen	Hendricks County Asst VSO
Marina Keers	Hendricks County Senior Services/LINK
Dale Stefani	Hendricks County Senior Services/LINK
Lori Turpin	Hendricks County VSO

Contact Person	Organization
Elizabeth Darby	Indiana FSSA - NEMT contract manager
Amber O'Haver	Indiana Statewide Independent Living Council (INSILC)
Morgan Daly	Indiana Statewide Independent Living Council (INSILC)
Jennifer Higginbotham	Indianapolis Metropolitan Planning Organization
Brittany White	INDOT
Errich Orrick	Indpls VA - Mobility Manager
Annette Darrow	IndyGo
Kevin McNally	IndyGo
Ryan Wilhite	IndyGo
Mela Miroff	IU Health
Yolanda Kincaid	Janus Developmental Services
Lori Moss	Jewish Family Services at the Reuben Center
Tim Nowak	John Boner Neighborhood Centers
Kimberly Smith	Johnson County Senior Services
Seneca Harbin	Johnson County VSO
Fred Duncan, CEO	Little Red Door
General Email	Marion County VSO
Greg Stevens	Marion County VSO
Gordon Smith	Marion County VSO
Matt Hall	Marion County VSO
Allison Luthe	MLK Center
Brenda Rose	Mooreville Senior Citizens Center
Judy Shanley	National Center for Mobility Management
Erin Hardwick	Noble
LaKeisha Jackson	Pathway Resource Center
Dee Timi	PrimeLife Enrichment, Inc.
Executive Director	Senior Citizens Organization, Inc.
Cam Sparks	Shelby County VSO
Kim Koehl	ShelbyGo
Easter Beyer	ShelbyGo
Lauren Guynn	Shepherd's Center, Hamilton County
Peggy Frame	Southeast Community Services
Tanaya Wagaman	Southeasttrans
Ryan Bertram	Southeasttrans
Patrick Cockrum	Sycamore Services, Inc.
Donna J Ulman Babbs	Sycamore Services, Inc. - Morgan County CONNECT
Keith Gearlds	Tangram
Sam Criss	Tangram
Pam Verbarg	The Arc of Greater Boone County
Mary Jones	United Way of Central Indiana



Christy Campoll <ccampoll@rlsandassoc.com>

Stakeholder Input Meeting - Coordinated Transportation Plan

1 message

Christy Campoll <ccampoll@rlsandassoc.com>

Mon, Jun 14, 2021 at 4:11 PM

To: "Dixon, Annie" <annie.dixon@indympo.org>

Bcc: kgearlds@thetangramway.org, pverbarg@thearcgb.org, arvetta@bosma.org, MSC144@att.net, Lori Moss <lmosse@jfgi.org>, scriss@thetangramway.org, mspidel@co.boone.in.us, lisa.charles@hamiltoncounty.in.gov, robin.wilson@hamiltoncounty.in.gov, rworkman@hrtc.net, jantle@myninestar.ent, lturpin@co.hendricks.in.us, jtolen@co.hendricks.in.us, jcvso@co.johnson.in.us, veteran.services@indy.gov, gregory.stevens@indy.gov, gordon.smith2@indy.gov, matt.hall@indy.gov, csparks@co.shelby.in.us, bdcosby@flannerhouse.com, CMirot@iuhealth.org, rbertram@southeastrans.com, tawagaman@southeastrans.com, jshanley@easterseals.com, pathwaycenter@sbcglobal.net, info@pathwayindy.org, Allison Luthé <allison@mlkcenterindy.org>, Mhowe@cafeindy.org, Fred Duncan <fduncan@littlereddoor.org>, info@ednamartincc.org, bbritt@ednamartincc.org, pduckett@fbgncenter.org, latoya.pitts@christamorehouse.org, peggyf@southeastindy.org, niki@concordindy.org, csutton@hawthornecenter.org

Dear Central Indiana Community Stakeholder,

Hello! On behalf of the Indianapolis Metropolitan Planning Organization (IMPO), you are invited to participate in a virtual stakeholder input meeting on **Tuesday, June 29th, 2021 from 10:30 a.m. to 12:00 p.m.** (conducted on Zoom) which will assist in updating the Central Indiana Coordinated Public Transit-Human Services Transportation Plan.

Federal transportation law requires that projects selected for funding under the Enhanced Mobility for Older Adults and Individuals with Disabilities (Section 5310) Program be "included in a locally developed, coordinated public transit-human services transportation plan," and that the plan **"...included participation by seniors, individuals with disabilities, and representatives of public, private, and nonprofit transportation and human services providers and other members of the public"** utilizing transportation services.

The purpose of this meeting is to obtain input from public and human service agency transportation providers as well as organizations familiar with the transportation needs of individuals with disabilities, older adults, and people with low incomes. An agenda is attached. The meeting will be facilitated by RLS & Associates, Inc.

Please RSVP by responding to this email on or before Friday, June 25. If you attend the meeting, please make sure to have an internet-connected device available to use PollEverywhere during the meeting (instructions will be provided). The Zoom link is provided below.

Thank you,

Christy Campoll
RLS & Associates, Inc.

Join Zoom Meeting

<https://zoom.us/j/93634588385?pwd=L1dQVHlwczFaN0xBTFRmMzhzbjgrQT09>

Meeting ID: 936 3458 8385

Passcode: 404816

One tap mobile

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+1 669 900 9128 US (San Jose)

+1 253 215 8782 US (Tacoma)

Meeting ID: 936 3458 8385

Passcode: 404816

Find your local number: <https://zoom.us/j/abMKOETK1m>

Christy Campoll | Senior Associate

3131 S. Dixie Hwy. Suite 545, Dayton, OH 45439

Office: 937.299.5007 ext. 310 | Mobile: 317.439.1475 | www.rlsandassoc.com

RLS & Associates, Inc... Celebrating 33 Years of Service to the Transit Industry



Meeting #1 Attendance - 6/29/2021

Vicki Adams, Hancock County Senior Services
Lisa Albano, Shepherd's Center of Hamilton County
Becky Allen, Access Johnson County/Gateway Services
Anita Bowen, Boone Area Transit System
Jennifer Bradley, IU Health
Melissa Burgess, Health by Design
Karren Brooks, CICOA
Pat Cockrum, Sycamore Services
Morgan Daly, INSILC
Annie Dixon, Indianapolis MPO
Cindy Elliott, Boone Area Transit System
Ron Gifford, Central Indiana Community Foundation
Easter Hall-Beyer, Shelbygo/Shelby Senior Services
Mike Hanner, Southeastrans
Erin Hardwick, Noble, Inc
Jen Higginbotham, Indianapolis MPO
Arvetta Jideonwo, Bosma Enterprises
Mohammad Khan, Central Indiana Regional Transportation Authority
Yolanda Kincaid, Janus Developmental Services, Inc.
Elaine McGuire, Hamilton County Express
Mela Miroff - Indiana University Health
Kevin McNally, IndyGo
Mandla Moyo, AARP Indiana
Tim Nowak, John Boner Neighborhood Centers
Jean Ross, Age-Friendly Fishers & Primary Record
Lisa Sperry, A Caring Place, Catholic Charities Indianapolis
John Seber, Central Indiana Regional Transportation Authority
Dale Stefani, Hendricks County Senior Center
Dee Timi, PrimeLife Enrichment Center
Erich Van Orrick, VA
Ryan Wilhite, IndyGo
Brittany White, INDOT




Moving Public Transportation
Into the Future

Coordinated Public Transit-Human Service Transportation Plan

PRESENTED BY RLS & ASSOCIATES, INC.
JUNE 29, 2021


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Introductions and Welcome

- ◆ PollEverywhere Exercise #1:
 - Go to pollev.com/impo200 (keep open during entire meeting)
 - Who does your agency serve?
 - Does your agency provide transportation?
 - Sign-in (Name and Organization)

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Purpose and Overview

- ◆ Section 5310 Project Selection by IndyGo or INDOT
- ◆ Section 5310 Program Purposes:
 - To Improve Mobility for Seniors and Individuals with Disabilities by Removing Barriers to Transportation Service and Expanding Mobility Options
 - Supports Transportation Services Planned, Designed, and Carried Out to Meet the Special Transportation Needs of Seniors and Individuals with Disabilities

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Coordinated Plan Purpose

- ◆ Identify Unmet Transportation Needs in the Community
- ◆ Adopt Goals and Strategies as a Team to Address Unmet Needs
- ◆ Maximize the Programs' Collective Coverage by Minimizing Duplication of Service
- ◆ Examine New Opportunities for Collaboration, including Technology

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What's New - CCAM

History

The CCAM is an interagency partnership established in 2004 by Executive Order 13330 to coordinate the efforts of the Federal agencies that fund transportation for CCAM targeted populations.


Organization



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graph TD
    DOT[DOT Secretary]
    DOT --- HHS[HHS Secretary]
    DOT --- ED[ED Secretary]
    DOT --- DOL[DOL Secretary]
    DOT --- VA[VA Secretary]
    DOT --- USDA[USDA Secretary]
    DOT --- HUD[HUD Secretary]
    DOT --- DOI[DOI Secretary]
    DOT --- Attorney[Attorney General]
    DOT --- SSA[SSA Comm'r]
    DOT --- NCD[NCD Chair]
  
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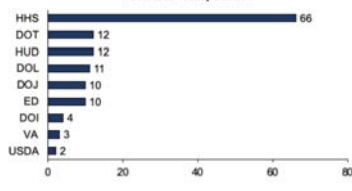


What's New - CCAM

CCAM Program Inventory

The CCAM Program Inventory identifies 130 Federal programs that are able to provide funding for human services transportation for people with disabilities, older adults, and/or individuals of low income.

Number of Programs by Department that May Fund Human Services Transportation



Department	Number of Programs
HHS	66
DOT	12
HUD	12
DOL	11
DOJ	10
ED	10
DOI	4
VA	3
USDA	2

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RLS What's New - CCAM

CCAM Program Inventory: Sample Programs

Sample of the 130 Federal programs that may fund transportation services for people with disabilities, older adults, and/or individuals of low income.


- Department of Health and Human Services programs:**
 - Children's Health Insurance Program (CHIP)
 - Centers for Independent Living (CILs)
 - Older Americans Act (OAA) programs
- Department of Transportation programs:**
 - Section 5307 Urbanized Area Formula Program
 - Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities
 - Section 5311 Formula Grants for Rural Areas
- Department of Housing and Urban Development programs:**
 - Community Development Block Grants/Entitlement Program
 - Supportive Housing for the Elderly
- Department of Labor programs:**
 - Job Corps
 - WICA Adult Program

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RLS What's New - CCAM

- ◆ CCAM Addresses Coordination Barriers
 - Awareness of Federal Funding Sources for Transportation
 - [Cost-Sharing Policy Statement](#)
 - [Cost Allocation Open Source Software Application](#)
 - Will Help Agencies Share Rides and Satisfy Funding Separation and Reporting Requirements
 - [Federal Funds Braiding Guide](#)

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Existing Services

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RLS Public Transit

- ◆ Boone Area Transit System (BATS)
- ◆ Central Indiana Regional Transportation Authority (CIRTA)
- ◆ Hamilton County Express
- ◆ Hancock Area Rural Transit (HART)
- ◆ Link Hendricks County
- ◆ IndyGo
- ◆ Morgan County CONNECT
- ◆ ShelbyGo

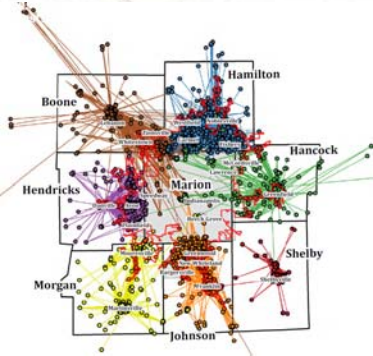
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RLS Public Transit

Public Transit System	Vehicles
Boone Area Transit Systems (BATS)	19
Central Indiana Regional Transportation Authority (CIRTA)	4 (Contracted out)
Hamilton County Express	25
Hancock Area Rural Transit (HART)	14
Link Hendricks County	31
Access Johnson County	19
IndyGo	206
Morgan County CONNECT	11
ShelbyGo	7
Total Public Transit Vehicles	322

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RLS Public Transit



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RLS Human Service Transportation


- A Caring Place Bus
- John Boner Neighborhood Centers
- CICOA Way2Go
- Eskenazi Outpatient Transport Service
- HendricksGo! Medical Transport
- Veterans Transportation Service (VTS)
- Open Door (IndyGo ADA)
- Johnson Co. Senior Services
- Noble Inc
- PrimeLife Enrichment
- Riverview Health Rides
- Use What You've Got Ministry
- Wheels to Wellness (Jewish Federation of Greater Indpls)
- Midtown Get Around (MLK Center)
- Little Red Door
- Tangram
- Bosma Industries

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RLS Human Service Transportation

Program	Vehicles	Program	Vehicles
A Caring Place Bus	3	PrimeLife Enrichment	8
John Boner Centers	3	Riverview Health Rides	6
CICOA Way2Go	20 (+purchased)	Use What You've Got Ministry	1
Eskenazi Outpatient Transport Service	4	Wheels to Wellness (Jewish Fed. of Indpls)	
HendricksGo! Medical Transport	1	Midtown Get Around (MLK Center)	4
Veterans Transportation Service	6 (+purchased)	Little Red Door	N/A (purchased)
Open Door (IndyGo)	84	Bosma Industries	8 (2017)
Johnson Co. Senior Services	12	Tangram	13 (2017)
Noble Inc.	55	Total	228

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Current Technology Initiatives

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RLS Current Technology Initiatives

- ◆ CIRTA Regional Integrated Technology Assessment and Coordination Plan
 - Plan an integrated reservations, trip planning, fare collection, dispatching and real-time location system
 - Improve customer experience and offer seamless inter-county travel
 - Affordable for agencies, allow them to collaboratively schedule trips
 - Improve agency cost efficiency/reduce deadhead

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RLS Current Technology Initiatives

- ◆ Desired Outcomes
 - Clearly define coordination technology success outcomes
 - Identify costs, funding options, develop specifications, and support procurement
 - Detailed implementation plan
- ◆ Project Timeline
 - 2021 – Create needs assessment and plan
 - 2022 – Identify funding, develop specs, write RFP
 - 2023 – Procure and implement solution

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RLS Current Technology Initiatives

- ◆ IndyGo Accelerating Innovative Mobility (AIM) Grant
 - FTA awarded IPTC an AIM grant in late 2020
- ◆ Project proposal
 - AIM seeks new and innovative strategies for facilitating complete, non-automobile trips, with public transit serving as the core service.
 - The “Mobility Concierge Program” is part technological solution and part customer service solution.

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Current Technology Initiatives

- o Facilitate trip planning, booking, and payment across multiple modes and service providers using a mobile application and support from staff in our customer service center.
- o Could be applied to other entities
- ◆ Update
 - o Procuring a subject matter expert (SME) to help IndyGo develop the framework and prepare RFP(s) for the technical solution

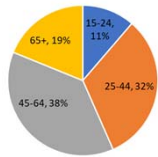
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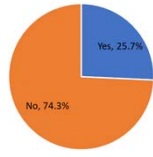
Rider/Public Survey Results



Public/Rider Survey Results



Age Ranges

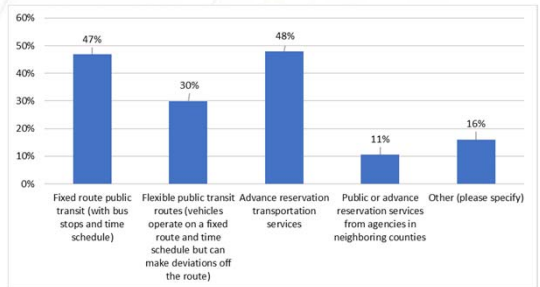


Disability Requiring Use of Walker, Cane, Wheelchair, or Other Device

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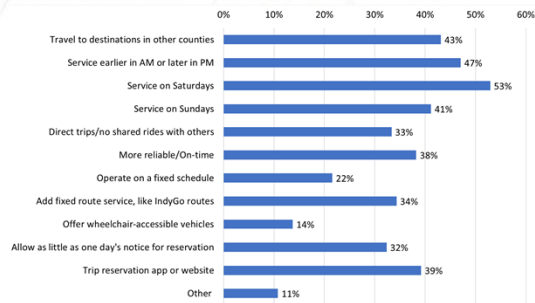
Public/Rider Survey Results



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Public/Rider Survey Results



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Public/Rider Survey Results

- ◆ Open-ended responses
 - o Johnson
 - Service earlier AM/late PM/weekends
 - Improved call center/reservations process
 - Improved accuracy of pick-up times
 - More frequency of service
 - Service to more places

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Public/Rider Survey Results

- ◆ Open-ended responses
 - Central IN
 - Affordability
 - Better public engagement – listen to customers
 - Call center/technology improvements
 - Convenient fare payment
 - Better customer service
 - Expand hours/days of service
 - Improve trip times on fixed route
 - Timelier service

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Public/Rider Survey Results

- ◆ Open-ended responses (continued)
 - Central IN
 - Higher frequencies
 - Have to reserve rides too far in advance
 - High-capacity transit (BRT/rail)
 - More coverage
 - More cross-county service
 - More funding
 - More options/more service
 - Same-day/on-demand

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Unmet Needs and Service Gaps



2017 Unmet Needs and Service Gaps

- ◆ Lack of technology
- ◆ Inconsistent fare structure, fare payment, scheduling requirements, eligibility process
- ◆ Lack of high-capacity transit
- ◆ Difficulty of cross-county travel
- ◆ Better coordination between human service transportation and public transit
 - Emergency management organizations

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2017 Unmet Needs and Service Gaps

- ◆ More hours/days of service on rural transit and human service transportation
- ◆ Access to jobs in suburban industrial parks
- ◆ Communication/education about mobility options
- ◆ More carpooling/vanpooling
- ◆ Attendants for passengers who need assistance

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2017 Unmet Needs and Service Gaps

- ◆ Transportation to childcare for commuting parents
- ◆ Travel training for fixed route
- ◆ Driver/staff training
- ◆ Promote more transit usage to occasional riders
- ◆ Accessible bus stops with shelters

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2017 Unmet Needs and Service Gaps

- ◆ On-demand/same-day service (using coordinated regional network)
- ◆ Awareness of public transit as economic development advantage
- ◆ Easier travel across the entire state

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Changes in Unmet Needs and Service Gaps

- ◆ Lack of technology
- ◆ Inconsistent fare structure, fare payment, scheduling requirements, eligibility process
- ◆ Lack of high-capacity transit
- ◆ Difficulty of cross-county travel
- ◆ Better coordination between human service transportation and public transit
 - Emergency management
- ◆ More hours/days of service on rural transit and human service transportation
- ◆ Access to jobs in industrial parks
- ◆ Communication/education about mobility options
- ◆ More carpooling/vanpooling
- ◆ Attendants for passengers who need assistance
- ◆ Transportation to childcare for commuting parents
- ◆ Travel training for fixed route
- ◆ Driver/staff training
- ◆ Promote more transit usage to occasional riders
- ◆ Accessible bus stops with shelters
- ◆ On-demand/same-day service (using coordinated regional network)
- ◆ Awareness of public transit as economic development advantage
- ◆ Easier travel across the entire state

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Challenges & Accomplishments since 2017

- ◆ Ongoing Goal: Build upon the communication network of transportation providers to continue coordinated transportation services that address unmet needs and reduce duplication of services in each county and throughout the region.

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Challenges & Accomplishments since 2017

- ◆ Goal #1: Incorporate new technology to improve existing mobility options and serve more people.
- ◆ Goal #2: Increase available funding for coordinated transportation in Central Indiana.
- ◆ Goal #3: Improve accessibility to vehicles, bus stops, and bus shelters. Participate in the Emergency Management Plans for each county in the region.

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Challenges & Accomplishments since 2017

- ◆ Goal #4: Continue to collaborate, improve and increase regional, multi-county, and multimodal coordinated transportation services.
- ◆ Goal #5: Consider expansions to public transit service area boundaries and employment related transportation options. Increase frequency and days/hours of service.

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Challenges & Accomplishments since 2017

- ◆ Goal #6: Continue to promote all new and existing coordinated regional, cross-county, and local public transportation and mobility options in an on-going effort to increase awareness and mobility.

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Challenges & Accomplishments since 2017

- ◆ PollEverywhere - pollev.com/impo200
 - #2: Have we made progress on the 2017 goals?
 - #3: Which 2017 strategies have had the most progress?
 - #4: What goals/strategies from 2017 are important to continue?
 - #5: What new goals and strategies are important for the next 4 years?
 - #6: What are the potential barriers to implementation?

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Timeline

- ◆ Online Survey Prioritize Goals and Strategies
 - Week of July 7th
- ◆ Call/Virtual Meeting to Review Draft Goals/Strategies
 - Mid-August
- ◆ Draft Final Plan Available for Review
 - By Sept 10th
- ◆ Plan Adoption by IMPO
 - October 20th

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Contacts

- ◆ Christy Campoll, RLS
937-299-5007 ccampoll@rlsandassoc.com
- ◆ Annie Dixon, IMPO
317-327-5646 Annie.Dixon@indympo.org

Thank you!

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**CENTRAL INDIANA COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION
PLAN UPDATE
STAKEHOLDER INPUT MEETING**

June 29, 2021 10:30 AM – 12:00 PM

Conducted on Zoom

Facilitated by Christy Campoll, RLS & Associates, Inc.

MEETING NOTES

Attendees used PollEverywhere interactive software as described below.

➤ **Introductions and Welcome (5 minutes)**

- PollEverywhere Practice Exercise: Tell Us About Your Organization - pollev.com/imp200
- Annie Dixon from IMPO introduced herself
- The meeting participants answered a few questions in PollEverywhere as practice and to introduce themselves: Who do you provide service to? Does your agency/org provide transportation? What is your name and the organization you represent?
- The attendance list was collected via the Poll Everywhere and Zoom Chat Box Record.
- Christy Campoll from RLS provided a presentation on the following topics, followed by questions for discussion using PollEverywhere.

➤ **Purpose and Overview (5 minutes)**

- Brief overview of FTA Section 5310 Coordinated Public Transit-Human Services Transportation Plans
- FTA funding stream available for improves mobility for older adults and people with disabilities
- Section 5310 is unique because it can be used by non-profit organizations for seniors, etc.
- Definition of Central Indiana includes Marion Co. and adjacent/surrounding counties
- Purpose of the plan: Identify unmet needs, goals/strategies, maximize outcomes, new opportunities for collaboration and technology
- CCAM Introduction – A collaboration of federal agencies providing transportation funding, coordinate and break down barriers to stretch funds to provide as much service as possible
 - Trying to address barriers to coordination, regulations to be abided by
 - Resources that are linked in the presentation and will be shared after meeting
 - Cost sharing policy
 - Cost allocation software application
 - Fund braiding guide

➤ **Update the Inventory of Existing Transportation Resources (10 minutes)**

- Compare the 2017 list of agencies and organizations that provide transportation in each county to the list of known operators today

- Existing services - other transportation services that are not mentioned and ensure we're including everyone (public transportation and human service agencies)
 - Christy: if you another service provider that is not included currently, please share so they can be included, listed in the Zoom chat box record
 - Providers mentioned Community Health Network- Mabel Rides, Go Go Bus – Fishers/Hamilton County, Bosma, and Arc of Greater Boone County

➤ **New Coordination Technology Initiatives Under Development (20 minutes)**

- CIRTAs and IndyGo presented on their initiatives to develop coordination technology
- John Seber - CIRTAs; their project will identify challenges with integrated transportation, trip planning, fare collection, dispatching, trip planning,
 - Coordinated phone calls being sent to learn more about an agency, learn from the survey, will have an on-site meeting to provide insight into the results of the survey
 - Future plans for a future RFP, details to understand review focus, key points that need to be in the RFP, create a base program for mobile app, scheduling, payment, etc. to ensure all have access to same resources
 - 2021 Needs assessment and plan, 2022 ID funding, specs, write RFP, 2023 Purpose and implement solution
- Ryan Wilhite - Program Administrator, IndyGo
 - Accelerating Integrated Mobility grant - purpose is to enhance mobile application to have transit as the core of planning
 - Increase access to technology, mobility concierge customer service center to book a trip, trip planning, payment across modes

➤ **Public/Rider Survey Results (10 minutes)**

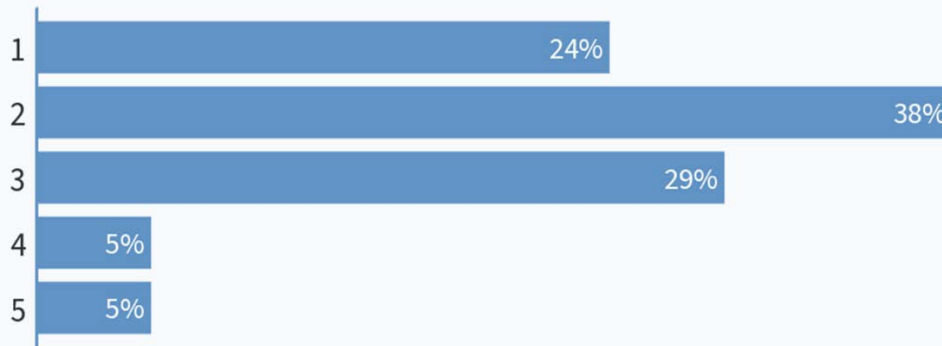
- The public input survey was completed online, combined with some people riding transportation, but impacted by Covid. Participation a bit higher in Johnson Co. because they were already doing a study that involved talking to clients.
- Survey respondents - Christy discussed the results and findings of the responses, what stood out
- Respondents emphasized on time performance, customer service, listen to customers, scheduling of the transportation, service that fits their needs

➤ **Discuss Changes in Transportation Unmet Needs and Gaps in Services (10 minutes)**

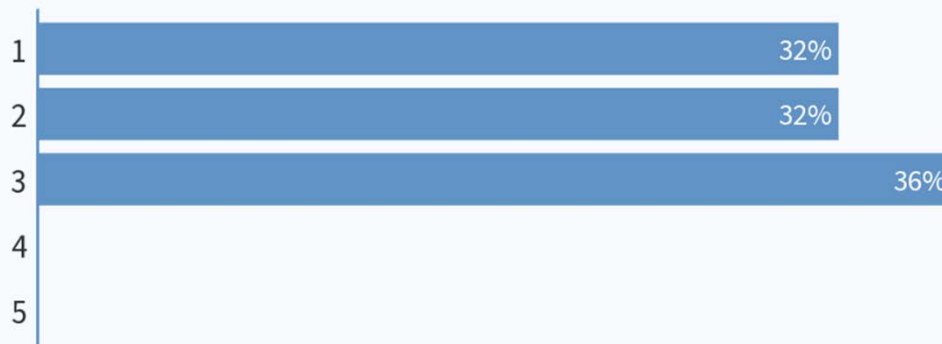
- What has changed since 2017 in terms of the unmet transportation needs, gaps in service, and available transportation resources for older adults, individuals with disabilities, people with low-incomes, and the general public in each county, throughout the region, and statewide?
- List of unmet needs and service gaps shared from 2017 - want to find out if the needs have been met, if we need to continue to include, etc.
- Open discussion on the continued needs that need met:

- Lack of tech, inconsistent fare structure, fare payment, eligibility process, high-capacity, cross-country travel, better human service etc.
- On-demand, same day service, awareness of public transit
- Dee Timi - going across county lines for medical needs, but restrictions due to grant funding is what they struggle to manage
 - Morgan Daly, In the disability community, being able to cross county lines is a conversation that comes up very often.
- Ryan Wilhite: late-night service options
 - Amenities available at bus stops
- Karen Brooks - Communication/Education of mobility options; on-going b/c changes happen so often and cross county transportation, having the universal technology will be amazing
- Anita Bowen - We continue to have issues with some passengers who do not have an attendant with them but very much need one!
- Jean Ross - huge cost gap, no middle of the road on payment options to use services, creates need gaps
- Becky Allen - Driver shortages because of low pay
- Ron Gifford - We just completed a successful pilot, in partnership with Easterseals Crossroads, IndyGo, and Able Link Technologies, of a software app called Wayfinder, which is a travel training tool designed for persons with cognitive disabilities, but can be used for other folks. We'll be sharing more information about that platform in the coming weeks, and will be happy to talk to folks about that service
- Challenges/Accomplishments:
 - Goals were discussed by Christy from the 2017 Coordinated Plan - technology, funding, accessibility, collaboration, expansion
 - The VA mobility manager said that using the Lyft app has been so helpful to getting access for those needing transportation
- **PollEverywhere Exercise #1: Challenges and Accomplishments since 2017 Plan (10 minutes)**
 - Has there been progress on the 2017 coordinated transportation goals and strategies/projects?
 - Annie led the PollEverywhere exercise (questions and results are below)

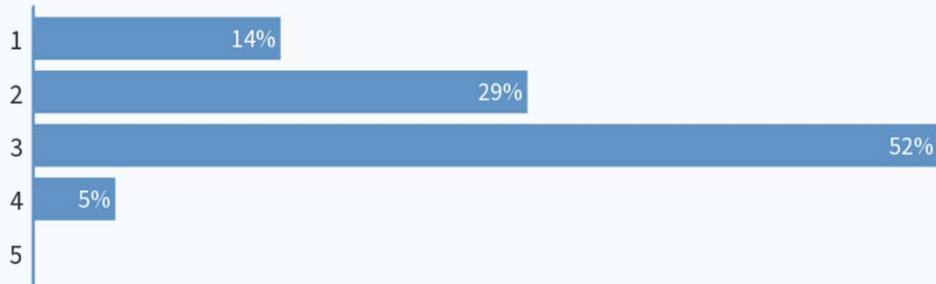
Goal 1: Incorporate new technology to improve existing mobility options and serve more people. (5=most progress made)



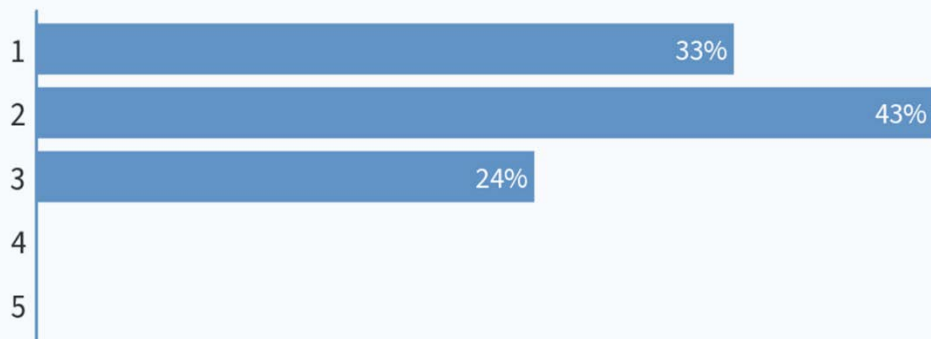
Goal 2: Increase available funding for coordinated transportation in Central Indiana. (5=most progress made)



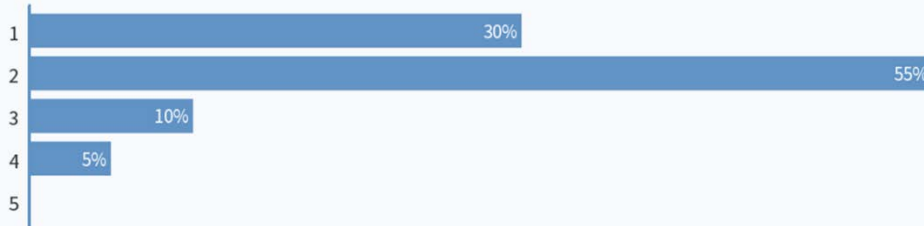
Goal 3: Improve accessibility to vehicles, bus stops, and bus shelters. Participate in the Emergency Management Plans for each county in the region. (5=most progress made)



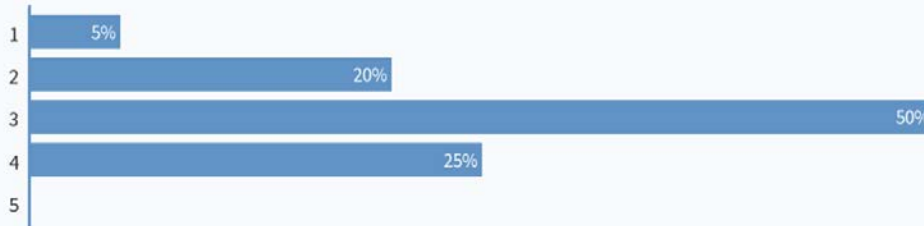
Goal 4: Continue to collaborate, improve and increase regional, multi-county, and multimodal coordinated transportation services. (5=most progress made)



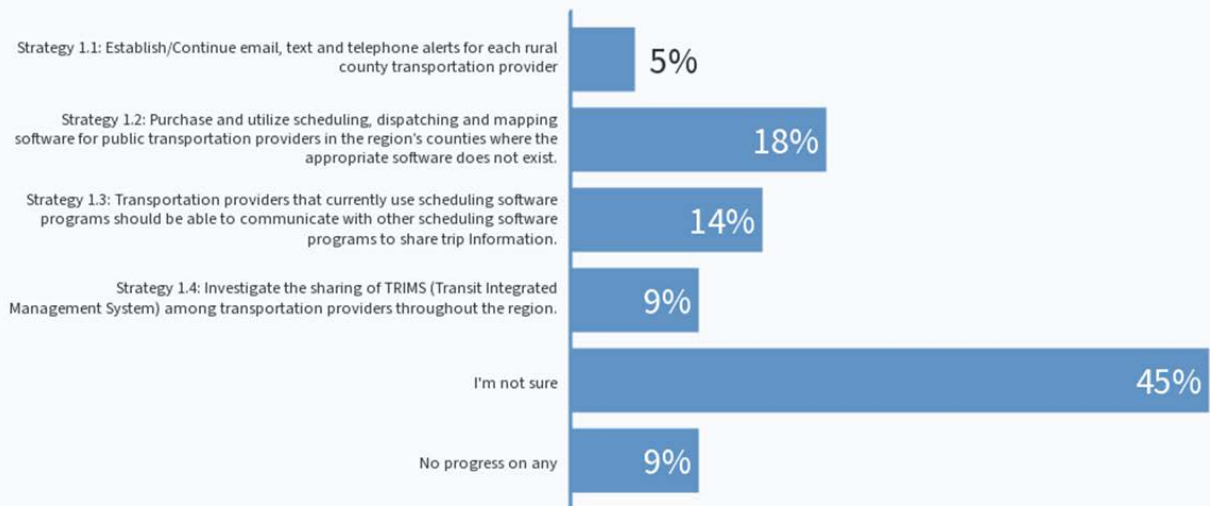
Goal 5: Consider expansions to public transportation service area boundaries and employment related transportation options. Increase frequency and operating days and hours of service in an effort to meet the existing unmet needs and gaps in services.



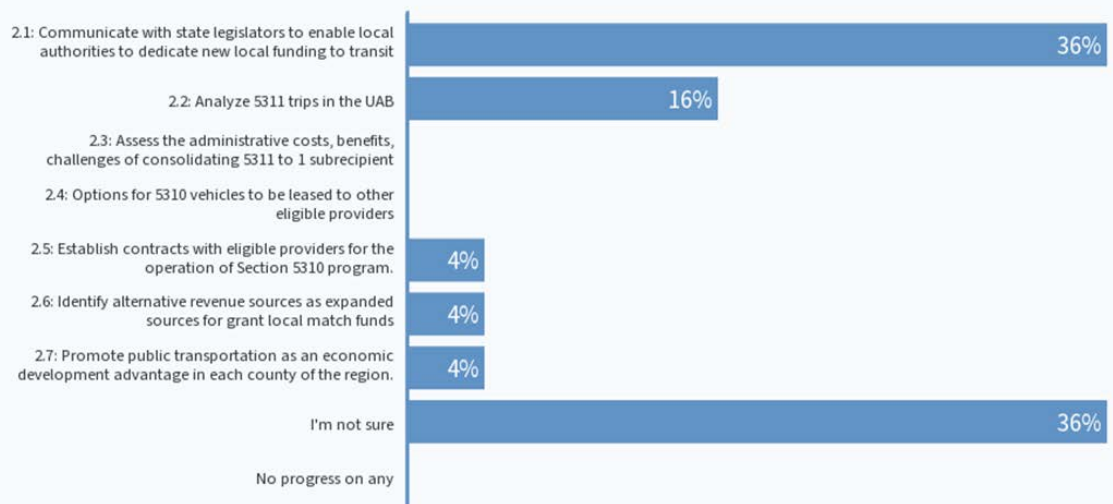
Goal 6: Continue to promote all new and existing coordinated regional, cross-county, and local public transportation and mobility options in an on-going effort to increase awareness and mobility (5=most progress made)



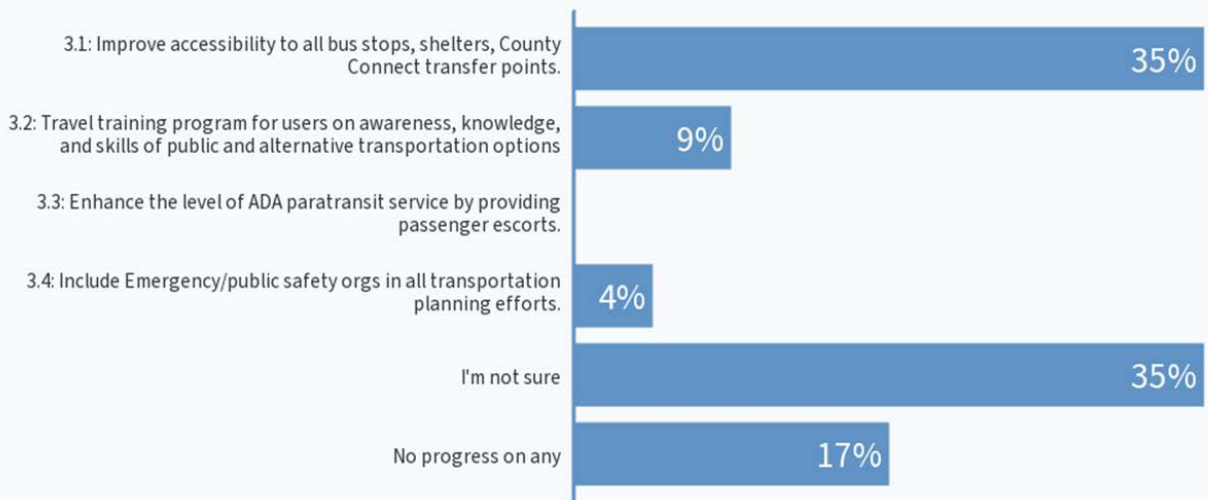
Which strategies from Goal 1 had any progress since 2017? (can select multiple)



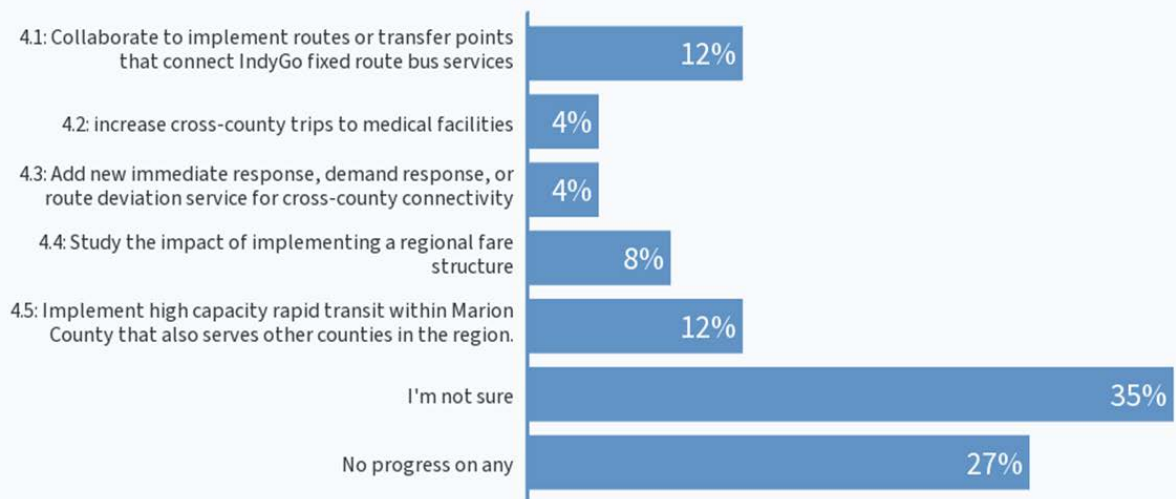
Which strategies from Goal 2 had any progress since 2017? (can select multiple)



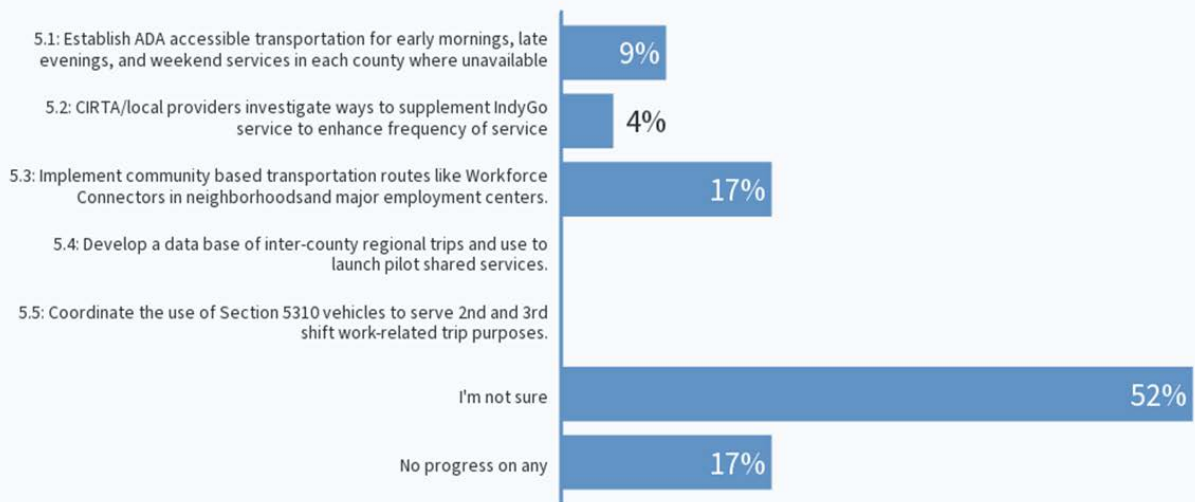
Which strategies from Goal 3 had any progress since 2017? (can select multiple)



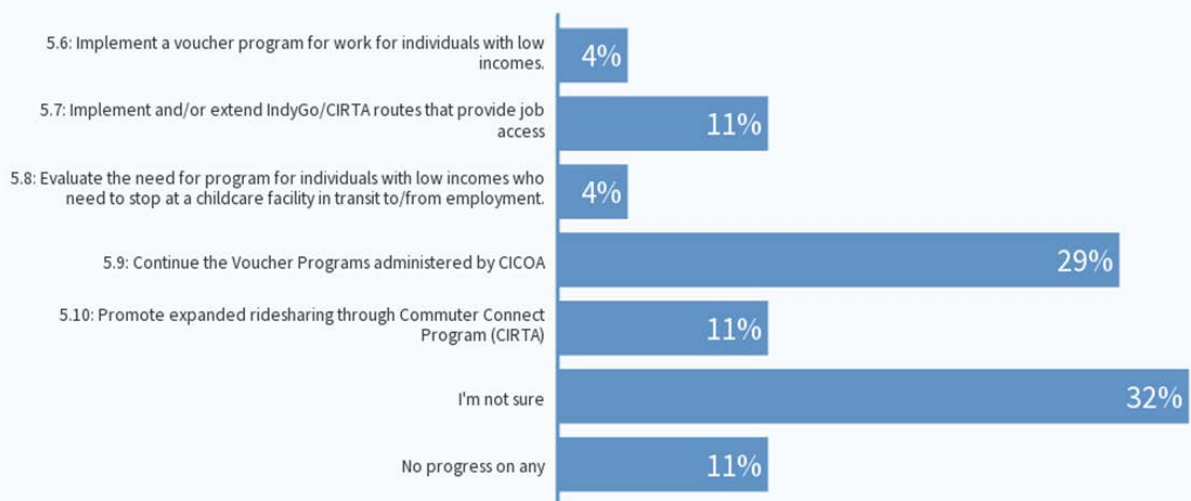
Which strategies from Goal 4 had any progress since 2017? (can select multiple)



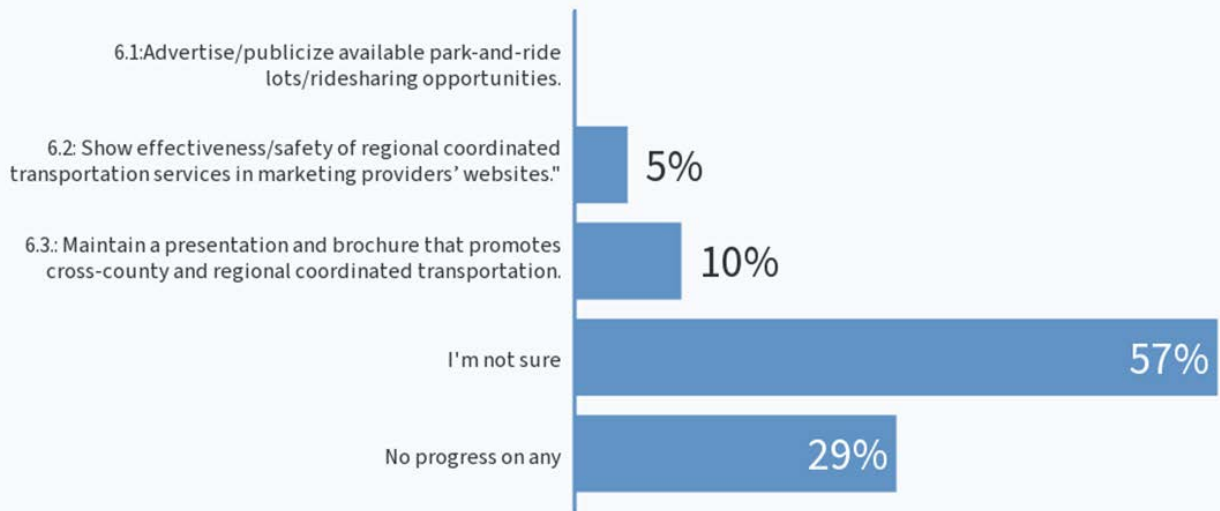
Which strategies from Goal 5 had any progress since 2017? (can select multiple)



Which strategies from Goal 5 had any progress since 2017? (can select multiple)



Which strategies from Goal 6 had any progress since 2017? (can select multiple)



- Christy discussed goals and strategies for the 2021 plan update.
- Interviews with key stakeholder organizations were conducted by Christy and Annie to learn more about how best to serve Central Indiana.
- Cross-county trips, coordination, intercounty, tech, drivers pay were highly emphasized
- Ryan Wilhite said to think about the types of trips outside medical: daycare, daily living, etc.
- Annie led the next PollEverywhere exercise (questions and results are below)

➤ PollEverywhere Exercise #2: Priorities for Coordinated Transportation Projects (20 minutes)

- What coordinated transportation goals are most important for Central Indiana?
- What strategies/projects can be implemented to contribute toward these goals?

What goals or strategies from the last plan that we should continue to work on?

Open-ended Responses

Accessible stops

All from the previous plan

All of the above

All of the above.

Centralized technology platform for coordinating between multiple options

Collaboration & Technology

Continue efforts for work force connectors and cross county transportation needs.

Coordinate between transit agencies

Coordinated Technology

Coordination between all transit organizations
 Cross county
 Cross County
 Cross county coordination
 Cross County Transportation
 Cross county trips
 Cross county trips
 Identify and update regional PMs related to coordinated trips
 Increase awareness
 Increase frequency of service
 Increase local and state support of public transit
 Inter county transportation. Increase service hours. More funding for driver's pay.
 Please consider utilizing 5310 funds for additional uses outside of direct vehicle (capital). For example, many states provide an option in the RFP to apply for programmatic funds. As a provider, we don't always need a vehicle every year. We'd like to see the availability of funds for programs as well. (Driver's Pay too). Thanks!
 Reduce number of goals, too overwhelming
 Regional fare type
 Regional Fare, technology
 Tech
 Tech modernization (pay for services, track busses online)
 Technology
 Technology, connectors, communication
 Technology, coordination, communication
 Travel training
 Understand CCAM Fed funding
 Unsure

What goals identified by stakeholders and the public should we focus on in the next 4 years?

Open-Ended Response	"Upvotes" Received from Attendees
Develop a coordinated, regional software system for all providers to use Count	12
Make scheduling and taking cross-county trips easier for the rider Count	13
Make fixed stops more accessible at the stop location Count	5
Integrate micromobility options such as Uber/Lyft/bikes into a centralized trip planning software Count	4
Make the infrastructure connect bus stops to destinations (sidewalks, curb cuts, etc.) more accessible/improved Count	7
Create and improve awareness of a centralized transportation resource directory Count	7
Increase # of "end users" (actual riders) serving on boards and committees discussing transit Count	5
Offer transportation 7 days a week Count	6
Ensure transit planning meets needs of seniors, individuals with disabilities, etc. Count	11

What barriers to implementation of these goals do you anticipate for the next 4 years?

Open-Ended Response	"Upvotes" Received from Attendees
Plan is too large. Better to fully achieve 3 or 4 goals than have 9 goals partially met.	0
Collaboration is hard when you're also competitors -- competing for limited funds and resources, often from the same public or philanthropic sources.	0
Marketing	1
Technology	2
In human services and most of the 5311 providers, one person wearing many hats and not enough people to get it all done.	3
Collaboration among transportation providers.	4
Siloed approach to planning, strategy, coordination -- no central entity in a position to drive necessary changes.	3
Current technology	4
Education to end points that can increase awareness of such transport programs (seniors communities, case managers, social workers, doctor's office)	3
Insurance costs	1
Funding	1
Keeping fleet up to par and replacement	4
Lack of funding	2
Insurance	1
securing funding and options for funding types.	3
Client-based services	0
Funding	10

➤ Next Steps (5 minutes)

- Christy and Annie described the next steps in the plan update process.
 - Draft Plan Reviews and Feedback Process/Responsibilities
 - Final Plan Adoption Process



Transportation Coordination Goals and Strategies

Created by: ccampoll@rlsandassoc.com · Your response: ✓ Yes, I'm going

Time

11am - 12pm (Eastern Time - New York)

Date

Tue Aug 10, 2021

Where

<https://us06web.zoom.us/j/83217483354?pwd=RTJNb05CVUNLQThZaFNFB0YyZW81Zz09>

Description

Hello all,

Please join RLS and the IMPO for a discussion of the goals and strategies in the regional Coordinated Transportation Plan Update. We will present the results of the goals/strategies prioritization survey and ask for your review and discussion of the prioritized strategies. We are scheduling this virtual meeting for 1 hour but it is likely that the meeting will take less time than that.

Thanks,
Christy Campoll

Join Zoom Meeting

<https://us06web.zoom.us/j/83217483354?pwd=RTJNb05CVUNLQThZaFNFB0YyZW81Zz09>

Guests

- ✓ abowen@booneseniors.org
- ✓ becky.allen@gatewayarc.com
- ✓ brwhite@indot.in.gov
- ✓ Christy Campoll
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Passcode: 121315
Find your local number: <https://us06web.zoom.us/j/83217483354>
us/u/kdi4FFfm6Q

My Notes

Meeting #2 Attendance – 8/10/2021

Vicki Adams, Hancock County Senior Services
Becky Allen, Access Johnson County/Gateway Services
Mark Bergmeyer, Tangram
Anita Bowen, Boone Area Transit System
Pat Cockrum, Sycamore Services
Annie Dixon, Indianapolis MPO
Suzanne Derengowski, Hancock County Senior Services
Ron Gifford, Central Indiana Community Foundation
Easter Hall-Beyer, Shelbygo/Shelby Senior Services
Mohammad Khan, Central Indiana Regional Transportation Authority
Yolanda Kincaid, Janus Developmental Services, Inc.
Kim Koehl – Shelby Senior Services
Mela Miroff - Indiana University Health
Christy Morris, Jewish Family Service
Mandla Moyo, AARP Indiana
Tim Nowak, John Boner Neighborhood Centers
Amber O’Haver, INSILC
Jean Ross, Age-Friendly Fishers & Primary Record
John Seber, Central Indiana Regional Transportation Authority
Dale Stefani, Hendricks County Senior Center
Dee Timi, PrimeLife Enrichment Center
Donna Ulman Babbs, Sycamore Services (Morgan County CONNECT)
Pam Verbarg, Arc of Greater Boone County
Ryan Wilhite, IndyGo



Moving Public Transportation
Into the Future

Coordinated Public Transit-Human Service Transportation Plan Goals and Strategies

PRESENTED BY RLS & ASSOCIATES, INC.
AUGUST 10, 2021


www.rlsandassoc.com



Introductions and Welcome

- ◆ Unmute and introduce yourself! State your role in transportation.

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Purpose and Overview

- ◆ Section 5310 Project Selection by IndyGo or INDOT
- ◆ Section 5310 Program Purposes:
 - To Improve Mobility for Seniors and Individuals with Disabilities by Removing Barriers to Transportation Service and Expanding Mobility Options
 - Supports Transportation Services Planned, Designed, and Carried Out to Meet the Special Transportation Needs of Seniors and Individuals with Disabilities


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Coordinated Plan Purpose


- ◆ Identify Unmet Transportation Needs in the Community
- ◆ Adopt Goals and Strategies as a Team to Address Unmet Needs
- ◆ Maximize the Programs' Collective Coverage by Minimizing Duplication of Service
- ◆ Examine New Opportunities for Collaboration, including Technology

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Goals and Strategies

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Goal 1

- ◆ Provide a unified, regional transportation scheduling, dispatching and trip payment network with a single portal/one-stop hub for obtaining system information and reserving rides

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Goal 2

- ◆ Expand mobility through maintaining or building on existing transportation options and developing new services, including providing more opportunities for traveling across county lines

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Goals 3 and 4

- ◆ Improve accessibility of bus stops
- ◆ Improve mobility for older adults and people with disabilities through enhanced input opportunities and advocacy for transportation funding

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Goal 1 Strategies

- ◆ *Provide a unified, regional transportation scheduling, dispatching and trip payment network with a single portal/one-stop hub for obtaining system information and reserving rides*
 - S1A. Consolidate the scheduling and dispatching functions of multiple transportation providers under a single organization using robust, modern scheduling and dispatching technology. (13)

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Goal 1 Strategies

- ◆ *Provide a unified, regional transportation scheduling, dispatching and trip payment network with a single portal/one-stop hub for obtaining system information and reserving rides*
 - S1B. Provide a consistent, region-wide fare structure and trip payment system. (6)

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Goal 1 Strategies

- ◆ *Provide a unified, regional transportation scheduling, dispatching and trip payment network with a single portal/one-stop hub for obtaining system information and reserving rides*
 - S1C. Adopt a consistent transportation costing methodology based on providers' fully allocated costs and a procedure for billing and payment for coordinated trips. (9)

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Goal 1 Strategies

- ◆ *Provide a unified, regional transportation scheduling, dispatching and trip payment network with a single portal/one-stop hub for obtaining system information and reserving rides*
 - S1D. Increase awareness of Central Indiana's transportation options by making system information and travel training easily accessible to all. (10)

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Goal 2 Strategies

- ◆ *Expand mobility through maintaining or building on existing transportation options and developing new services, including providing more opportunities for traveling across county lines*
 - S2A. Expand the CICOA My Freedom cross-county transportation voucher program. (7)

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Goal 2 Strategies

- ◆ *Expand mobility through maintaining or building on existing transportation options and developing new services, including providing more opportunities for traveling across county lines*
 - S2B. Expand public transit and open-door human service transportation providers' service areas. (10)

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Goal 2 Strategies

- ◆ *Expand mobility through maintaining or building on existing transportation options and developing new services, including providing more opportunities for traveling across county lines*
 - S2C. Offer transportation seven days per week with longer and more consistent operating hours (i.e., provide the same hours weekdays, Saturdays, and Sundays), and with increased frequency on fixed routes. (10)

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Goal 3 Strategies

- ◆ *Improve accessibility of bus stops*
 - S3A. Ensure that fixed route bus stops are located near destinations that are important for older adults and people with disabilities, and improve infrastructure to allow easy mobility to these destinations (11)

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Goal 4 Strategies

- ◆ *Improve mobility for older adults and people with disabilities through enhanced input opportunities and advocacy for transportation funding*
 - S4A. Recruit older adults, individuals with disabilities, and people with low incomes as members of policy-making and planning bodies (11)

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Goal 4 Strategies

- ◆ *Improve mobility for older adults and people with disabilities through enhanced input opportunities and advocacy for transportation funding*
 - S4B. Engage in advocacy efforts to increase transportation funding (16)


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	High	Medium	Lower	Not a Priority
Sched/disp consol.	13	4	2	2
Regional fare	6	6	5	4
Cost methodology for ride sharing	9	4	7	1
Better info/travel training	10	9	2	0
Expand My Freedom	7	8	5	0
Expand service areas	10	9	1	0
7 days/week & more frequency	10	4	6	0
Bus stop location/infrastr.	11	5	3	1
Older adults/PwD on planning entities	11	0	1	0
Advocacy efforts	16	4	0	0


	Average ranking	# of 1's
Sched/disp consol.	4.3	6
Regional fare	5.1	2
Cost methodology for ride sharing	5.7	1
Better info/travel training	4.2	3
Expand My Freedom	5.3	0
Expand service areas	4.7	1
7 days/week & more frequency	6.0	3
Bus stop location/infrastr.	5.3	1
Older adults/PwD on planning entities	4.9	3
Advocacy efforts	3.7	6

 **Comments**

- While I think the strategy of one software dispatch is great, I rated it low on priority because I don't think it is realistic with "too many cooks in the kitchen." Having just gone through the change to 5307 funding, and seeing how long that took, I cannot imagine this large group pulling off even deciding on the best software to choose, and then there is the startup, agency coordination, policies, etc. If this is chosen it should be the only thing chosen for the entire plan. There won't be time for anything else.

 **Comments**

- A centralized network of transportation hinges on ability to cross county lines... my dream is to go to one resource and behind the scene is the complicated algorithm and policies allowing Hoosiers to select options fit to their profile and needs (ability and financial).

 **Comments**

- I noticed you did not include ITA Indiana Transportation Association. Please do include this organization. It is still alive and active.
- I applaud the MPO for taking a leadership role in pushing the regional transit entities to work more closely to coordinate regional transportation efforts.
- We need to be specific about who can actually implement a strategy.

 **Discussion**

- Prioritization of all strategies



Timeline

- ◆ Draft Final Plan Available for Review
 - By Sept 10th
- ◆ Plan Adoption by IMPO
 - October 20th

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Contacts

- ◆ Christy Campoll, RLS
937-299-5007 ccampoll@rlsandassoc.com
- ◆ Annie Dixon, IMPO
317-327-5646 Annie.Dixon@indympo.org

Thank you!

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**CENTRAL INDIANA COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION
PLAN UPDATE**

STAKEHOLDER INPUT MEETING

August 10, 2021 – 11:00 AM to 12:00 PM

Conducted on Zoom

Facilitated by Christy Campoll, RLS & Associates, Inc.

MEETING NOTES

Christy Campoll gave a presentation about draft goals and strategies that were developed based on input from the public survey, previous stakeholder meeting, and stakeholder interviews. Prior to this meeting, stakeholders had the opportunity to complete a brief survey to comment on and prioritize draft coordinated transportation strategies for the 2021 plan update.

- The plan covers Marion County and all surrounding counties
- Overview of purpose of 5310 and goals of the coordinated plan
 - Improving mobility options for individuals with disabilities and seniors
 - Purpose to identify unmet transportation needs in community, add goals and strategies to address unmet needs, maximize collective coverage of minimizing duplication of service
 - Examine new opportunities for collaboration including technology
- All should have received the online survey to prioritize goals and strategies
 - 21 responses
 - Sharing results today
- Walked through initial goals
 - Goal 1: provide a unified, regional transportation scheduling, dispatching and trip payment network with a single portal/one-stop hub for obtaining system information and reserving rides
 - Goal 2: expand mobility through maintaining or building on existing transportation options and developing new services including providing more opportunities for traveling across county lines
 - Goal 3: improve accessibility of bus stops
 - Goal 4: improve mobility for older adults and people with disabilities through enhanced input opportunities and advocacy for transportation funding
- Christy asked if anyone had questions about the goals
 - There were none
- Christy then went through the strategies to support goals; goals are end result and strategy is what we do to implement
 - Numbers in parentheses from the listed strategies in the slides are number of people that voted for that to be high priority
- Highest priority was advocacy effort
- Scheduling and dispatching consolidation was 2nd highest priority

- Expanding service area and better info/travel training were 3rd and 4th highest
- Ranking on a scale of 1-10 with 1 being the most important
- Advocacy and scheduling and dispatching consolidation were highest ranked
- Discussed submitted comments
 - Concern over the software consolidation and amount of effort and time
 - Crossing county lines determines centralized network
 - Need to include ITA and INCOST as statewide organizations
 - Applaud MPO for taking leadership role and pushing agencies to coordinate
 - Need to be specific about who can implement a strategy
- Questions
 - Amber O'Haver – who filled out survey?
 - Invited 50 organizations received survey
 - Most responses from providers
 - Amber shared concern that voice of older adults and individuals with disabilities participating in survey
 - This may have affected the prioritization
 - Jean Ross – discussion on rules around cross county trips and funding
 - Caused prioritizing advocacy over funding formula
 - Christy explained how funding flows and how county serves as passthrough and sets service area
 - Ryan Wilhite said that 5310 is not used for operations
 - Pat Cockrum
 - It is difficult with cross county transportation
 - Providers have to make efficiency decisions on the numbers of people you can transport at any given time
 - Members of the public don't care about who is scheduling the trip
 - Becky – likes scheduling dispatching coordination to help put people on the road
 - Helps with efficiency
 - Put people driving on the road instead of taking calls to schedule service
- Should advocacy be highest ranking
 - 4-5 members
- Scheduling be high ranking – 6+ votes
 - 5 for
- Better travel training – 4 votes
- Expanding service areas – none in actual meeting
- Any of these critical that we didn't talk about
- John Seber – some of these go together
 - Some may be 1, 2, 3
 - Need to start somewhere
 - CIRT in the middle of technology study

Central Indiana NEMT Provider Contact List

Business Name	City/Town
1 More Chance LLC	Indianapolis
1st Priority Non-Emergency Medical Transportation	Indianapolis
A Plus Medical Transportation Indiana	Gary
A-1 Enterprise Transportation LLC	Fishers
A1 Transport	Indianapolis
AA Medical Transport	Indianapolis
Afare Transportation LLC	Indianapolis
Alexander Transportation	Indianapolis
Allied Logistics LLC	Indianapolis
Almost 4Minds LLC	Indianapolis
AngelKare Residential & Community Based Services	Indianapolis
Art Transportation	Indianapolis
A-Team Transport Services, LLC	Indianapolis
A-Tin Transport LLC	Indianapolis
Avail Medical Transport LLC	Noblesville
Avon Trust Care	Indianapolis
AVT Transportation LLC	Indianapolis
Bailey's Exec Med Trans Svcs LLC	Indianapolis
Bee Transportation Logistics LLC	Indianapolis
Bidets Care Medical Transportation	Indianapolis
C&C Transportation Services	Indianapolis
Citizens Transportation LLC	Indianapolis
CLD Medical Supply	Indianapolis
Community Cab LLC	Martinsville
Community Cab LLC	Martinsville
Compass Transportation Services LLC	Carmel
Compassionate Med Transportation Svs LLC	Indianapolis
Cummins Behavioral Health Systems, Inc.	Avon
Daily Medical Transportation LLC	Indianapolis
DCA Transporation LLC	Indianapolis
Dedicated Transportation Service LLC	Fishers
Dependable Beyond Great Transportation	Camby
Destiny Non Emergency Medical Transportation, LLC	Indianapolis
Door 2 Door Transportation Service	Indianapolis
Drive to Health, LLC	Fishers
Duran Transportation LLC	Greenwood
Easley Medical Transportation, LLC	Indianapolis
East Oasis Group LLC	Carmel

Business Name	City/Town
Edinburgh Transit Authority	Columbus
Elevation Transport	Greenwood
Ellamary Services LLC	Brownsburg
EMA'S Inc.-INDPLS	Indianapolis
Embassy Integrated Logistics, LLC	Indianapolis
ERI Transportation LLC	Indianapolis
Essential Transit, LLC	Indianapolis
Eve's Precious Moments Transportation	Indianapolis
EZ Rider	Indianapolis
Fast Ride Transportation	Indianapolis
Felopater Medical Transportation LLC	Westfield
For You, Inc.	Whitestown
Foster Financial Inc.	Indianapolis
Gemini Transit LLC	Fishers
God and Son We Trust, LLC	Lebanon
God is Good - Jesus is Savior LLC	Fishers
Good Ol' Days Transportation Services LLC	Indianapolis
Good Samartian Global Health Services LLC	Indianapolis
Hani Gaied	Indianapolis
Healthpoint Medical Transportation	Carmel
Home Health Transport Inc.	Indianapolis
Home Link Transportation LLC	Fishers
Hughes Medicar LLC	Shelbyville
Indianapolis Yellow Cab/Ztrip	Indianapolis
Indy Airport Taxi Inc.	Indianapolis
Indy Medical Trans LLC	Indianapolis
Indy Transit LLC	Beech Grove
Indytransportme	Indianapolis
Inspiring Nature Transit LLC	Indianapolis
Integrity Transportations Solutions LLC	Indianapolis
Kari Cap Medical Transportation	Indianapolis
Kenney Non Emergency Medical Transportation LLC	Avon
Larris Medical Transport	Indianapolis
Lawrence Transit System	Indianapolis
LCP Transportation LLC	Indianapolis
Lead Transport	Noblesville
Link Medical Transport LLC	Indianapolis
Loyalty Transportation LLC	Indianapolis
M.A.K. Transportation LLC	Speedway
MD-S Transportation LLC	Indianapolis

Business Name	City/Town
Med-Gistics LLC	Indianapolis
Midwest Ambulance Service Inc.	Indianapolis
Midwest Medical Transportation	Indianapolis
Momo Medical Transportation LLC	Indianapolis
Morgan County Connect	Martinsville
Need-a-Lift	Indianapolis
PHG Ultraryde LLC	Indianapolis
Pinnacle Medical Transportation	Fishers
PME Logistics Inc.	Indianapolis
Priority One	Indianapolis
Q&S Medical Transport LLC	Indianapolis
R&M Transportation	Indianapolis
Regional Transport Services	Indianapolis
Reliable Medical Transit and Services LLC	Indianapolis
Residential Consulting, LLC	Indianapolis
Rhonda Droblyn	Fortville
Ride N Peace Transport LLC	Indianapolis
Ring My Bell LLC	Indianapolis
Savior Care LLC	Noblesville
Seals Ambulance Service Inc.	Indianapolis
Southeastrans, Inc.	Indianapolis
Spotlight Transportation LLC	Indianapolis
Summit Transportation	Indianapolis
TD on Time Transportation	Indianapolis
Tomide Medical Transportation LLC	Indianapolis
Trans-Care Ambulance	Terre Haute
Transportation Care LLC	Indianapolis
Trinity Care LLC	Carmel
Trixmed Transport LLC	Indianapolis
United Transportation Inc.	Indianapolis
V&G Transportation Services LLC	Indianapolis
We Care Corp	Carmel
Whitman Medical Transport	Lebanon
Zoom Transport Service, LLC	Indianapolis

Dear Transportation Provider,

On behalf of the Indianapolis Metropolitan Planning Organization (IMPO), you are invited to participate in a focus group on **Monday, June 28th, 2021 from 6:00 p.m. to 7:00 p.m.** which will assist in updating the Coordinated Public Transit-Human Services Transportation Plan.

Federal transportation law requires that projects selected for funding under the Enhanced Mobility for Older Adults and Individuals with Disabilities (Section 5310) Program be "included in a locally developed, coordinated public transit-human services transportation plan," and that the plan be "developed and approved through a process that included participation by seniors, individuals with disabilities, representatives of public, private, and nonprofit transportation and human services providers and other members of the public" utilizing transportation services. The coordinated plan identifies the transportation needs of individuals with disabilities, older adults, and people with low incomes, provides strategies for meeting these needs, and prioritizes transportation projects for funding and implementation.

The purpose of this focus group is to obtain input from private companies providing transportation services to individuals with medical and other types of transportation needs. We will use the information obtained during the meeting to inform our development of a list of recommended goals and strategies for inclusion in the Coordinated Plan Update.

The focus group will be facilitated by RLS & Associates, Inc., using Zoom. To participate, visit www.zoom.us and enter meeting ID# 979 9974 2981, followed by passcode 862264. Please email ccampoll@rlsandassoc.com to RSVP for the meeting so we are aware of how many participants to expect.

If you have any questions or concerns, please call RLS at (937) 299-5007 and ask to speak to Christy Campoll.

We look forward to speaking with you! Thank you.

Survey of Transportation Needs in Central Indiana

Tell us about your transportation needs! This is a brief survey concerning transportation needs in the Central Indiana Region. It will take approximately 10 minutes to complete. We very much appreciate your time, and the information is important to help inform local transportation plans.

If you have any questions regarding the survey or would like to have the survey in an alternative format, please call Robin Lovins at (937) 299-5007 or email rlovins@rlsandassoc.com. Surveys must be returned by April 30, 2021. **You can return the survey to who gave it to you, or mail the completed survey to Indianapolis MPO, 200 E Washington St, Ste 2322, Indianapolis, IN 46204.**

You can also take this survey online at <https://www.surveymonkey.com/r/CentralIndianaTransitFeedback>, or leave a voicemail with your comments at 317-327-5646.

1. Mark ALL of the types of public transportation you or your family have used during the past 12 months to travel to work/appointments/shopping/social activities/etc.: (check all that apply)

- Fixed route public transit (with bus stops and time schedule)
 - Flexible public transit routes (vehicles operate on a fixed route and time schedule but can make deviations off the route)
 - Advance reservation transportation services
 - Public or advance reservation services from agencies in neighboring counties
 - Other: _____
-

2. Mark ALL types of self-funded transportation services you or your family have used in the last 12 months to travel to work/appointments/shopping/social activities/etc.

- Private Taxi, Uber, Lyft (or similar)
- Car Share (Car 2 Go, Zipcar)
- Carpool/Vanpool program
- Drive yourself
- Ride with friend or family

3. Is public transportation, carpooling, or senior services transportation an option for you?

- Yes. I use it.
- No. It is not available where I live.
- No. It does not go where I need to go.
- No. It is not available at the times or days when I need it.
- No. The vehicles are not wheelchair accessible.
- No. I don't need this type of service.

4. If public or senior services transportation is available but you do not use it, please select any of the following reasons that apply.

- I do not qualify for transportation services available in my area
 - It is unaffordable
 - I have my own car and prefer to drive
 - My friend(s) or family member(s) drive me where I need to go
 - Other: _____
-

5. If public, private (i.e., taxi) or other transportation options (except for driving) were easy to use and available to you and/or your family, which of the following would cause you to use the service? (please select all that apply)

- If it would save money (ex. save on gas or car maintenance)
 - If it is better for the environment
 - If it is provided with wheelchair accessible vehicles
 - If I were not capable of driving myself
 - If I do not have another transportation option
 - I would not use public, private or other transportation options under any circumstance
 - Other: _____
-

6. What would you change to make your transportation service options more appealing to you? (select all that apply)

- Travel to destinations in other counties in the Indianapolis area
 - Service earlier in the morning or later at night
 - Service on Saturdays
 - Service on Sundays
 - Pick me up at my house and take me directly to where I am going/no shared rides with others
 - More reliable/ On-time for picking me up/dropping me off
 - Operate on a fixed schedule and allow flexibility in choice of travel times
 - Add fixed route service, like IndyGo routes
 - Offer wheelchair-accessible vehicles
 - Allow as little as one day's notice for reservation
 - Offer a trip reservation app or website rather than only accepting requests on the phone
 - Other: _____
-

7. Which of the following are your most commonly visited destinations when any kind of transportation is available to you? (select all that apply)

- Work
 - School
 - Dialysis
 - Medical/Dental offices or hospitals
 - Shopping (General Shopping, Pharmacy and/or Grocery)
 - Senior program activities and appointments
 - Social/Recreation activities
 - Appointments for counseling or treatment/recovery programs
 - Faith-Based organizations and activities
 - Other: _____
-

8. If you use advanced reservation transportation, have you ever transferred from one transit vehicle to another so that you could complete a one-way trip between your origin and destination?

- Yes
- No, but I would transfer
- No, and I would not transfer
- I don't use advanced reservation service

9. If you answered "No" to the Question 8, why not?

- I do not know how to schedule a trip that would require a transfer from one transit vehicle to another

- It is physically difficult for me to board and exit vehicles so I prefer to use one vehicle for the entire trip
 - I will only ride with the transportation drivers that I recognize and know
 - I am worried that the trip will be too long or the transfer will not go as planned
 - Other: _____
-

10. Do you or a family member need transportation outside of your county of residence but only sometimes or never have it?

- Yes
- No

If yes, how often do you need it and to what city or town(s)? _____

11. Which of the following do you use most often to get the transportation information that you need?

- Smartphone apps/text for information
- Transportation/human services provider websites
- Phone call to transportation/human services provider for information
- Organization like my church or senior center or similar
- I ask a friend or family member for help because I am not comfortable using the computer, smartphone apps, or calling by phone

Other: _____

12. If you could change one thing about transportation in Central Indiana, what would it be? _____

13. How old are you?

- 15-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+

14. Is English your first language?

- Yes
- No

15. What is your racial identity?

16. What is the zip code where you live?

17. Which of the following BEST applies to you? Are you presently:

- Employed outside your home or daily volunteer
- Work from home
- Retired
- Student
- Not currently employed
- Other: _____

18. If you are employed, in what city or town is your employer(s) located?

19. Do you have a disability which requires you to use a cane, walker, wheelchair, and/or another device to help you get around?

- Yes
- No

20. Are you familiar with CIRTA's County Connect program, which helps Central Indiana residents find transportation options to get from place to place, including across county lines? (<https://www.cirta.us/county-connect/> or 317-327-RIDE)

- Yes
- No

Thank you for taking the survey!

**Central Indiana Coordinated Public Transit-Human Services Transportation Plan
Responses to Stakeholder Interview Questions
Interviews Conducted in May 2021**

Participating Stakeholder Organizations

AARP of Indiana
Central Indiana Community Foundation – Personal Mobility Network
CICOA Aging & In-home Solutions
Easterseals Crossroads
Goodwill of Central & Southern Indiana
INSILC – Indiana Statewide Independent Living Council
Indiana Family and Social Services Administration
Health by Design
Richard L. Roudebush VA Medical Center
United Way of Central Indiana

Each answer provided by an interviewee is represented in one bullet point. Some interviewees were not able to complete all question due to time constraints.

1. What do you feel are the strengths of Central Indiana’s existing transportation network of services in terms of meeting the needs of older adults, people with disabilities and people with low incomes? What is working well?

- [The organization] refers people with needs they can’t meet, such as unmet needs due to problems with paperwork or eligibility for transportation, to the organization’s social workers. The social workers assist vets with applying for IndyGo paratransit or getting transportation through other providers such as Little Red Door and CICOA.
- It has been great and appreciated that Open Door is offered throughout Marion County and not just within the ¾ mile radius of a fixed route as required under the ADA. That is a huge plus compared to a place where it’s only offered within a certain distance of fixed routes. It is night and day in terms of where people can go. If you look at where Open Door was a couple of years ago in terms of on-time performance, TransDev has made a lot of good progress.
- The change from the hub and spoke bus system to implementing BRT lines is good because there will be faster service. That is really helpful. The unfortunate reality is that if you can get access to a car, it’s cheaper to use it than to use a bus pass. \$60 per month is too much. \$30 would be more reasonable. It’s cheaper than \$60 to fill up the car for a month. If they are trying to promote transit, it should be cheaper. Also, Little Red Door provided a good service to one of the participants in 2018 for frequent trips for cancer treatment. They set up rides through the Uber app, which had some useful functions like texts and links to help her get to her ride. It was a blessing.

- The IndyGo system is expanding to have 3 bus rapid transit lines and a grid network that will be faster and more convenient. The voucher system used by IndyGo for dialysis is a strength. CICOA Way2Go is known for being reliable and on-time.
- IndyGo is a great benefit, they have the routes and buses, and some technology to provide as a good central partner for transit. They are the most useful and powerful resource in the area.
- Out of these three groups, more needs are being met for older adults. The human service agencies and suburban transit providers are working within their resources to do as good of a job as they can to meet older adults' needs.
- We in Central IN do not have a very integrated, robust transportation system. While there are some good services provided by organizations to the extent that they can with the resources they have, it is really hard to say what's going well. CICOA Way2Go transportation focuses on seniors and people with disabilities; it is a good system but it could be more robust.
- People do have the option for a door-to-door service. At least in county limits in most of the counties and within Indy. Sometimes there are subscriptions where the family doesn't have to call every day. Just having the option for transportation is good. And, it's affordable Medicaid Waiver dollars can be used to pay for service, too.
- One of the strengths is the transit advances. For this population, transit can connect them with hospitals and clinics. The Red Line is close to IU Health, and if it jugged over to Eskenazi and the VA it would be great! Hospitals have stepped up to help with transportation, especially for vaccines. Local aging agencies do a good job with in-county rides, but not as much across county lines. We've had conversations about engaging Uber/Lyft to open up more options. The more options, the better off we are.
- CIRT in Central Indiana does a good job of coordinating, especially with transportation for employment. That system seems to work well, primarily for employment. IndyGo provides a very valuable service with Open Door. Going outside the ¾ mile ADA limit is great. The providers in the region do communicate on some level but it should be strengthened. CICOA's voucher system works really well. It allows people to go cross-county. The Marion County referendum win and adding bus rapid transit has created momentum. There is a lot of commitment and leadership in transit.

2. What is not working well?

- The biggest problem lately is that there are no wheelchair taxis in Bloomington, Terre Haute, and other places; he hasn't looked too much at W. Lafayette. In one community there are 2 tiny providers but they are only open from 8-4 M-F. It costs \$300 each way for a short trip across the street from the Waters of Greencastle to a health care facility, because he couldn't

find a local provider. Also, the amount of time it takes to travel on the city buses can be burdensome. It takes 2 hours to get between Fort Harrison and the VA.

- If you talk to riders, the things that are a struggle include the length of the ride – how long it takes. Also, late pick-ups or drop-offs. In terms of keeping appointments and getting to work on time, many riders leave really early to ensure they arrive on time. The result is that a lot of an Open Door rider's time is spent on transportation as compared to someone who has a car. When you talk with riders, this is a common theme. And, you have limited flexibility when you're dependent on a shared service. Unplanned activities (for example, an appointment that comes up for the same day) are not possible within this system. There are taxi vouchers, Uber, and other options but those are not accessible for people who use wheelchairs. In the outlying counties, transportation is a lot more limited. For people working at our retail stores the options are to bike, walk or drive a car. The public transit options outside of the donut counties are a lot more limited.
- The connectivity between Marion County and the donut counties is a huge barrier. People get stuck at the border. For people who work across county lines, it's too complicated to transfer. For example, if you have to take Uber for one part of the trip, then transfer to a bus, then use NEMT, etc. – a connected, seamless system from getting from Point A to B would be much better. IndyGo is working on the ¼ mile buffer issue for paratransit. They just completed a public comment phase. The Mobility Advisory Committee meets next week and will go over what came up in public comment. There was a task force on paratransit. IndyGo is looking at alternatives like TNCs, vouchers, etc. It's a bad idea to reduce the service. The need for the service increases, it doesn't decrease. The available alternatives are often not accessible. Medicaid NEMT services are not working well. Rides are not showing up. The scheduling is problematic – your choices are limited; you have no control over who your provider is. Some people have strong relationships with providers they trust, and now can't choose them. Provider no shows are happening in the city, and outside of it. IndyGo is contracting out to Ztrip for Open Door services. They have heard of them not showing up for scheduled rides. This has been covered in the paratransit meetings. IndyGo stops are not accessible a lot of the time. For example, someone with a wheelchair has to navigate a 6 inch drop from the curb to get on the bus. Some bus stops get flooded during rain due to poor drainage. NEMT is disjointed – the managed care organizations use their own brokers, and traditional Medicaid uses Southeastrans. The brokers make getting rides difficult. Getting information about the available options is a problem in itself – what is needed is a centralized, regional hub that can handle arranging and funding/paying for trips on multiple providers. This would be more of a mobility management approach. Turfism gets in the way. It's as though, this makes too much sense to actually be implemented!
- The region needs a centralized system that can be used to schedule and dispatch rides for multiple, cooperating providers. For example, if someone needs to be picked up at Community Hospital North and there is an Open Door vehicle there and no Way2Go vehicles in the area, CICOA should be able to pay IndyGo to transport the client. This type of arrangement would be a win-win for clients (in terms of getting timely service) and for cost-efficiency. There is no effective communication going on between providers at this point.

Pedestrian infrastructure around IndyGo fixed routes needs to be upgraded so that it is accessible to people with disabilities including those using wheelchairs. There appears to be minimal desire for the suburban counties to participate in public transit. Places like Plainfield, Fishers, and Greenwood were mentioned as places that need transit. There is a concern about the Indianapolis region having the right level of population density to make to make transit attractive and worthwhile. A lot of people still pay their IndyGo fare with cash, which slows up the routes. IndyGo has added a smart card option in recent months. The failure of Blue Indy carsharing was a disappointment. Central Indiana puts a lot of funding toward widening roadways and otherwise incentivizing driving. The suburban transit providers are going to come under the urbanized area FTA funding program and as a result, they will lose some federal funding.

- If you look at the specialized services like Open Door, those systems are not as efficient and well-staffed as your typical bus route. This causes the people who depend on it to have to wait a long time to get ride, and it takes so long to ride somewhere in many cases. On the fixed route, sometimes service is not consistent, like the route doesn't operate every day. IndyGo is trying to fix that. State legislative issues are a problem, like SB 141. These challenges will continue to come. We need to make transit a viable option to all to stop these types of challenges.
- People with disabilities are not well served. IndyGo Open Door is not meeting their needs very well; it is really expensive to provide this service and the resources aren't available to make it better. So, there are issues with the timeliness of rides, you have to call pretty far in advance, etc. And outside Marion County, it's even worse because the service is not there or is extremely minimal. For low-income people, if you are not on a transit line and have no car, you are depending on friends, relatives, or informal providers for rides. The services in the region are not connected, not coordinated, and siloed; service is not regional/cross-county. If you took all of the resources available as a whole, they are probably not being used as efficiently as possible. There is a desire for coordination but a fear of being co-opted by the bigger player (i.e., IndyGo) – the smaller providers don't want to see their personalized, familiar services go down in quality. The personal touch is important in the outlying areas. The idea of auto-scheduling from a more remote location, for example, brings out this fear. People fear that something like the Medicaid NEMT brokerage difficulties would happen to the public transit systems. The change to urbanized area funding for the suburban providers is a threat – there is lower funding with more restrictions. People with disabilities and their advocates are concerned about lack of availability, lack of access, and the inability to cross county lines. For example, you can't live in Marion County and get to an appointment at IU Health North on public transit. You can be forced instead to wait for available appointments at providers that are located on bus lines (if you are near a line). All aspects of quality of life are affected in the same way: shopping, going to work, socializing, and worshipping are all affected by access to transportation.
- Some counties have a system in which they drop off at the county line, and you transfer to the next county's – it can be done, but there is a burden on the rider from a time standpoint. In Marion County – the issue is getting TO the point where to get transportation (on fixed

routes). With IndyGo's reduction in the number of bus stops, not as many people can get to the bus routes. This impedes the ability to get close to where people are going, for medical appointments for example. People don't have enough access to service, generally. The county services are small and do not have a lot of capacity compared to the need. Many employers, such as Amazon and larger warehouses in suburbs, have worked really hard to get people access to transportation – those services (such as the Workforce Connectors) are great, but you still have to get yourself to the boarding points. It would be great if there were more of these types of services to more locations.

- Right now, IndyGo is struggling to find drivers – service has been inconsistent. Quality ebbs and flows, when things are going well, then the bottom will fall out for one reason or another (hiring shortage, new software, system change) and people don't get picked up, etc. Or they get picked up really late. Or people are riding for too long on the bus. Some changes have happened that are great – the Ecolane portal (for caregivers or caseworkers) is wonderful. You no longer have to sit on hold on the phone to find out the status of a pickup. Some customers migrated from traditional Open Door to Ztrip though, and they don't have this portal.
- Mileage reimbursement is important for people on Medicaid. The mileage reimbursement benefit under Medicaid is underutilized. People think it's just for family members, but a friend or neighbor can also provide a ride to a NEMT beneficiary for a mileage reimbursement. (Note: under this arrangement, the driver could also take the person to the store during the trip. They can't add the store mileage to the reimbursement, but at least it's a way for a non-driving Medicaid client to get to the store.)
- The current paratransit discussions with IndyGo are concerning, going back to the ADA requirement only for paratransit would be a challenge. The 5307/5311 switch for the suburban providers is going to present challenges. There can be a lot better communication and coordination, and funding. INDOT is not really involved in coordination. Providers are saying that they don't always get updates and information from INDOT that they think they should. We are not spending enough money on transportation options – too much is going to roads. This is evident in the TIP/STIP. Our systems for ensuring Complete Streets are not strong enough. Many transit providers are using very outdated systems for fare payment and scheduling/dispatching. Having to plan 1-2 weeks in advance for trip needs is not a good system. There are a lot of problems with NEMT.

3. What are the most important unmet transportation needs for individuals throughout Central Indiana who currently or would potentially ride transportation?

- Veterans who are older but ambulatory and living independently can use ride-hailing like Uber or Lyft, but they need some level of orientation to that type of service. The organization has found is using Lyft for appointments is good for them because it trains them how to use it. Being able to use ride hailing for other things like shopping and errands, they stay more independent. They need point-to-point service because they may be unable to walk all the way to a bus stop, they can't stand for a long time, etc. They don't need a wheelchair van level

of service, they just need a ride. This would free up wheelchair vans for people who really need them.

- The most significant unmet need is getting to jobs. There are also many who struggle to get to school for alternative/adult education. The specific bus route schedules are key. Goodwill had an outlet store with 70-100 employees at the corner of 84th and Georgetown, which opened in 2008 – they closed it a year ago; one of the biggest issues was that the bus only ran to 79th. They had a huge number of people walking the rest of the way on a busy road with no sidewalk and little shoulder for a half-mile. Staffing was extremely difficult. Goodwill transitioned this facility to 42nd and Franklin where the bus service is closer. One of the biggest drivers of the location was the bus routes' hours and stop locations. Also, Goodwill has an outlet on Emerson Avenue just south of County Line – a bus route goes down to a nearby corner, but on Sunday nights the service stops at 5-5:30. Therefore, it's hard to get people that can close on Sunday nights. If the bus ran an additional 3 hours later, it wouldn't be a problem. At locations with proximity to bus routes with strong hours of operation, they have an easier time filling open positions. The employees have different barriers – people may have no high school degree, a disability, criminal history, etc. Public transit removes one of their big barriers. A close 2nd to transportation is childcare. It's a huge unmet need.
- Accessible transportation. There are a lot of options people can use. Uber, fixed route, etc. But they are not always accessible. With advanced-reservation services, there is no freedom and flexibility – 24-hour notice isn't equitable, when others can be spontaneous in their travel. First/last mile access to your home and employment is an unmet need. And, some solutions need to be made accessible - for example, microtransit needs curb-cuts for it to work for people with some disabilities or those who use wheelchairs. People with developmental disabilities need people to train them on using transit and to be patient with them - drivers and providers may be rude to them. People who are face to face with customers need to have sensitivity. The scooters are still an issue - they are being left out and blocking people with wheelchairs and blind people from using the sidewalk, etc. It's a little better now.
- Dialysis transportation is #1. Way2Go can't meet all the need. Some dialysis shifts start at 5am, and some go until 10-11pm, and providers are not open that early/late. Some people have Tue-Thu-Saturday dialysis. Southeasttrans won't give CICOA the Tue-Thu trips for someone if they can't take the Saturday trip too. People need reliable service. They need to know when the bus is going to come. There were issues when the Red Line started with reliability, and people didn't get a good first impression of public transit when these issues were going on. People need affordable transportation. Could IndyGo fares be scaled based on income – or could the system be fare-free? Sometimes people who ride Open Door are on the bus 2-3 hours at a time. Timeliness is hugely important. The My Freedom vouchers are often used in place of Open Door so that the ride will be predictable and timely. Finally, people need cross-county transportation.
- The time piece. It takes too long regardless of what service you use, fixed route or paratransit. People feel transit isn't viable to get somewhere quickly. It doesn't have to

match car trip lengths of time, but people can't be spending hours on the bus. On the paratransit side – this is a geography issue – Marion County and Central IN are so big that not everyone gets equal service. Perceptions of transit – what do people think about transit? Who's riding/who's it for? Perceptions need to be addressed.

- There are not enough providers, there is low availability and access. Affordability is an issue. Affordable, accessible, equitable mobility options are needed. Many available options are not wheelchair-accessible. Many people have said that Uber and Lyft drivers avoid their neighborhoods – there is informal red-lining going on. With Uber/Lyft, the drivers/vehicles are unknown to the riders – vulnerable riders like older adults may feel unsafe using them.
- The biggest need is access to transportation that is not an unreasonable distance from someone's home. On the east coast it is typical to be able to walk 4-5 blocks to be able to catch a bus. In this area, we're laid out differently. The ease of access is lower, especially for people with mobility issues. Sometimes you can arrange scheduled bus service in advance, but often you have to schedule weeks in advance. The default to Uber or Lyft, if you don't have a funding source for that, is not as simple of people say, because it is not affordable to many.
- Outside of Indy, it's very difficult. The systems in Hamilton and Johnson are very limited. People cross county lines for jobs. And these two systems don't cross county lines. It puts a strain on families from time to time. She knows trips can be coordinated but it's cumbersome. People have moved into Marion County specifically because of the availability of transportation. Sometimes clients go to providers just across the county line and there's no transportation option even if it's close. Inconsistent/late/poorly timed service is a big struggle. And not having access to transportation at all, in unserved areas.
- We have pockets of people in the city that are not on a bus line. They don't have good access to hospitals. Southeast Marion County doesn't have good access to a hospital because there isn't one there. The transportation covered for medical appointments is limited. People call Medicaid a lot to ask about transportation for getting food or to church. Medicaid only covers pharmacy and medical rides. They can't cover trips to FSSA offices, even. We need to look at social determinants of health. SNAP has food delivery now, which is good, but many seniors are not on SNAP.
- In the rural areas, especially with COVID, access to all basic needs – food, employment, healthcare, social needs. Transit providers have had to cut back on service. Service hours have changed. Routes have changed. We don't provide enough service in terms of hours and days of week to meet demand. We don't have a good picture of demand. We don't have a way to capture it. If people don't have a good experience with transit (for example, most of their trip requests are denied), they give up and stop trying to use it. We are not taking the scale of the problem seriously. We don't try to expand service. Ultimately, the rider has so few ways of providing legitimate input and having their input taken seriously. The County decision makers don't hear about the needs that are going unmet. Service providers don't

feel comfortable (or maybe don't see the need for) communicating about unmet needs to county officials. They could be risking the support they do get by making an issue of it.

4. What transportation services would you like to see in Central Indiana that do not exist today? What are the priorities, if multiple services are named?

- An ideal opportunity would be to get \$1 million grant for elderly and nondriving people for Lyft-type service. There should be stronger mass transit that connects outlying communities in Central Indiana. Having a bus that went from towns like Greenfield to Indy, even once a day, would be beneficial. Access Johnson County has a bus to Indy.
- The way transit is set up is that we have Open Door in Marion County then some smaller operations in the donut counties. A larger, unified system for the whole region would be game-changing. They've had employees they've worked with one on one. They've been at one of our locations for a long time, it's a perfect fit for them, etc., but transportation availability across the county line has forced them to move. The unavailability of cross-county service has a huge impact on people's lives. IndyGo's current direction with bus rapid transit, more operating hours and high frequencies is great. If people have to take multiple bus lines to work, it can take 1.5 hours to go 1 way. They would love to see more progress in these areas. Infrastructure like sidewalks is also important, especially for wheelchair users. Sidewalk conditions can be unsafe; in some places they are unusable. Many transit riders report this type of problem. It has been brought up in the Mobility Advisory Committee.
- Services that cover all of Marion County, or all of one county – not just ¾ of a mile from fixed route. Accessible TNCs. There is UberACCESS in some places like in Arizona. Why not here? Uber and Lyft should employ people with disabilities who own/use their own accessible vehicles to provide rides. Some vehicles could accommodate passengers with mobility devices. This is doable.
- Some way for there to be cross-county transportation. Recently they worked with a veteran who lives in Hamilton County whose only option to travel was purchasing New Freedom vouchers, or transfer at county line which is not a good option for many older adults and people with disabilities. People often don't want to do that transfer. Education is key! People who could transfer, don't know about the opportunity to do it.
- How do we coordinate between different modes of transit? Can a person get on an app that incorporates Uber, the bus and a scooter in one ride? How do we build a more coordinated, tech-based transit system to help us utilize all of the modes available? In Central Indiana, how do I access places outside of the coverage area. Like Plainfield - you can take Plainfield Connector out there after transferring from IndyGo, but there's nothing like that in Fishers, for example, for people can access jobs out there. How can we build out a regional network? And pay one fare, and use one app, to make the trip happen. This is a big barrier. It's an issue of political will more than technology or funding.

- A coordinated scheduling and transportation service, where all of the barriers are knocked down. So, Janus, for example, could take someone into Marion County for whatever service they need, like an appointment at IU Health downtown. Then, instead of deadheading back to Hamilton County or having excessive down time, they could provide a ride within Marion County. If you have 4 patients in Hamilton County getting dialysis in Indy, could it be scheduled at the same time, with all 4 being transported at the same time? This would require a good technology platform and resources being made available to the agencies to get the technology. It would have to be designed from a governance perspective so that payment flowed seamlessly, incorporating multiple sources of transportation funding – for example, Medicaid, employers sponsoring rides, etc. The equivalent of a transportation savings account could be part of this system. Funders could deposit into this account. It would be seamless for the client. This is the “holy grail” but no one has implemented it, it just comes up in conversations over and over again.
- At one point it was discussed that there would be a train to downtown, but what she is hearing is that we first need to improve on what we have and invest money there. BlueIndy was brought in, but they weren’t accessible. You had to have a credit card, for example. We have created a lot of bicycling infrastructure but it doesn’t meet the needs of older adults and people with disabilities. These solutions don’t address unmet needs. We have the rapid transit lines; it’s hard to tell how successful the Red Line would be without the pandemic. The community involvement effort in planning new services has seemed to focus on a ridership market consisting of everyone; it wasn’t specifically targeted to individuals who don’t have other means of transportation.
- IndyGo currently provides service beyond the ¼ mile ADA-set limit, and she thinks it’s important to continue to provide it. Easter Seals Crossroads is a heavier drop-off point, and many of their clients may live outside the ¼ mile buffer. It can be hard when drivers can’t come into the facility to collect clients. They can’t have someone outside waiting on the bus for each client. Sometimes the rules on this are confusing. New drivers working for Open Door contractors sometimes don’t know what the rules are, which can create problems.
- Expanding the rapid transit lines. There need to be faster, more direct routes. For example, when the vaccine was offered at the Speedway – for many, to take the bus there would be 3 hours. Transportation is needed for critical but not medical needs.
- We don’t have a robust volunteer driver program. We don’t have technology that allows providers to share resources, e.g., can facilities be shared through the use of technology to coordinate? A better use of the resources that exist today may be available through coordination. There could be an expanded role for Uber/Lyft in meeting needs, even though they are not accessible. If we had a more highly functioning, whole system, we wouldn’t need all of these piecemeal solutions (various public transit agencies, human service providers, vouchers, VA transportation, hospital and health care transportation... there are many uncoordinated pieces).

5. How are regional (inter-county) transportation needs being met in Central Indiana? What are individuals doing to be able to make regional trips?

- Intercounty transit is a struggle given the different services/providers.
- Unsure. To get between Marion and Johnson Counties, one has to connect at the Greenwood Park Mall, and it would be a long ride requiring paying 2 fares for one way. And, you have KNOW that this exists to begin with, then figure out the schedules, fares, policies, etc. It's exhausting, so people often don't bother. In one example, rather than make the transfer, someone had a fellow church member drive them because it was so much easier. People 65+ are going to grow in population and they will not all be able to drive, so you'll see an increase in need. They will be living on Social Security, so the options will have to be affordable. This is an infrastructure and funding issue.
- New Freedom vouchers or County Connect transfers. There was a Carmel/Fishers express bus but there was no funding to sustain it. And it did not really service people outside of the downtown-commuting workforce.
- People are driving for regional trips and it is a cost burden for many. Businesses and suburban communities are sometimes building services to help people get to work and medical appointments. People are probably foregoing seeking employment in unserved areas. There are likely many trips that just aren't happening.
- CICOA has a limited number of vouchers for cross-county trips but they are first-come first-serve. They would typically sell out on the 1st of the month. So, if you wanted to take a trip on the 27th of the month, you had to plan that far in advance to purchase a voucher.
- In many counties, the organizations that wind up being the transportation providers are the ones that typically serve seniors and/or people with disabilities, which seems like a logical fit. But at the same time, because of their limited capacity, they may not be able to truly service the community at large. To get from Morgan to Hendricks County, for example, it becomes a complex web of time-consuming plans, and you have to do a lot of working around the constraints of transportation service.
- That usually falls onto the family (of people with developmental disabilities). She knows of situations here and there where the person has a drop-off point at the county line, then goes on from there with the 2nd provider. But it involves a lot of travel time – it can make a 4-hour shift into an 8-hour day. Going the bathroom, etc., is a problem on long rides.
- Southeasttrans, the largest NEMT brokerage, uses taxis and special rates. The local senior organizations don't go out of county, it's unfortunate that they can't. When clinics move out to the suburbs, even right over the county line, and there's no service to take people there, it's frustrating.

- The My Freedom voucher is the only cross-county opportunity. Transferring sometimes involved being left in a parking lot to wait for the next bus. People getting released from prison have difficulty getting anywhere, they are being left in fields out in rural areas. Cecelia Whitfield is helping with this, so are the United Methodist women she is affiliated with.

6. What types of coordination between the region’s transportation providers would bring some benefit to people who rely on transportation services?

- If there was a one-stop shop for all transportation providers in the region – a website. Or, a worksheet and points of contact for everyone. It would help people in Central Indiana link up to the right providers – CICOA, IndyGo, etc. A simple link and phone number. Their service area goes from New Castle to Terre Haute and Bloomington to Kokomo; also, Greensburg, West Lafayette, Anderson, Spencer.
- Front-end, customer-facing coordination: to access transportation, you can call Open Door and book a ride, but if you want a ride in Boone County, it’s not the same number. It would be great if metro Indy had one single portal to access all options. Similarly, to the extent possible – consistent rules of engagement would be better than what exists today. For example, at one provider, you call the day before a ride, but at the other, you need to provide a week’s notice. Or, all providers could require the same number of hours of lead time for requesting same-day rides.
- Funders don’t collaborate. They need to collaborate on ride schedules as well as the back-end of how providers get paid, so there can be inter-provider coordination that is convenient to the customer. Advocacy - helping people to advocate for themselves. In Chicago, you can buy a pass for \$120/month for all buses, trains, and other forms of transit. It’s all money that’s on one card. Nonprofits and other organizations can load cards for clients. A central payment system that incorporates Medicaid-funded transportation would be beneficial. A statewide collaboration of groups to work together on transportation – for all counties.
- If providers all had one centralized system and they could all look into it to see availability and system capacity. They could provide more rides, and it could save money. At the end of the day, when the last riders are being picked up, and they run into an issue, they are keeping drivers and dispatching well beyond their shift times. In a coordinated system, the providers could help each other out. Before providers denied trips, they could look and see if another provider could do it. Southeastrans has adjusted their reservation window based on Way2Go. They used to have a 2-day notice requirement but now people can schedule up to 30 days ahead because CICOA and other providers’ schedules were always full 2 days ahead.
- Technology – if all of the paratransit, health care, and fixed route providers used common technology. If we had pilot or grant programs to ensure that Lyft/Uber were a part of the conversation to make it seamless for people to pay for trips, either by themselves or through funding/voucher programs. We need the region’s mayors to have these conversations as well. Are we talking to each other, and as a group, to better coordinate access? CIRTA has

members, who are elected officials or providers, but are they empowered to make changes? Can they be encouraged to talk and get the right people to the table?

- For the counties to make resources available, if they had them, where they bring people into Marion County for appointments. Then Marion County might supply some funding to support this service. So, resources would be coordinated for inter-county trips. This would make these trips easier than transfers. There are many work-specific transportation efforts for Marion, Hendricks and Boone, but there are other reasons, outside of employment, that people need to go cross-county. There needs to be more dialog. Someone needs to pull the providers together for these discussions. Not just the providers, but the organizations serving clients who provide transportation aid and assistance. They are spending mostly philanthropic dollars to individuals having difficulty with transportation. The two groups – providers and agencies assisting transportation consumers – should coordinate on solutions.
- Uzurv and Ztrip are providing alternatives, which is a good thing. It is limited though, and it's only for those who don't need an accessible vehicle. Coordinating to make sure that families are aware of protocols is important and doesn't always happen. For Ztrip – are there background checks, etc.? She has been asked by families of clients with developmental disabilities. Does Ztrip (and other contractors) provide driver training for serving people with disabilities, seizure disorders, etc.? There needs to be more training and education about the various services' standards and protocols for families.
- There needs to be coordination around mapping resources that people can use. Any agency where people "start" needs to be able to connect the person to resources. 1.8 million people are covered by Medicaid. Their medical rides are covered. There needs to be a focus on the Medicare population who are not on Medicaid – let's focus on a solution for them. The approach should be to identify specific populations with needs, then address those needs.
- Technology, sharing resources. It would be cool if you could call 211 and get a cross-county ride. A one-call solution for cross-county trips.

7. What organizations do you believe should lead efforts to address gaps in services and unmet needs for transportation in Central Indiana? This list could include transportation providers, planning organizations, local governments, regional partners, and more.

- He has dealt with IndyGo a lot. They should lead it in Marion County and the surrounding counties. CICOA would also be good at doing that. He hasn't dealt with Little Red Door a lot but they are just cancer transportation.
- It is likely that the funding intricacies of IndyGo and the donut counties (some of the ways funding is set up and distributed) contributes to the issues we have. The funding structure doesn't support unified solutions. There is a feeling that improvements can be a zero-sum game between communities, that there are winners and losers, which doesn't help toward regional solutions. It is difficult to identify a lead organization.

- The leaders should be the people using the transportation services. People with disabilities and people with low incomes. You have to get the end user involved. Advisory committees aren't cutting it. They aren't listened to. Transit agencies have public forums to check a box. It's performative. People should be asked "did this work for you? What would make it better?" What happens now is that people with no knowledge of the lived experiences of people who rely on transit, are making the decisions. This is how we end up with systems that don't work for their intended users. The Mobility Advisory Committee (MAC) chair should have a seat on IndyGo's board of directors. The MAC agenda should be less driven by IndyGo staff and more by the people who participate.
- IndyGo, CIRT, the MPO, CICOA, Southeasttrans and the other brokerages; hospitals are getting involved in transportation; people in the medical community who could help come up with ideas; you have to have a group of a bunch of folks together. It's not just a few – the more that are involved, the better. The large logistics companies who are challenged to find workers. And clients themselves! They have valuable input that organizations may not think about. CICOA would be very interested in leading a coordination effort, they are very motivated for progress on coordination.
- The providers have to since they are the experts, in helping develop plans for routes, coordination, etc. They have a role, but you also need advocates and community organizations to represent people who use transportation. Community foundations – there is a price tag on whatever we build. The political arm is there too, we need elected representatives to be vocal on regional transportation. We can talk about having a system with improved technology, that speaks to driverless cars, Uber/Lyft etc., but if elected officials are shutting things down, they can't happen.
- The MPO is best suited in our community to do this today. They are now independent from the City of Indianapolis. They have a "big table" due to their membership. IndyGo by its charter is Marion County-focused. They are interested in regionalism but the city-county council isn't as friendly to this idea. CIRT by statute is set up for this, but doesn't have the capacity under their current structure. The mayors have discussed creating a regional development authority – there is work on comprehensive economic development (CED) planning at the MPO. Federal transportation money flows through the MPO.
- The county transit systems and CICOA, which has regional footprint.
- The Bureau of Developmental Disability Services is a part of Division of Disability and Rehabilitative Services, a unit of state government encompasses a lot of people who need this type of service, including Vocational Rehabilitation and adult day services. But there are also agencies serving people with dialysis, etc. Providers can be a part, but she is not sure how important coordination is to the transportation companies themselves.
- CICOA and Goodwill are major players. For people who might be mildly disabled, but can work – workforce development, Ticket to Work program. The city, but not just Indy, but also

the suburbs. The Fishers mayor has been active on transportation. Many health facilities are in Carmel. So not only the City of Carmel, but Carmel's health facilities need to be involved.

- INCOST, ITA? Our whole approach is to bring stakeholders together. You need a coalition of these groups. Even including faith-based groups and riders. The Indy Connect triad of CIRT, IndyGo and the MPO worked really well for planning. But public agencies need to be accountable. These agencies don't have a high level of stakeholder and rider engagement that works really well. When you add in that layer of the other service providers in the region, too, the customer's voice is missing. We are not getting enough voice from people directly impacted by transportation system actions.

8. What other organizations should be involved with transportation coordination? Any non-traditional partners?

- Transportation providers and entities (regardless of type of organization – private, public, or non-profit) that are highly engaged with populations that rely on public transit. For example, Bosma, Goodwill, etc.
- Advocacy organizations led by older adults and people disabilities. Even grassroots groups, not necessarily official 501c3 organizations. Getting private providers to the table with the end users to talk about how coordination would work, what it would look like, is key. Uber and Lyft, specifically. If they truly provided the services that are needed with people with disabilities, they would benefit monetarily. IndyGo needs a transit advocate on their board of directors. Someone with a disability. Not just a committee.
- There isn't really a list, he thinks everyone must be at the table to build a regional plan that will work. Often when we do these plans, we think of big players like Chambers and mayors and AARP but we leave out people who are transit riders, or know people who ride. That voice gets left out a lot. Too many cooks in the kitchen can be problematic, but we all have a role. In government – local, state and federal. Providers. Community groups.
- IndyGo, CIRT, and other providers. IndyGo is trying to innovate, for example, they have put out a microtransit RFP. The healthcare institutions are very interested in transportation. They are focused on social determinants of health. Several are operating transportation.
- Shepherd Center of Hamilton County does some transportation, Sycamore Services, Bosma (they have transportation for people they serve as well as services to help people learn how to ride the bus), Easterseals Crossroads. Other organizations include Catholic Charities, Damien Center (they go beyond Marion County – they provide a lot of transportation assistance), Family Promise of Hendricks County, and from a Morgan County standpoint, Wellsprings is a homeless shelter and transitional housing facility that is expanding their mission. Also, any Indianapolis community center.
- Easter Seals Crossroads can give feedback and information, and assisting with a training component, etc. Service providers working with people with developmental disabilities have

a lot of expertise in this area. There could be a “Disability 101”, for example, for transportation providers on subjects like caring for riders who are on the bus alone, etc. Coordinating people to ride together is a need: what would be a good grouping of clients to ride together. In the past, you might 3 people living in the same home all ride different vehicles.

- The United Methodist Women’s group that works with Cecelia Whitfield. Groups working on housing. A mobility management coalition that includes human services providers, not just transportation providers.

9. Are you aware of upcoming changes in economic development, health care or social services that will impact transportation needs?

- Goodwill is working with Cook on a facility on the NE side of Indy, medical device production facility, which will open next year. People going to this facility will need transportation.
- The demographic shift mentioned above. In healthcare, the state is shifting more and more to managed care entities and this is problematic. These entities don’t understand people’s needs and how to meet them. A bad problem will be made worse by moving to managed care. The HCBS Access Act - legislation on moving people out of institutions – may advance; if it passes, the state will have to provide a lot more home/community-based services.
- There will be very big changes in the delivery of Home and Community Based Services through Medicaid. The Long-term Services and Supports (LTSS) transformation process will conclude in 2024 when a new system is launched. The state is focusing shifting risk away from themselves, building conflict-free environments, speeding up the time that services are provided after initial contact for enrollment. This may affect Medicaid transportation service delivery for older adults. Also, the City wants to attract younger professionals who don’t want to be so car-dependent.
- IndyGo’s rapid transit lines will be a positive change. The worry is that we will have investment and development without displacement in the neighborhoods around the lines. We’re all waking up from this bad COVID dream and people are starting to go out and get jobs, etc., in the region – but can people without cars access these jobs? The good paying hourly jobs are at warehouses, hotels, and tech companies in suburbs that are out of reach for transit riders. Also, millennials don’t always want to have cars, which is a generational shift.
- The biggest trend is that almost all of the job growth in the region is occurring outside of Marion County. In the Mt Comfort corridor there are a lot of warehousing and logistics jobs, but also a broad array of other industries; Hancock County can’t supply the needed labor, while Marion County has it but there is no reliable transportation access. The same types of development occur in Johnson, Hendricks and Boone, too. In Hamilton County, there is a lot of development in services and hospitality, and the workforce isn’t there to support it either. In healthcare, the big wildcard is the Medicaid transportation system – providers are

abandoning the system because the brokerage makes it difficult. It's a huge issue in rural counties because there are so few providers.

- The 65/70 north split construction project has included a social justice side of how they are closing things down. They have done a lot of community outreach. IndyGo was making plans to change to bus routes.
- There is always the push for people with disabilities to get jobs. Some apps have come around that people have been testing, to move people off of Open Door onto the fixed routes.
- Long term care reform is beyond 2 years out. That effort is still in the information gathering phase.
- The development of the Purple and Blue lines.

10. What types of information are needed to inform people of all available transportation services (e.g., centralized resource directory, travel training, etc.)?

- What would be helpful is more education on the resources available, easier access to resources available; for example, if I'm in Boone County, how do I find out how to get to where I need to go. Awareness campaigns, etc. They find many times that people don't where to get information about transportation.
- A centralized resource directory is critical.
- CICOA has the Aging and Disability Resource Center (ADRC). Word of mouth is how a lot of people learn about services. CICOA refers people to IndyGo (they have to, since some of the FTA Section 5307 funding apportioned to IndyGo is provided to CICOA for the New Freedom vouchers) and the County Connect website. But a lot of clients are older and don't use internet.
- Media and communication are key to making sure people know they have access. Word of mouth is important too. We need to have a coordinated media strategy for transportation. TV, paper, radio... hitting all types of media/markets. Social media can reach a lot of people too. A good campaign would have people see themselves in the stories on transit. "I'm a student/hotel manager/etc. and I use transit." Information needs to get to people who pass info on to larger networks. For example, AARP can message its members about available resources or campaigns.
- Any better flow of information would be great; CIRTAs tries to provide some information on its website but there is no one-stop shop - no one place for someone to go to put in their trip need and eligibility (e.g., age or disability status) information, then be informed how they can get there and what funding is available for them. Everyone thinks this would be

great, but it's no one's job to provide it. One of the pilots for Central Indiana Community Foundation's Mobility Challenge was called Wayfinder, a collaboration with Easterseals Crossroads, that was very successful (there is pre/post survey data). This helped people with cognitive disabilities use IndyGo fixed routes. A high percentage were able to use fixed routes with the app when they couldn't before. Recently there was final presentation by the technology provider and Easterseals. Now that proof of concept has happened, it could be scaled up. An older adult could use Wayfinder. The app has a security component, allowing caregivers to see where the person is.

- As far as seniors and people with disabilities, there isn't widespread information pushed out. If you are already connected to an organization, then you're getting information. Thinking as a consumer, you don't see information about specific services in general in public.
- IndyGo's website is comprehensive. They have a lot of tools to help you ride fixed routes. Learning the system, etc. For outlying areas, people don't know there is a system at times because it's so small.
- We need to go back to paper and old-school types of promotion. The shift to putting everything on the phone doesn't always work for people with disabilities and older adults. There could be more cross-promotion at Red Line stations or a community connection point at the downtown bus station for information. People need someone to talk to. They may not be able to go online and they may have an urgent need – a need for today or tomorrow. Integration with 211. Social services organizations need to be in the know about transportation because it can be the root issue that is preventing someone's access to resources.
- A one-call center as described above. The payment options are important. The urban systems are trying to adopt electronic fare and there are some glitches. People need to still be able to use cash, and be effectively educated about what the payment methods are.
 - a. **What are the most common questions or misconceptions you hear from clients or partners regarding transportation or transportation coordination?**
 - The biggest misconception (but not from clients or partners) was the theme of "there's not a transportation need" that came up during the dialogue around SB 141. Indy is blessed with a good roadway network, and there's a misconception that there isn't a transportation problem. It is the single biggest misconception. There is a massive transportation problem. There isn't equity when it comes to the voices that are shared and heard.
 - "We can't use that type of funding for transportation" is said a lot, but this isn't always true. There are policy barriers in many cases, but at times there are work-arounds. There are misconceptions and a general lack of awareness that fuel reimbursement can be provided through Medicaid, so friends/neighbors can take people to appointments and be reimbursed.

- They aren't aware of any misconceptions although people who don't support transit say "if I don't use it, why should I pay for it?" Especially outside of Indianapolis.
- Sometimes people have some NIMBYism about who's using transit. Outreach for the Red Line showed that people don't understand connectivity sometimes. They think "I don't live on the Red Line so I can't use it" but they don't understand the local route network. The timing piece – "I don't have time to sit on the bus when I can drive in 20 minutes", and there's a feeling that paratransit trips take a really long time. People don't talk as much about regional transportation anymore – it's more about IndyGo, because people have focused so much on getting the progress we've made in Indy. Now IndyGo is progressing, and it's time to bring the regional conversation back.
- The biggest misperception is that there is coordination going on. People assume it's happening, and it's not. CIRT has made some attempts, for example, they put up signs at transfer points. A common question is why isn't transportation more coordinated?
- In Hancock County, for example, people sometimes think public transit is for seniors only because it is run by a senior organization.
- People don't understand the difference between Medicaid and Medicare, especially people who are ill and in urgent need of transportation. Also, some people think everyone can take the bus. People may not be able to walk far, or taking the bus may not be safe at certain times. A lot of people don't have family that can help them out.
- With IndyGo's ¾ mile issue – currently they go outside of the buffer – there has been some confusion about how this will work in the future.

11. What does successful coordination look like from your perspective?

- Solutions that put the needs of individuals in our communities first and help them advance their lives forward.
- People being in control of their transportation, having a say and being able to manage own transportation – with fewer stress and headaches and less time spent traveling. Service that is timely and reliable.
- Centralized scheduling and dispatching.
- When you look around the table, regionally, we are looking at a group of diverse and inclusive voices that are going to help move policies like ballot measures forward. If we want to use the ballot measures to move regional transit forward, we need some of those conservative voices at the table. Making sure they have buy-in into the process. Even in

Marion County there are political leaders who don't support expanded transit. This is key to success. Everyone from riders to mayors needs to be at the table.

- The coordination that benefits the residents using the service.
- In a perfect world, it would be seamless. When Open Door has a shortage, they could have another provider do the ride for them. Communication between providers and families would be stronger – Ecolane is good, but when an issue comes up for the day, like they send a Ztrip instead of the Open Door bus, clients/families need an alert about this. It can be confusing – do they call Ztrip or Open Door with questions? Who do they call at Ztrip? Sometimes a provider will call a client who isn't a cell phone user – they don't call our office – confusion like this can happen, so better communication from the provider is needed.
- It's one where it's easy for the user and there are options. Agencies should attempt to make transportation simple with as much choice as possible.
- Providers offer smooth transitions for payment, for scheduling, for riders getting from point A to point B with as few barriers as possible. Within county and county-to-county. More funding would be available. Improving communication and incorporating INDOT into conversations.

12. What is the biggest barrier to coordination between transit services from your perspective?

- Economics - the financial constraints that our providers operate within. Also, the lack of incentives to implement coordinated solutions.
- Lack of a centralized system.
- Funding. Providers have to sometimes compete against each other for the same dollars. He thought that once IndyGo got dedicated funding, the other communities would follow suit, but it has not happened. Maybe IndyGo could help educate other communities on the process.
- Right now, it's that there isn't an umbrella organization that up to this point that has been able and willing to bring everyone to the table to work through the challenges – such as political boundaries, lack of resources, and lack of trust. There's not been an entity with the credibility and resources necessary to get people to the table to actually discuss coordination and get somewhere. Lilly Endowment and LISC are two examples of entities that can get people to the table, who have a lot of resources to provide to make things happen. If the MPO took on this role – inviting regional providers of all sizes, asking them to work with them to overcome the barriers, it could happen. CICF could invite people to the table, but for the most part it doesn't have the leverage to take it beyond the discussion stage.

- Funding. And, the requirement that IndyGo raise a portion of funding from private fundraising is unreasonable. The main way for transportation to be funded is to use tax sources. The community needs to advocate more for transit so that it is more generally accepted among legislators as a tax-funded service.
- The volume is overwhelming. The coordination of payment/funding, finding staff for low pay for stressful jobs. People sometimes have big expectations – providers can't make everything work in all settings, or they don't have the expertise to do some of what people want them to do. The large geography of the region is also a challenge.
- Part of it is money. Agencies are trying to keep as many dollars in their pockets as they can and maximize their revenue. Agencies choose to provide certain NEMT trips because they pay more, and it's harder to find providers for lower-paying trips. We have to be willing to take a fresh approach to what transportation is. There needs to be a culture shift around transportation and how we talk about it. Driving and parking should be less convenient than they are. The bus can't compete with it. Neighborhood-level connections aren't there like they used to be. We need more neighbor-to-neighbor connections to support people. What if churches could provide rides for the gas mileage reimbursement? If a community center has a van, and can sign up to be certified as a NEMT provider, it's a revenue stream. They try to get nursing homes to be providers.
- Communication and having time for it. Providers are extremely busy. They don't have time to focus on the systems level changes that need to happen. They are stretched very thin. If there was an opportunity for someone else, like a coalition, to pursue system change, that would have a better chance of succeeding. Also, it is important to include equity in the conversation.

Miscellaneous/Other Comments

- Transportation is one of the most common and significant barriers for the individuals in getting to where they want to go in life. Getting to work is the biggest need. This can include transportation for kids to childcare, then getting themselves to work. Education and medical appointments are also big transportation needs. Many of participants rely on public transit or shared rides. Especially those who use wheelchairs/have a disability in Marion County rely on IndyGo Open Door. Without it, they could not get to work.
- [The organization] hears about personal and systemic transportation needs often – for example, whether or not it's accessible, affordable, whether there is affordable housing near transportation, the ability to cross county lines. Transportation is frequent barrier to living independent lives.

Comments Provided by an Individual with a Disability Affiliated with a Stakeholder Organization

Transportation is one of the defining aspects of my life. It has greatly influenced where I've chosen to live and work. It is very important for me to have the ability to travel independently. Not having that

ability hinders relationships and limits opportunities. I typically use IndyGo and zTrip (formerly Indianapolis Yellow Cab) for my transportation needs.

1. What do you feel are the strengths of Central Indiana's existing transportation network of services in terms of meeting the needs of older adults, people with disabilities and people with low incomes? What is working well?

Greyhound?? I hate to admit this, but I know very little about services outside of Indianapolis. I would love to use a service/system that could enable me to travel throughout Central Indiana.

2. What is not working well?

Greater outreach is needed. I would like to know more about using transportation services outside of Indianapolis, but I don't know where to look.

3. What are the most important unmet transportation needs for individuals throughout Central Indiana who currently or would potentially ride transportation?

Needs to travel for social/community gatherings. There are options for getting to work, school, and medical appointments, but we don't live to work. We need to be able to connect with our friends and neighbors as well. Recreation is a right too.

4. What transportation services would you like to see in Central Indiana that do not exist today? What are the priorities, if multiple services are named?

I would like to see a rail/train system or at least a bus rapid transit system. I used the MARTA system when I was in college in Atlanta. The trains of the system made accessing large portions of the area accessible for all (and that was in the '90s). I've also used services in the Washington DC area that use trains to connect Maryland, DC, and Virginia (I remember using that system in the '80s).

5. How are regional (inter-county) transportation needs being met in Central Indiana? What are individuals doing to be able to make regional trips?

I am not familiar with those services. Greater outreach is needed.

6. What types of coordination between the region's transportation providers would bring some benefit to people who rely on transportation services?

A clear plan for moving between the systems would be very helpful.

7. What organizations do you believe should lead efforts to address gaps in services and unmet needs for transportation in Central Indiana? This list could include transportation providers, planning organizations, local governments, regional partners, and more.

Local governments can work with transportation providers to create a system of services with assistance from the ADA Steering Committee.

8. What other organizations should be involved with transportation coordination? Any non-traditional partners?

For the last couple years, zTrips has worked well with IndyGo to strengthen their paratransit services. Perhaps they could be a good partner in this effort.

9. Are you aware of upcoming changes in economic development, health care or social services that will impact transportation needs?

Over the last few years there has been a trend of doctors and other services moving out of Indianapolis/Marion County. The need to move between transportation systems is a significant barrier.

10. What types of information are needed to inform people of all available transportation services (e.g., centralized resource directory, travel training, etc.)?

A centralized directory would be a good first step to making a service useful. Opportunities to learn about the various services through presentations would be helpful too. Once potential riders learn of the services, travel training would be helpful.

a. What are the most common questions or misconceptions you hear from clients or partners regarding transportation or transportation coordination?

There is a general need for information about services between counties. People are familiar with taxi services, but they are usually expensive unless they are being offered as part of a program.

11. What does successful coordination look like from your perspective?

Being able to travel from my home in Lawrence to visit friends in Fishers, Franklin, and Zionsville. Or, being able to travel to a doctor's office that has moved from Nora to Carmel on my own.

12. What is the biggest barrier to coordination between transit services from your perspective?

The biggest barrier is the lack of awareness of what's available. You can't plan to use something that you don't know exists.

Coordinated Transportation Plan Strategy Prioritization Survey

Coordinated Transportation Plan Strategy Prioritization

This survey outlines the preliminary goals and objectives under consideration for Central Indiana. We are requesting your input into each strategy's priority ranking.

On the last page you will have the opportunity to prioritize all strategies in the order of your choosing.

The goals are listed below:

Coordinated Transportation Goals

GOAL 1: PROVIDE A UNIFIED, REGIONAL TRANSPORTATION SCHEDULING, DISPATCHING AND TRIP PAYMENT NETWORK WITH A SINGLE PORTAL/ONE-STOP HUB FOR OBTAINING SYSTEM INFORMATION AND RESERVING RIDES

GOAL 2: EXPAND MOBILITY THROUGH MAINTAINING OR BUILDING ON EXISTING TRANSPORTATION OPTIONS AND DEVELOPING NEW SERVICES, INCLUDING PROVIDING MORE OPPORTUNITIES FOR TRAVELING ACROSS COUNTY LINES

GOAL 3: IMPROVE ACCESSIBILITY OF BUS STOPS

GOAL 4: IMPROVE MOBILITY FOR OLDER ADULTS AND PEOPLE WITH DISABILITIES THROUGH ENHANCED INPUT OPPORTUNITIES AND ADVOCACY FOR TRANSPORTATION FUNDING

Coordinated Transportation Plan Strategy Prioritization Survey

GOAL 1: PROVIDE A UNIFIED, REGIONAL TRANSPORTATION SCHEDULING, DISPATCHING AND TRIP PAYMENT NETWORK WITH A SINGLE PORTAL/ONE-STOP HUB FOR OBTAINING SYSTEM INFORMATION AND RESERVING RIDES

Strategy 1A

Consolidate the scheduling and dispatching functions of multiple transportation providers under a single organization using robust, modern scheduling and dispatching technology.

A single organization will acquire technology that will allow it to assume scheduling and dispatching functionality on behalf of participating transportation providers. (Providers would continue to operate their own transportation as separate agencies.) Consolidated scheduling and dispatching will offer customers the ability to obtain system information and schedule rides online or through a mobile device app, while also providing caring, personalized telephone-based service for reservations and transportation information/referral. Rides will be dispatched through in-vehicle tablets and a web-based portal available to each participating provider.

Please rate the priority level of this strategy.

- High priority
- Medium priority
- Lower priority
- Not a priority at all

Strategy 1B

Provide a consistent, region-wide fare structure and trip payment system.

The public transit and “open-door” human service transportation providers (i.e., those providing service to a segment of the public, such as older adults, rather than only their agency’s clients) will negotiate and adopt a consistent passenger fare structure. Secondly, the providers will adopt fare collection technology that will allow them to receive fare payments for their customers to transfer to other providers and distribute the appropriate fare revenue to the other providers.

Please rate the priority level of this strategy.

- High priority
- Medium priority
- Lower priority
- Not a priority at all

Strategy 1C

Adopt a consistent transportation costing methodology based on providers’ fully allocated costs and a procedure for billing and payment for coordinated trips.

If the region implements Strategy 1A, schedulers will be able to efficiently allocate trips between providers. For example, if Provider A is picking up a customer at the VA Hospital, and a customer of Provider B is also scheduled for a ride from the VA Hospital, Provider A could transport both customers, then bill Provider B for their customer’s share of the ride cost. The two providers must first agree on a consistent pricing structure, then adopt shared policies and procedures for sharing rides. The outcome of this type of arrangement will be greater cost-efficiency and freed-up resources to provide more rides. Moreover, it will allow providers to coordinate round trips on multiple providers instead of placing the burden on the customer to search for available capacity with multiple providers, pay multiple fares, etc.

Please rate the priority level of this strategy.

- High priority
- Medium priority
- Lower priority
- Not a priority at all

Strategy 1D

Increase awareness of Central Indiana’s transportation options by making system information and travel training easily accessible to all.

A lead organization will maintain up-to-date web-based and printed guides to using the regions’ public and open-door human service transportation options. This organization will also partner with providers in offering opportunities for travel training. The transportation guide will be developed with the opportunity for all providers identified the Coordinated Plan to give input. The lead organization will dedicate resources to the regular distribution of the information to social service agencies in the region.

Please rate the priority level of this strategy.

- High priority
- Medium priority
- Lower priority
- Not a priority at all

Coordinated Transportation Plan Strategy Prioritization Survey

GOAL 2: EXPAND MOBILITY THROUGH MAINTAINING OR BUILDING ON EXISTING TRANSPORTATION OPTIONS AND DEVELOPING NEW SERVICES, INCLUDING PROVIDING MORE OPPORTUNITIES FOR TRAVELING ACROSS COUNTY LINES

Strategy 2A

Expand the CICOA My Freedom cross-county transportation voucher program.

CICOA's My Freedom voucher program is one of very few options available to individuals who need to travel across county lines, but are unable to use private for-profit options due to cost or accessibility barriers. The program receives many more requests for vouchers than it can fulfill within its existing budget.

Please rate the priority level of this strategy.

- High priority
- Medium priority
- Lower priority
- Not a priority at all

Strategy 2B

Expand public transit and open-door human service transportation providers' service areas.

Public transit customers sometimes use County Connect transfer points to transfer between county providers, however, the process of scheduling and making the transfer can be overly burdensome on the customer if they are older or have a disability. Providers will offer the opportunity for customers to travel across county lines without transferring, even if it is just on a certain day each week. Providers will discuss the need to extend service areas with the appropriate county authorities to obtain approval if necessary.

This strategy also includes the addition of more fixed route service connecting Marion County with more suburban areas with high densities of entry-level jobs, such as industrial parks. CIRTAs Workforce Connectors to the Plainfield and Whitestown areas have allowed hundreds of Marion County residents to find employment in places that were previously inaccessible by transit. Providers will develop new transportation services so that more people can get to entry-level jobs in suburban areas.

Please rate the priority level of this strategy.

- High priority
- Medium priority
- Lower priority
- Not a priority at all

Strategy 2C

Offer transportation seven days per week with longer and more consistent operating hours (i.e., provide the same hours weekdays, Saturdays, and Sundays), and with increased frequency on fixed routes.

Public transit and open-door human service transportation providers will extend their hours of operation to days and times that are selected based on input from customers. Fixed route providers will increase frequency on bus routes with a goal of providing consistent, frequent service on all bus routes.

Please rate the priority level of this strategy.

- High priority
- Medium priority
- Lower priority
- Not a priority at all

Coordinated Transportation Plan Strategy Prioritization Survey

GOAL 3: IMPROVE ACCESSIBILITY OF BUS STOPS

Strategy 3A

Ensure that fixed route bus stops are located near destinations that are important for older adults and people with disabilities, and improve infrastructure to allow easy mobility to these destinations.

Fixed route providers will ensure that stops are located near destinations that individuals need to travel to. Fixed route providers will allocate resources to bus stop accessibility for people with disabilities, including adding curb cuts, repairing or extending sidewalks, adding concrete pads, adding shelters, or adding benches.

Please rate the priority level of this strategy.

- High priority
- Medium priority
- Lower priority
- Not a priority at all

Coordinated Transportation Plan Strategy Prioritization Survey

GOAL 4: IMPROVE MOBILITY FOR OLDER ADULTS AND PEOPLE WITH DISABILITIES THROUGH ENHANCED INPUT OPPORTUNITIES AND ADVOCACY FOR TRANSPORTATION FUNDING

Strategy 4A

Recruit older adults, individuals with disabilities, and people with low incomes as members of policy-making bodies.

Public and human service transportation providers will make efforts to increase the representation of older adults, individuals with disabilities, and people with low incomes on their boards of directors and other decision-making bodies. These efforts will increase the opportunity of the services' main user groups to have a voice in transportation planning and decision-making that directly impacts their lives.

Please rate the priority level of this strategy.

- High priority
- Medium priority
- Lower priority
- Not a priority at all

Strategy 4B

Engage in advocacy efforts to increase transportation funding.

Transportation providers and stakeholders will advocate for increased public and human service transportation funding at the state and local levels. Providers and stakeholders will actively participate in statewide advocacy associations such as INCOST (Indiana Council on Specialized Transportation) or Health by Design, and they will participate in or form local coalitions to address transportation funding at the city/town and county levels.

Please rate the priority level of this strategy.

- High priority
- Medium priority
- Lower priority
- Not a priority at all

Coordinated Transportation Plan Strategy Prioritization Survey

Rank each strategy based on the priority you believe should be placed on each, with 1 being the highest priority and 10 being the lowest priority. Use the drop-down box provided under each strategy to assign a ranking.

Strategy 1A: Consolidate the scheduling and dispatching functions of multiple transportation providers under a single organization using robust, modern scheduling and dispatching technology.

Strategy 1B: Provide a consistent, region-wide fare structure and trip payment system.

Strategy 1C: Adopt a consistent transportation costing methodology based on providers' fully allocated costs and a procedure for billing and payment for coordinated trips.

Strategy 1D: Increase awareness of Central Indiana's transportation options by making system information and travel training easily accessible to all.

Strategy 2A: Expand the CICOA My Freedom cross-county transportation voucher program.

Strategy 2B: Expand public transit and open-door human service transportation providers' service areas.

Strategy 2C: Offer transportation seven days per week with longer and more consistent operating hours (i.e., provide the same hours weekdays, Saturdays, and Sundays), and with increased frequency on fixed routes.

Strategy 3A: Ensure that fixed route bus stops are located near destinations that are important for older adults and people with disabilities, and improve infrastructure to allow easy mobility to these destinations.

Strategy 4A: Recruit older adults, individuals with disabilities, and people with low incomes as members of policy-making and planning bodies.

Strategy 4B: Engage in advocacy efforts to increase transportation funding.

Coordinated Transportation Plan Strategy Prioritization Survey

Do you have any comments or questions about the goals and strategies?

(Optional) Contact Information:

Name	<input type="text"/>
Agency	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

Coordinated Public Transit - Human Services Transportation Plan

Indianapolis Region

Appendix B – Existing Conditions



Prepared for Indianapolis
Metropolitan Planning
Organization

October, 2021

Prepared by:
RLS & Associates, Inc.

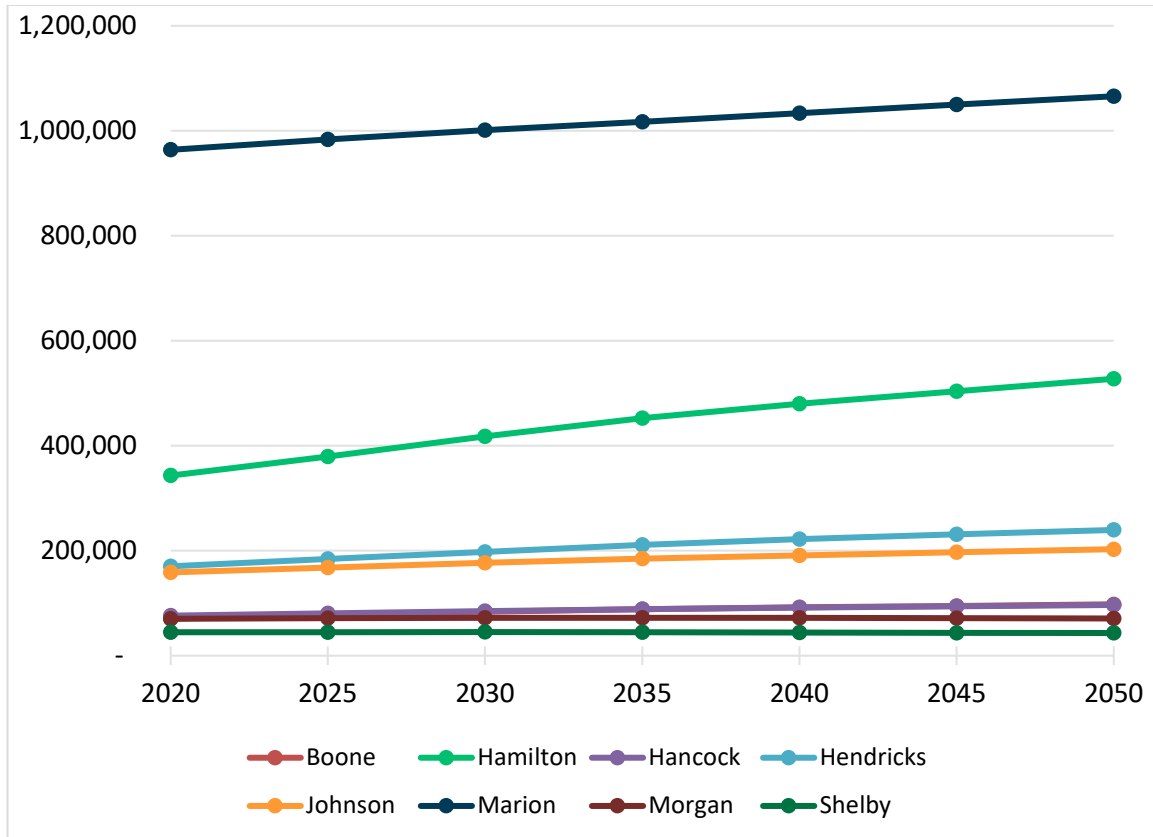
3131 S. Dixie Hwy, Suite 545
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rls@rlsandassoc.com



POPULATION PROJECTIONS

STATS Indiana, using data from the Indiana Business Research Center, IU Kelley School of Business, projects the Region's population will rise to 2,346,692 by 2050, an estimated gain of 23.5 percent from the year 2020 population projection. Figure B.1 shows population trends between 2020 and 2050 for each county in the Indianapolis region.

Figure B.1: Population Trends for Indianapolis Region 2020-2050



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

OLDER ADULT POPULATION

Older adults are most likely to use transportation services when they are unable to drive themselves or choose not to drive. Older adults also tend to be on a limited retirement income and, therefore, transportation services are a more economical option 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. The two age cohorts with the largest percentage of growth over the last decade were the age 50-54 cohort and the age 45-49 cohort. People in these two age groups were primarily born during the post-WWII

“baby boom,” era, defined by the Census Bureau as persons born from 1946 through 1964 or immediately after (early Generation X births). These middle year baby boomers have reached or will be reaching the age of 65 and are becoming more likely to use transportation services if they are available.

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 younger seniors are 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.

Figures 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.

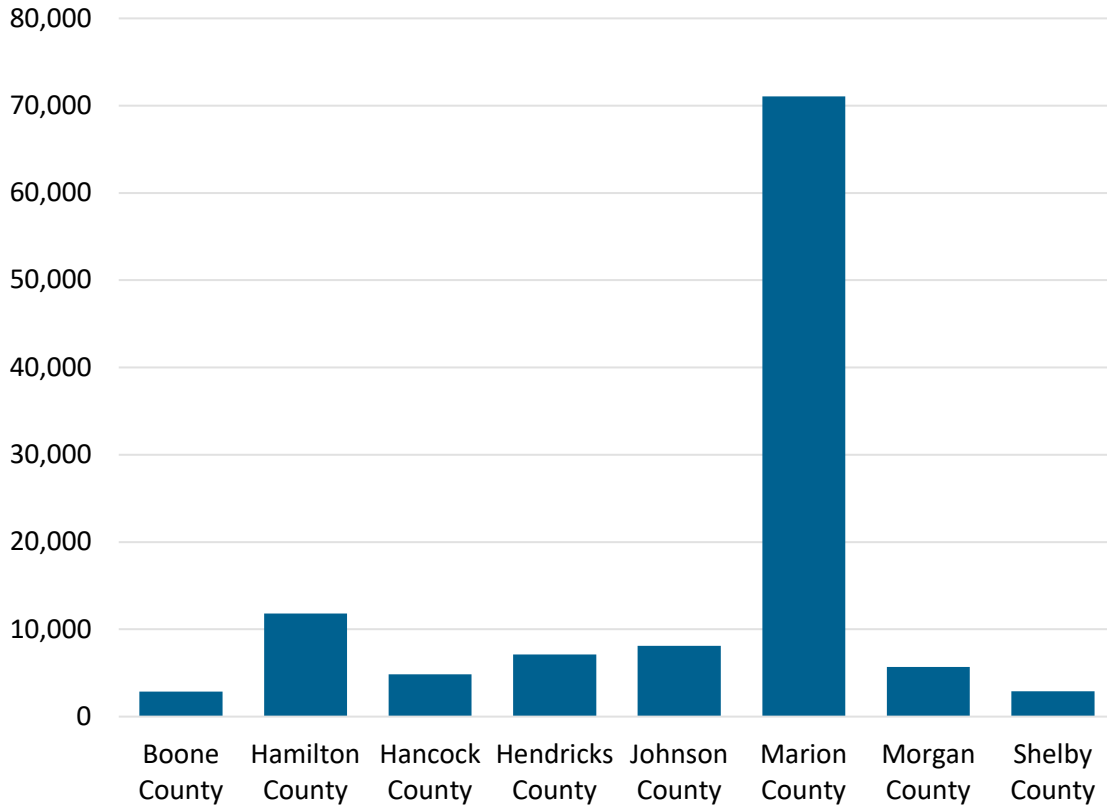
INDIVIDUALS WITH DISABILITIES

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 the Indianapolis region is available through the 2019 ACS Five-Year Estimates of disability for the population 16 to 64 years. Figure B.2 is intended to provide a comparison of the disabled population in each county within the region.

The chart identifies the highest population of individuals with a disability reside in Marion County. The estimated number of persons with a disability in Marion County is 71,076. Hamilton County has an estimated 11,814 persons with a disability while Johnson County has 8,128 persons with a disability.

Figure B.2: Disability Incidence by County

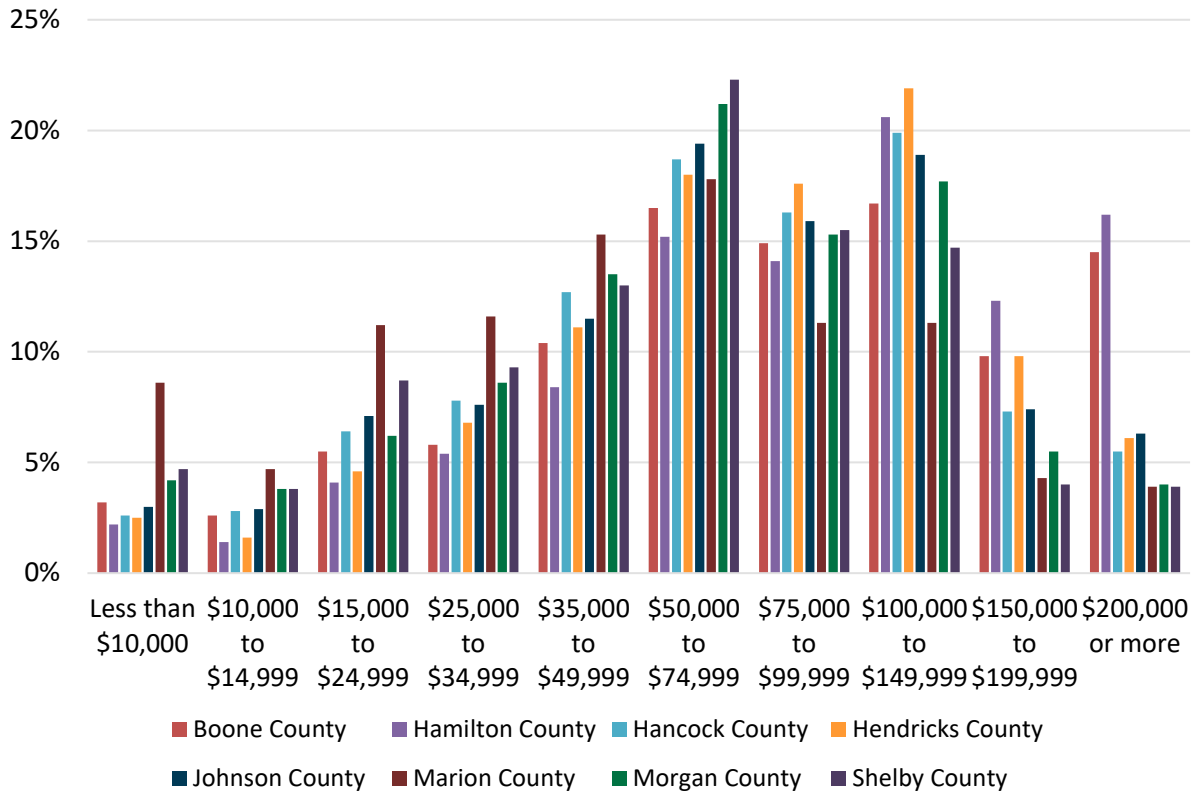


Source: 2019 ACS Five-Year Estimates, Table DP02

HOUSEHOLD INCOME

Figure B.3 illustrates the household incomes for the study area according to the 2019 ACS Five-Year Estimates. According to the survey, there are an estimated 705,872 households in the Indianapolis region. Of those households, about 27.1 percent earn less than \$35,000 annually. Of the households earning less than \$35,000, some 9.3 percent earned between \$25,000 and \$34,999. Another 3.5 percent earned between \$10,000 and \$24,999 and about 5.8 percent earned less than \$10,000 per year. The median household income for each area is shown in Figure B.4.

Figure B.3: Household Income by County



Source: 2019 ACS Five-Year Estimates, Table DP03

Figure B.4: Median Household Income

County	Median Income
Boone County	\$83,077
Hamilton County	\$98,173
Hancock County	\$74,072
Hendricks County	\$81,933
Johnson County	\$72,440
Marion County	\$48,316
Morgan County	\$64,335
Shelby County	\$60,404

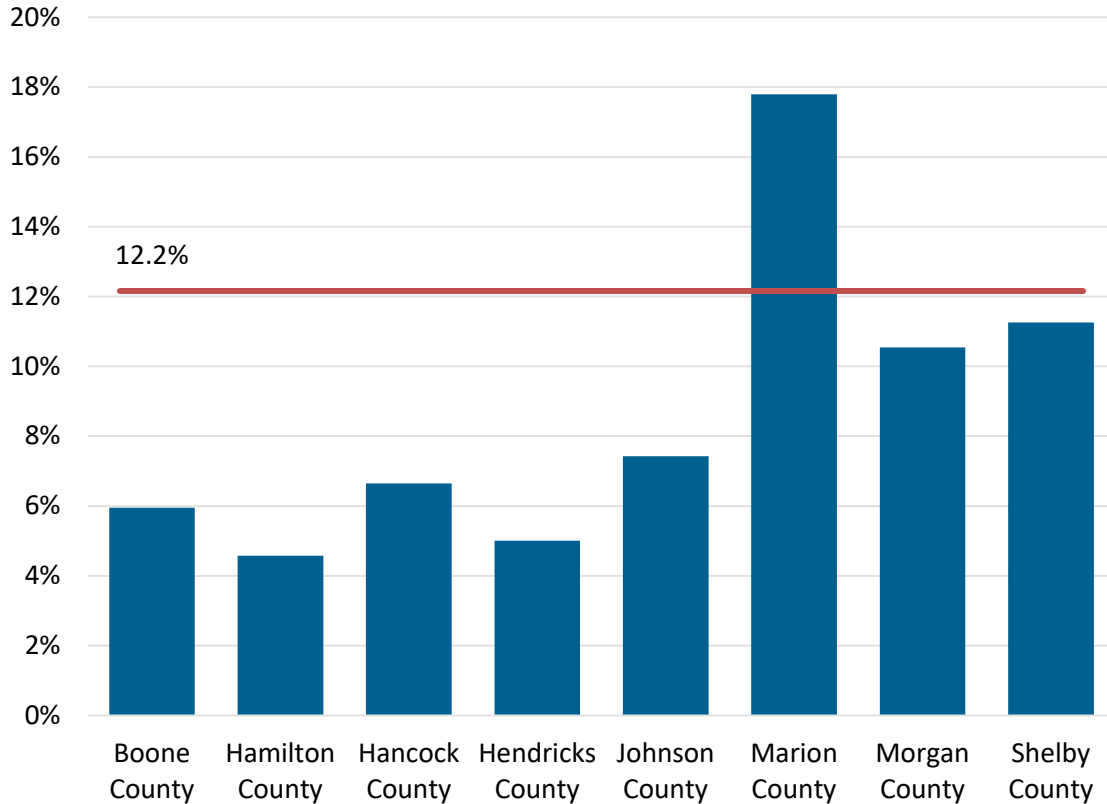
Source: 2019 ACS Five-Year Estimates, Table DP03

POVERTY STATUS

Figure B.5 illustrates the estimated percentage of the population in each county that is living below the poverty level. Marion County has the highest percent of population living below the poverty level

with 17.8 percent. Shelby County had the second highest percentage of population living in poverty with 11.3 percent and Morgan County has the third highest percentage at 10.5. The remaining counties in the Indianapolis region has poverty levels below 8 percent. The average percentage of persons living below the poverty level in the study area was 12.9 percent.

Figure B.5: Percent Below Poverty

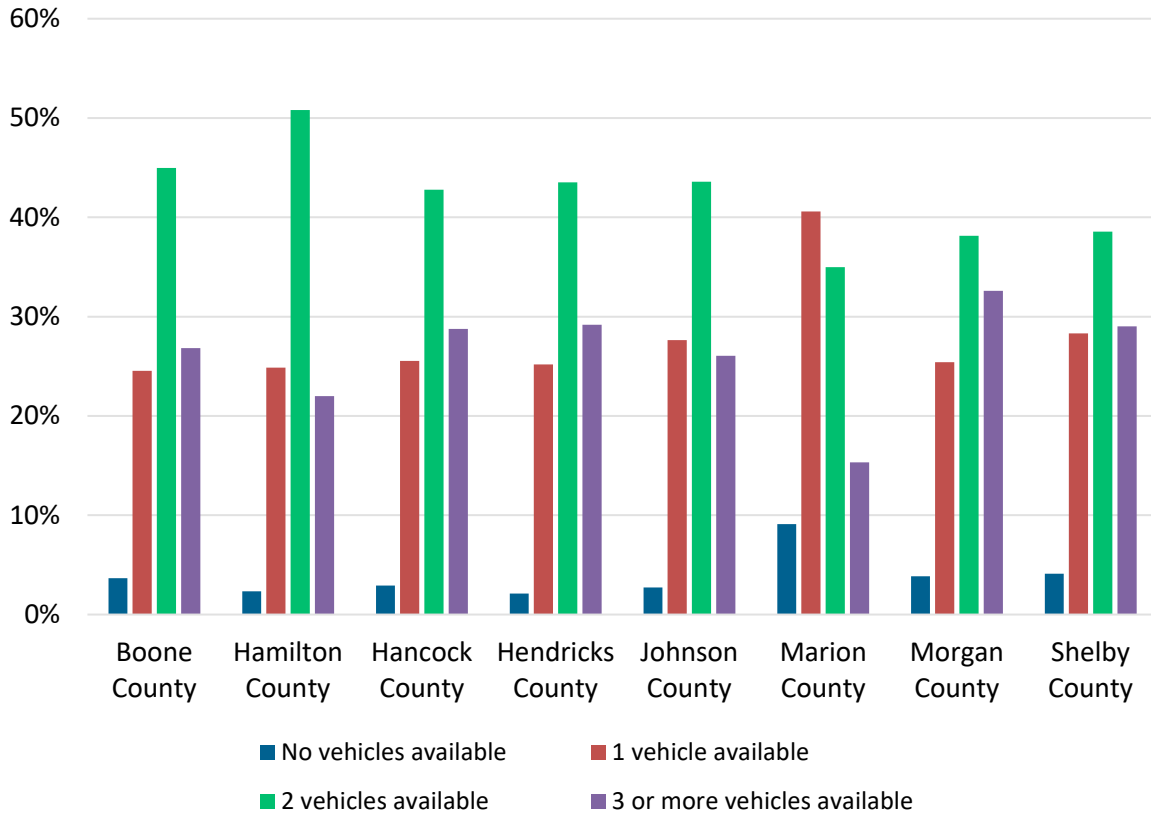


Source: 2019 ACS Five-Year Estimates, Table S1701

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 43,310 households in the region that have no available vehicle. This is 6.6 percent of all the households in the region. An additional 224,171 or 34 percent of households in the region have only one vehicle. Figure B.6 shows percentages of vehicle availability per household in each county while Figure B.7 gives a breakdown of the average household size in each county.

Figure B.6: Vehicles Available per Household



Source: 2019 ACS Five-Year Estimates, Table DP04

Figure B.7: Average Household Size

County	Average Household Size
Boone County	2.55
Hamilton County	2.68
Hancock County	2.59
Hendricks County	2.73
Johnson County	2.67
Marion County	2.51
Morgan County	2.65
Shelby County	2.45

Source: 2019 ACS Five-Year Estimates, Table DP02

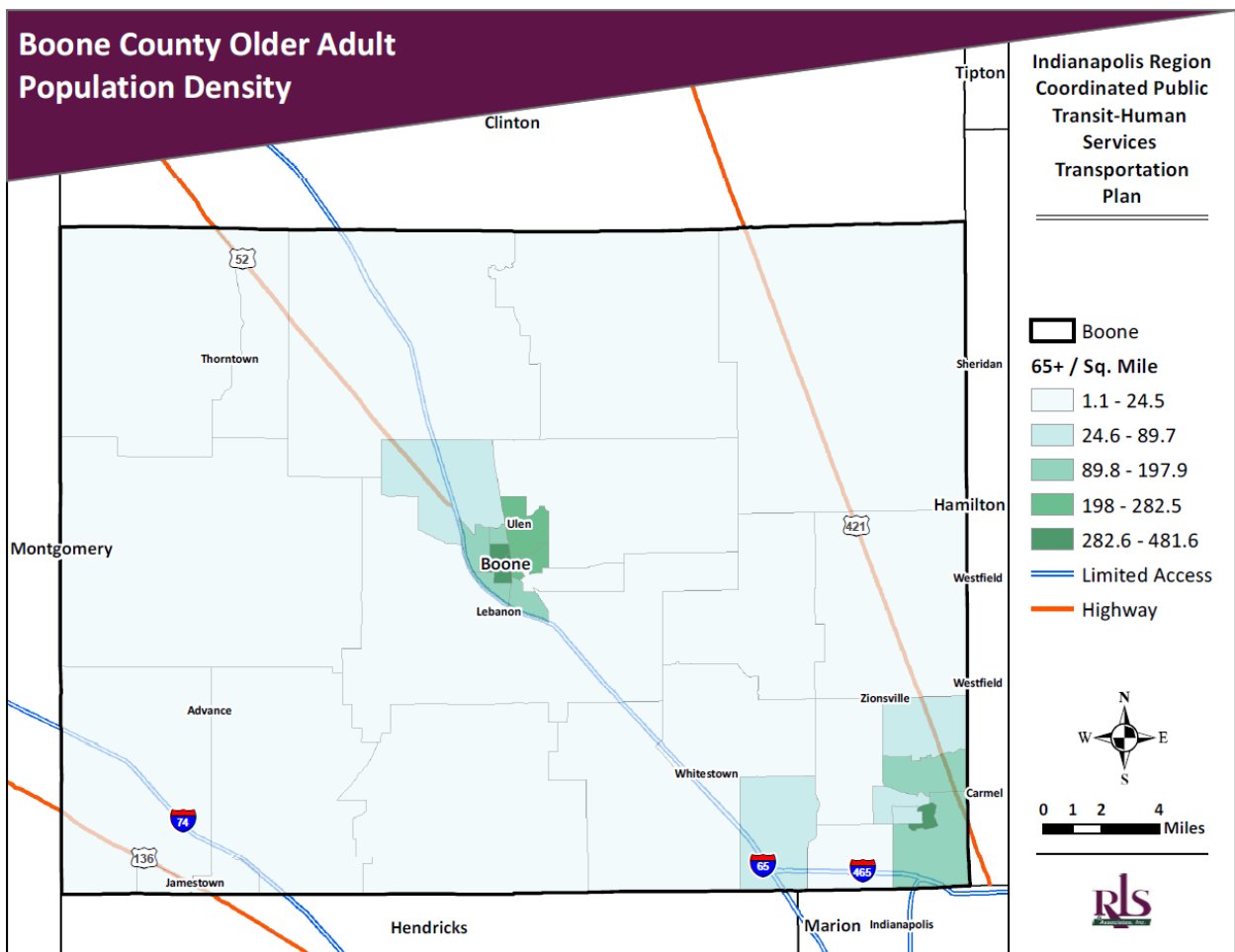
APPENDIX B: COUNTY PROFILES

BOONE COUNTY

Older Adult Population

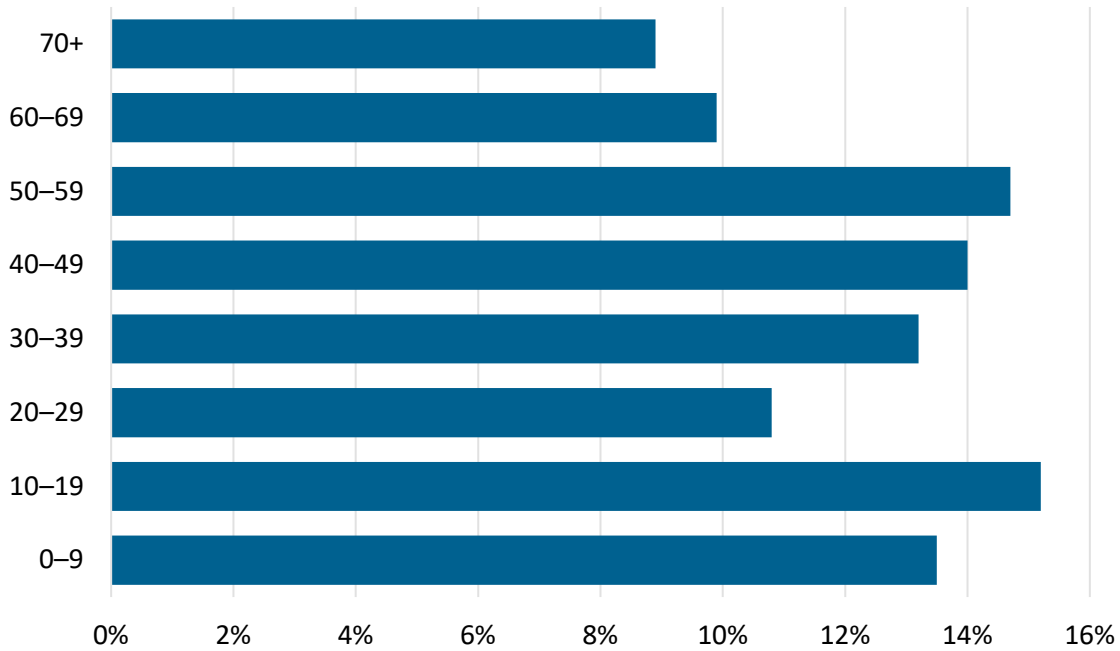
Figure B.8 illustrates the density of persons aged 65 and older by Census block group. The block groups with the highest densities of Boone County residents aged 65 and older are in Ulen, Advance, Jamestown, Whitestown, and Zionsville. These block groups have 282.6 to 481.6 older adults per square mile. Jamestown, Zionsville, Lebanon, Ulen, and Thorntown have moderately high densities of people age 65 and older. Moderate densities of people age 65 and older can be found throughout Boone County. Small pockets in central and southern Boone County have low to very low older adult percentages.

Figure B.8: Population Density Age 65 and over for Boone County



The largest age cohort for Boone County is between the ages of 10 and 19. The second largest group is between ages 0 and 9, which constitutes 14.2 percent of the county’s population (see Figure B.9). The third largest age group, 40 to 49 years old, is 13.7 percent, while 19.9 percent is age 60 or older.

Figure B.9: Boone County Population by Age

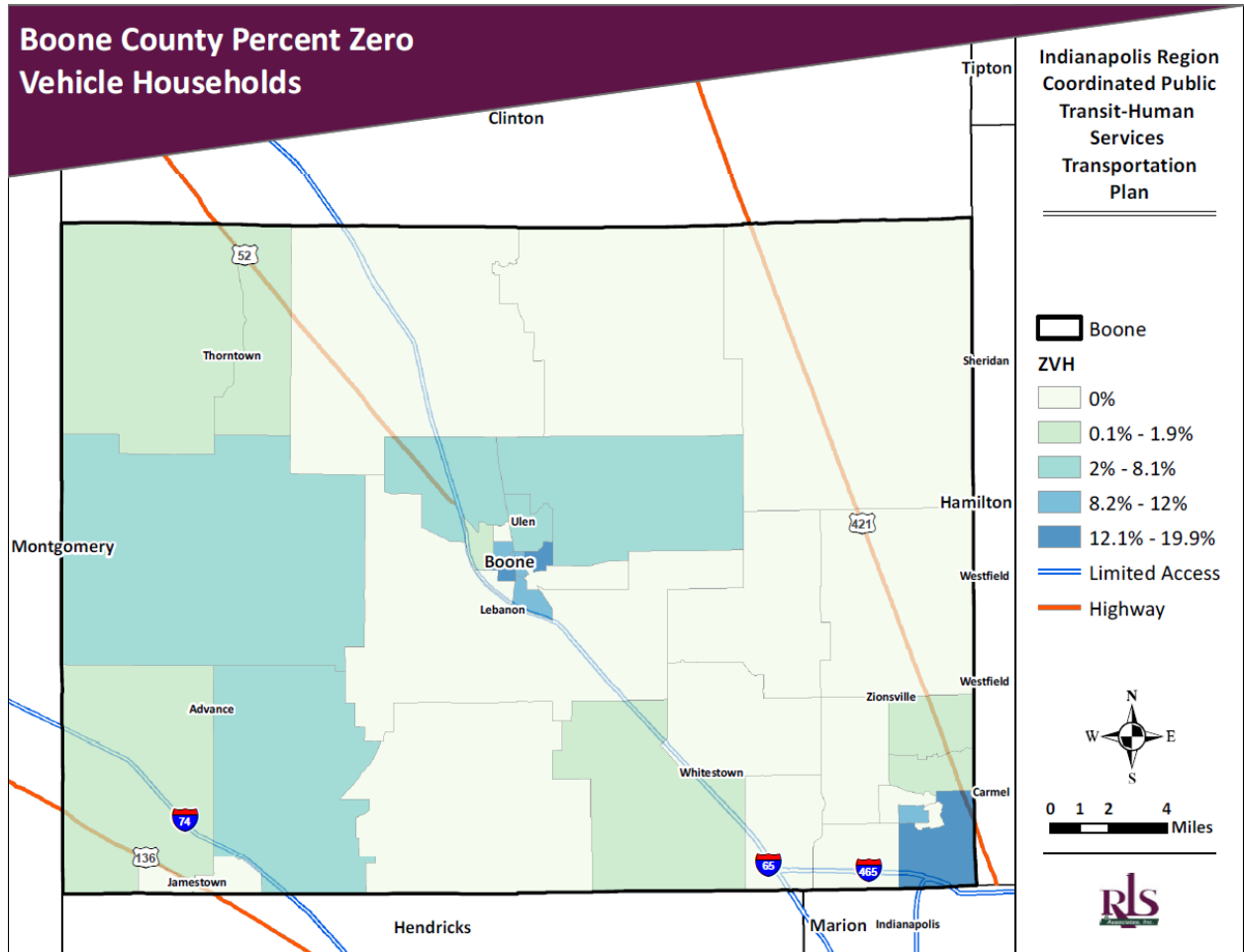


Source: 2019 ACS Five-Year Estimates, Table S0101

Zero Vehicle Households

Figure B.10 illustrates the percentage of housing units that have no available vehicle, according to 2019 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 Lebanon. Over 12.1 percent of households within these block groups have no vehicle available. Areas with a moderately high percentage ranging from 8.2 to 12.0 percent of zero vehicle households can be found in Lebanon, Ulen, and Zionsville. The remainder of Boone County has moderate to very low percentages of zero vehicle households.

Figure B.10: Percent Zero Vehicle Households Boone County



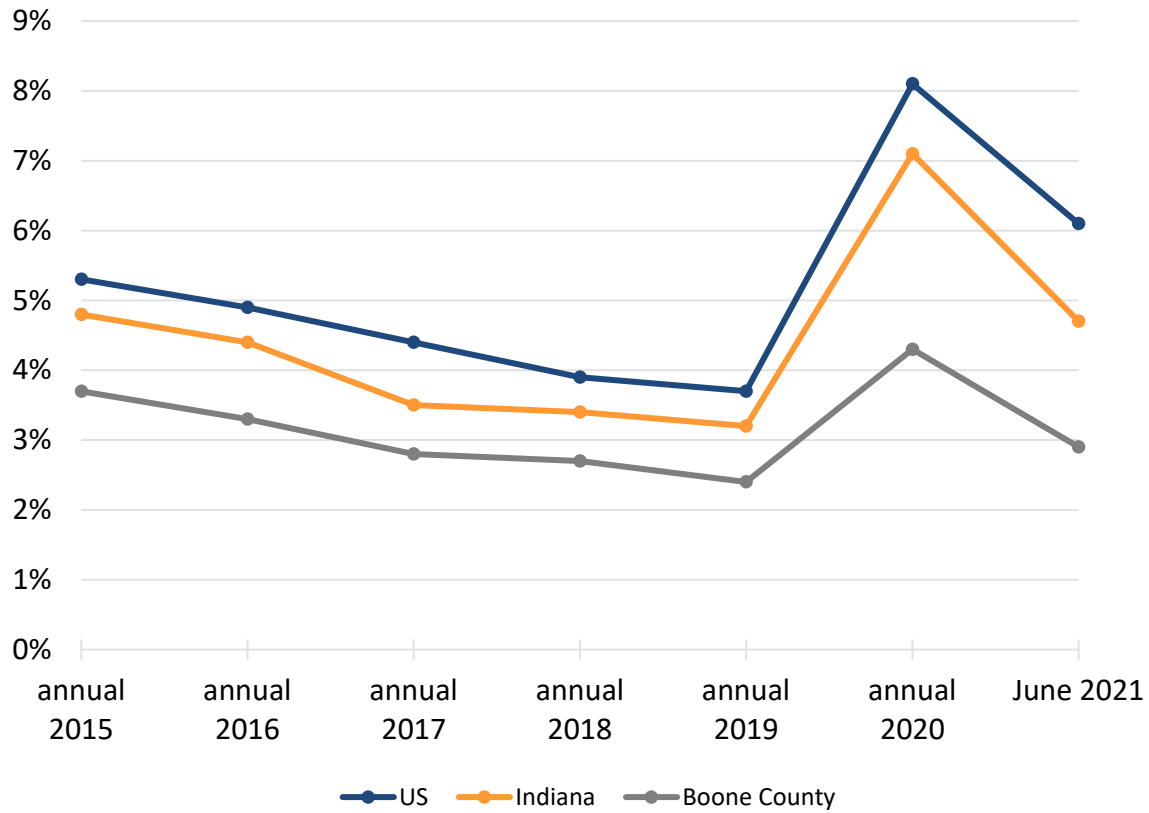
Source: 2019 ACS Five-Year Estimates

Industry and Labor Force

Boone County’s unemployment rate was 2.9 percent in June 2021. This was the lowest unemployment rate in the region, followed by Hamilton County’s 3.1 percent.

From 2015 to 2020, the unemployment rate for Boone County was consistently lower than the national and state unemployment averages. Figure B.11 illustrates a comparison of the unemployment rates in the county, state, and nation.

Figure B.11: Boone County Comparison of Unemployment Rates



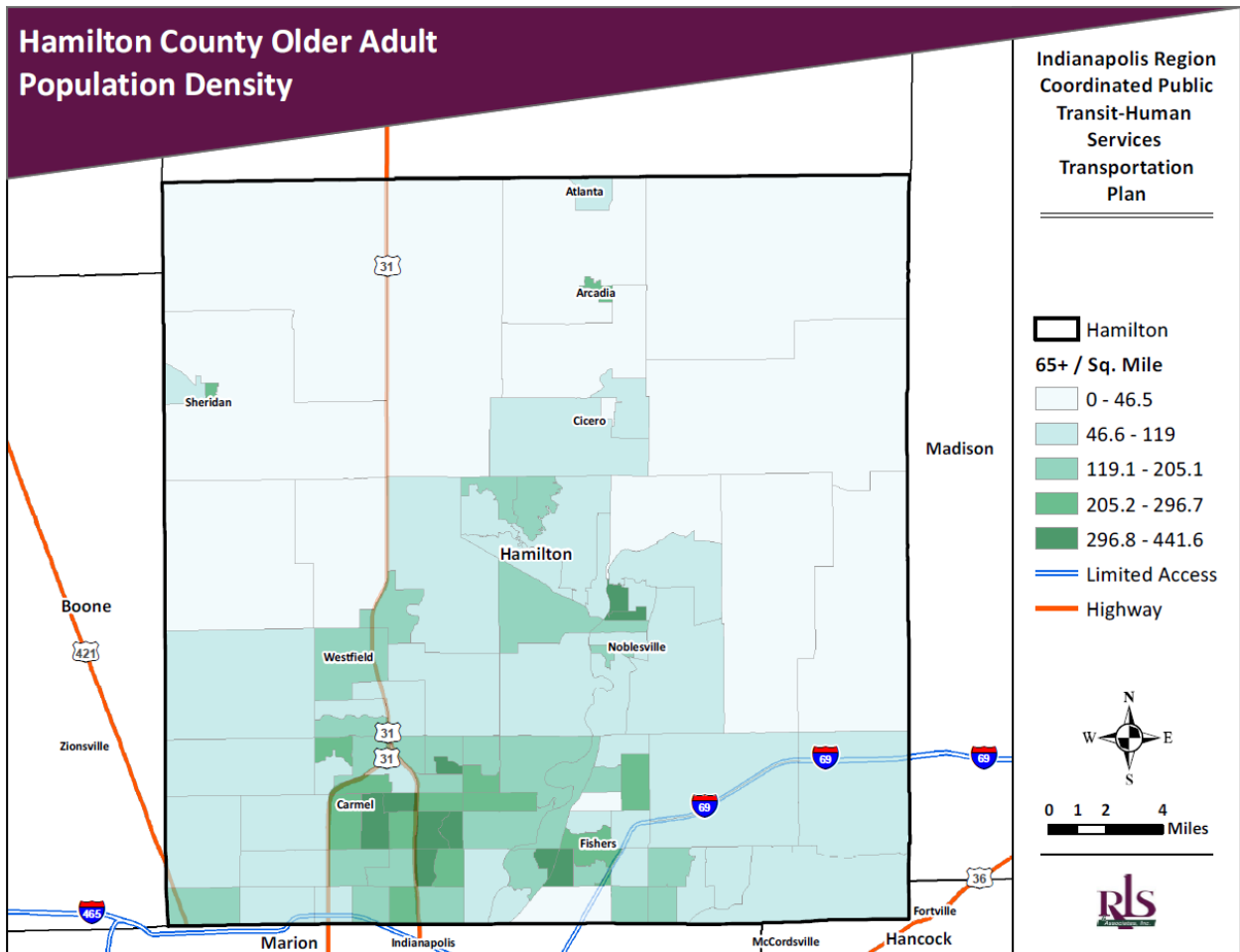
Source: STATS Indiana using Bureau of Labor Statistics

HAMILTON COUNTY

Older Adult Population

Figure B.12 illustrates the density of persons aged 65 and older by Census block group. The block groups with the densities of 296.8 to 441.6 residents aged 65 and older per square mile are in Noblesville, Fishers, and Carmel. Moderately high densities of older adults can be found in Carmel, Fishers, and Noblesville, Westfield, Cicero, Sheridan, and Arcadia. These block groups had densities between of 205.2 to 296.7 persons aged 65 and older per square mile. The remainder of the county has moderate and low older adult population densities.

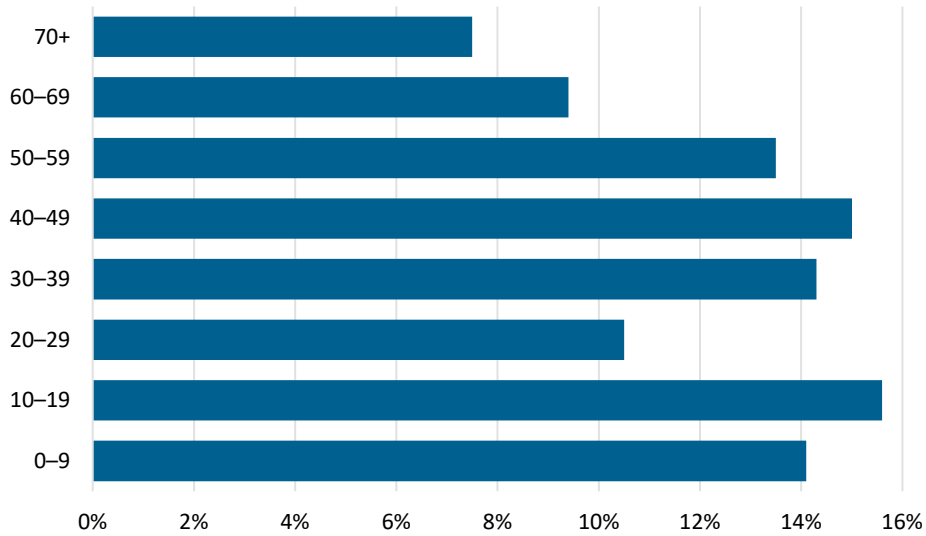
Figure B.12: Percent Population Age 65 and Over Hamilton County



Source: 2019 ACS Five-Year Estimates

The largest age cohort for Hamilton County is between the ages of 10 and 19. The second largest group is between ages 40 and 49, which constitutes 15.0 percent of the county's population (see Figure B.13). The third largest age group, 0 to 9 years old, is 14.1 percent, while 16.9 percent is age 60 or older.

Figure B.13: Hamilton County Population by Age

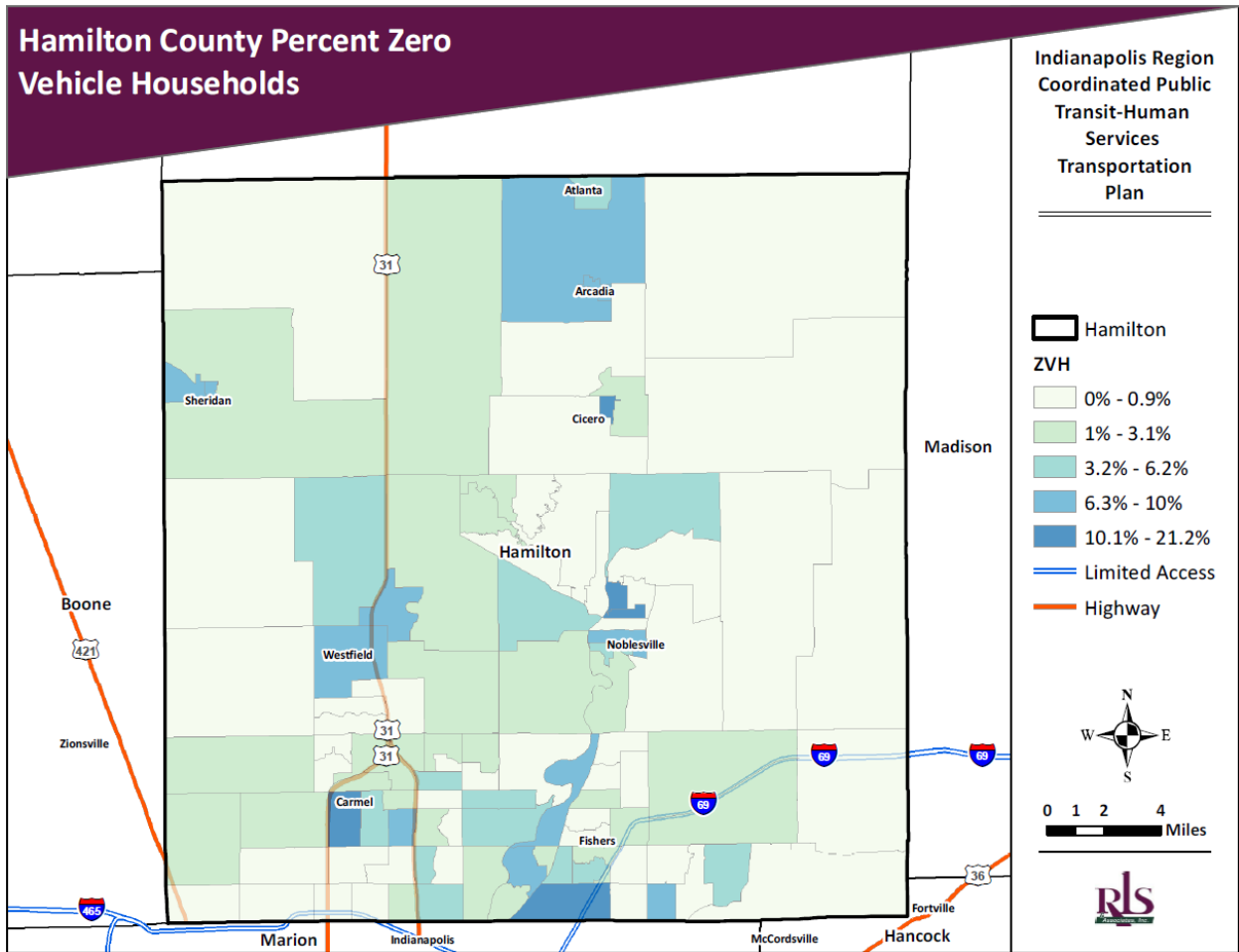


Source: 2019 ACS Five-Year Estimates, Table S0101

Zero Vehicle Households

Figure B.14 illustrates the percentage of housing units that have no available vehicle, according to 2019 ACS Five-Year Estimate data. The block groups with the darkest shading have the highest percentages of housing units with no available vehicles. The block group locations with the highest concentrations of these households are concentrated in Cicero, Noblesville, Carmel, and Fishers. Over 10.1 percent of households within these block groups have no vehicle available. Areas with a moderately high percentage ranging from 6.3 to 10.0 percent zero vehicle households can be found in Carmel, Westfield, Fishers, Noblesville, Sheridan, and Arcadia. The remainder of Hamilton County has moderate to very low percentages of zero vehicle households.

Figure B.14: Percent Zero Vehicle Households Hamilton County



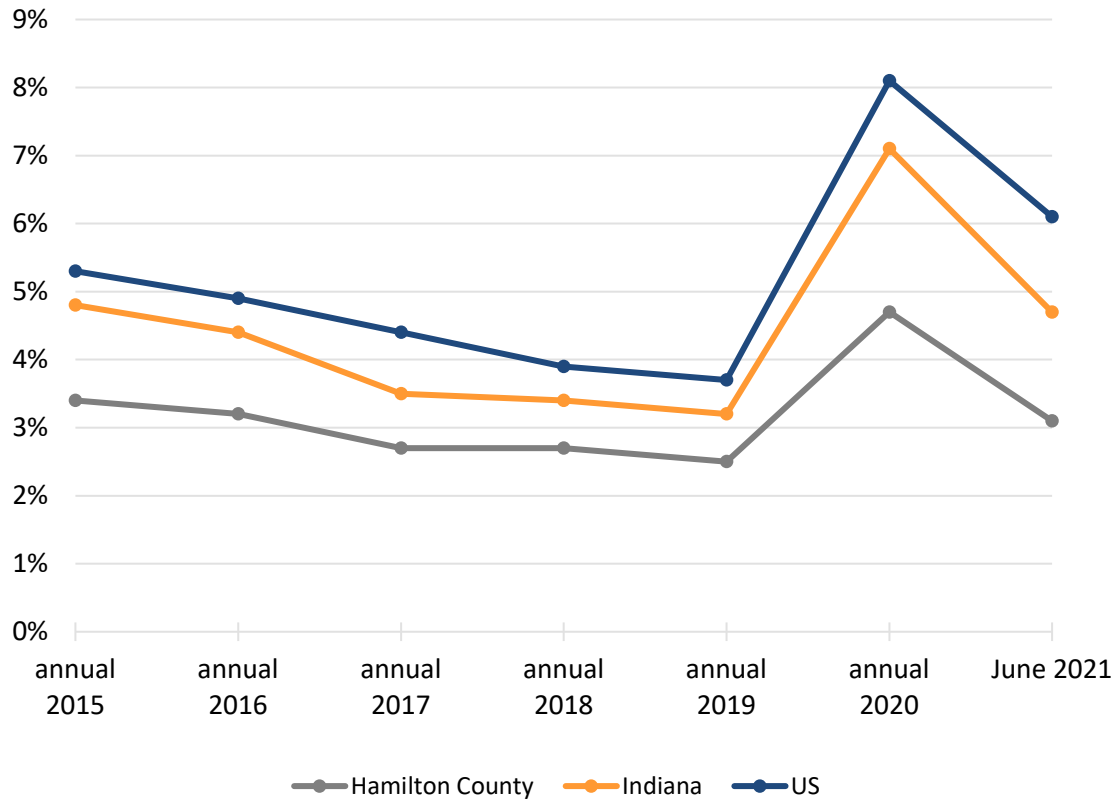
Source: 2019 ACS Five-Year Estimates

Industry and Labor Force

Hamilton County’s unemployment rate was 3.1 percent in June 2021. This was lower than that of the most of the other Central Indiana counties, with the exception of Boone County.

From 2015 to 2020, the unemployment rate for Hamilton County was consistently lower than the national and state unemployment averages. Figure B.15 illustrates a comparison of the unemployment rates in the county, state, and nation.

Figure B.15: Hamilton County Comparison of Unemployment Rates



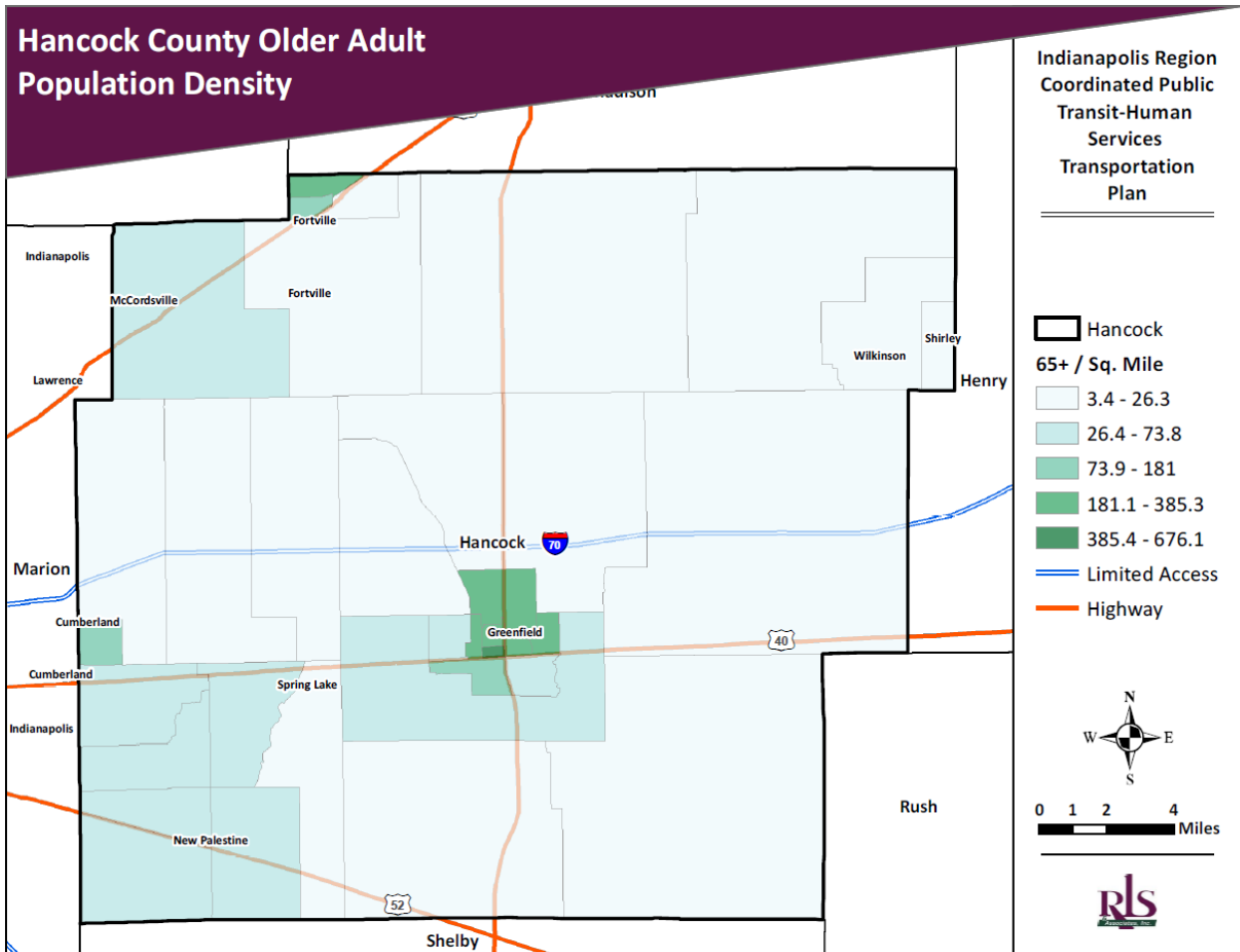
Source: STATS Indiana using Bureau of Labor Statistics

HANCOCK COUNTY

Older Adult Population

Figure B.16 illustrates the density of persons aged 65 and older by Census block group. The block group with the highest densities (385.4 to 676.1 people per square mile) of Hancock County residents aged 65 and older is in Greenfield. There are moderate densities of older adults in Fortville and Cumberland. The remainder of the county’s older adults are spread out throughout the entire county, with moderate densities on the west side of the county, close to Greenfield and the Marion County line.

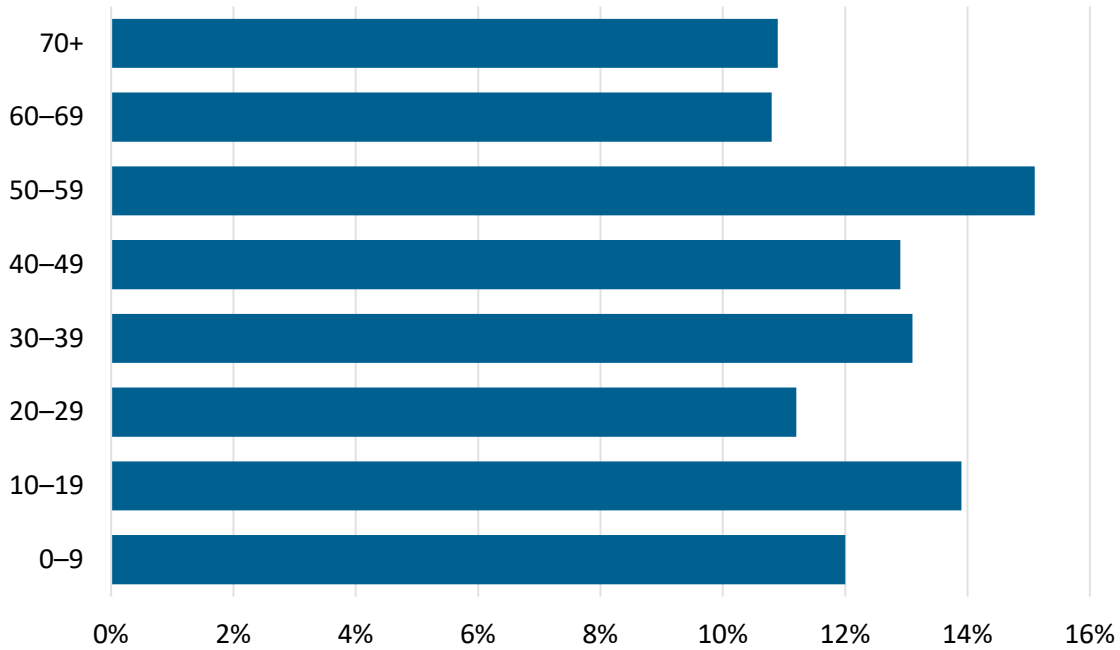
Figure B.16: Percent Population Age 65 and Over Hancock County



Source: 2019 ACS Five-Year Estimates

The largest age cohort for Hancock County is between the ages of 50 and 59. The second largest group is between ages 10 and 19, which constitutes 13.9 percent of the county’s population (see Figure B.17). The third largest age group, 30 to 39 years old, is 13.1 percent, while 21.7 percent is age 60 or older.

Figure B.17: Hancock County Population by Age

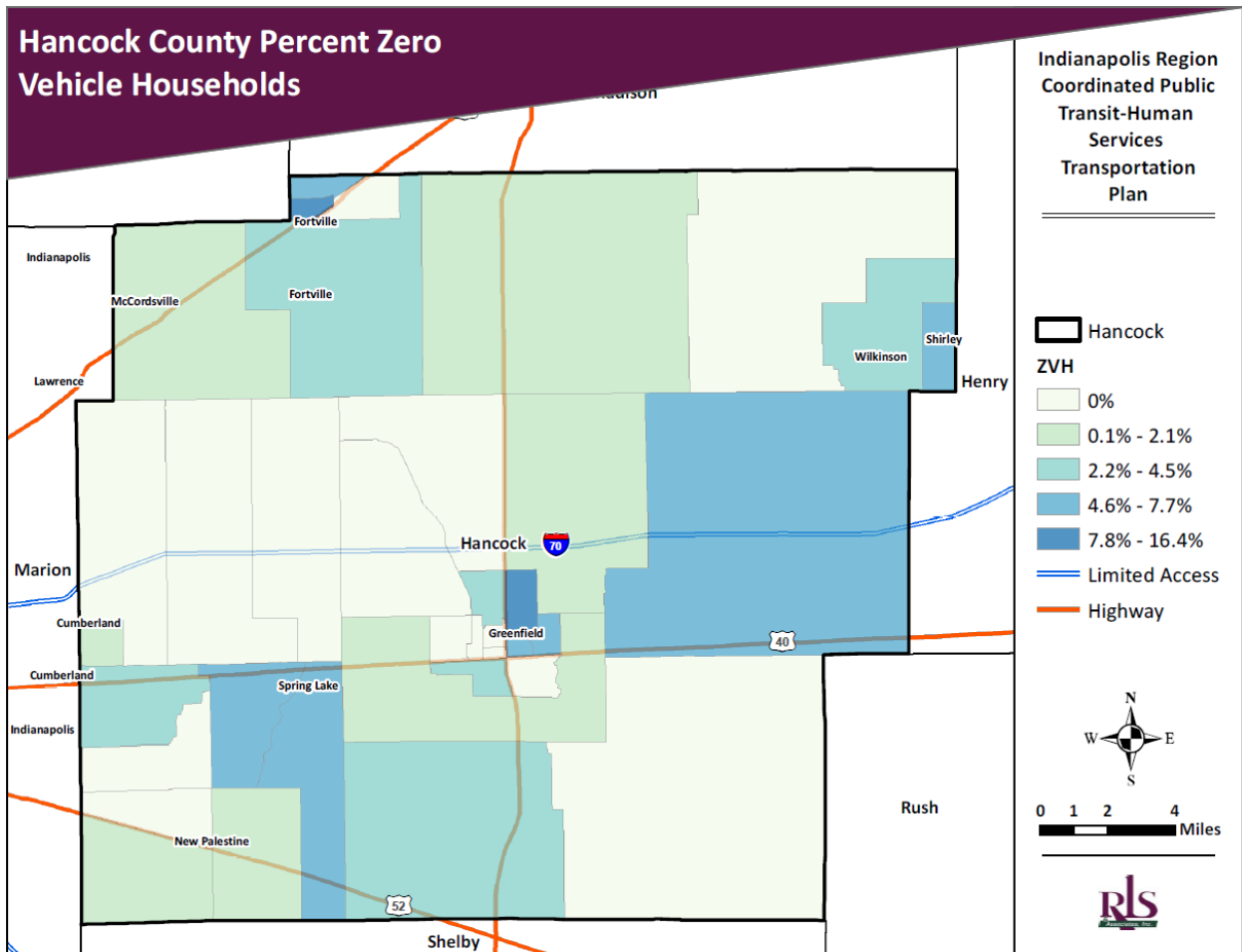


Source: 2019 ACS Five-Year Estimates, Table S0101

Zero Vehicle Households

Figure B.18 illustrates the percentage of housing units that have no available vehicle, according to 2019 ACS Five-Year Estimate data. The block groups with the darkest shading have the highest percentage of housing units with no available vehicles in Hancock County. The block group locations with the highest concentration of these households are concentrated in Greenfield and Fortville. Between 7.8 and 16.4 percent of households within these block groups have no vehicle available. Areas with a moderate percentage ranging from 4.6 percent to 7.7 percent of zero vehicle households can be found in Greenfield, Fortville, Spring Lake, and eastern Hancock County near Wilkinson and Shirley. The remainder of the county has low to very low percentages of zero vehicle households.

Figure B.18: Percent Zero Vehicle Households Hancock County



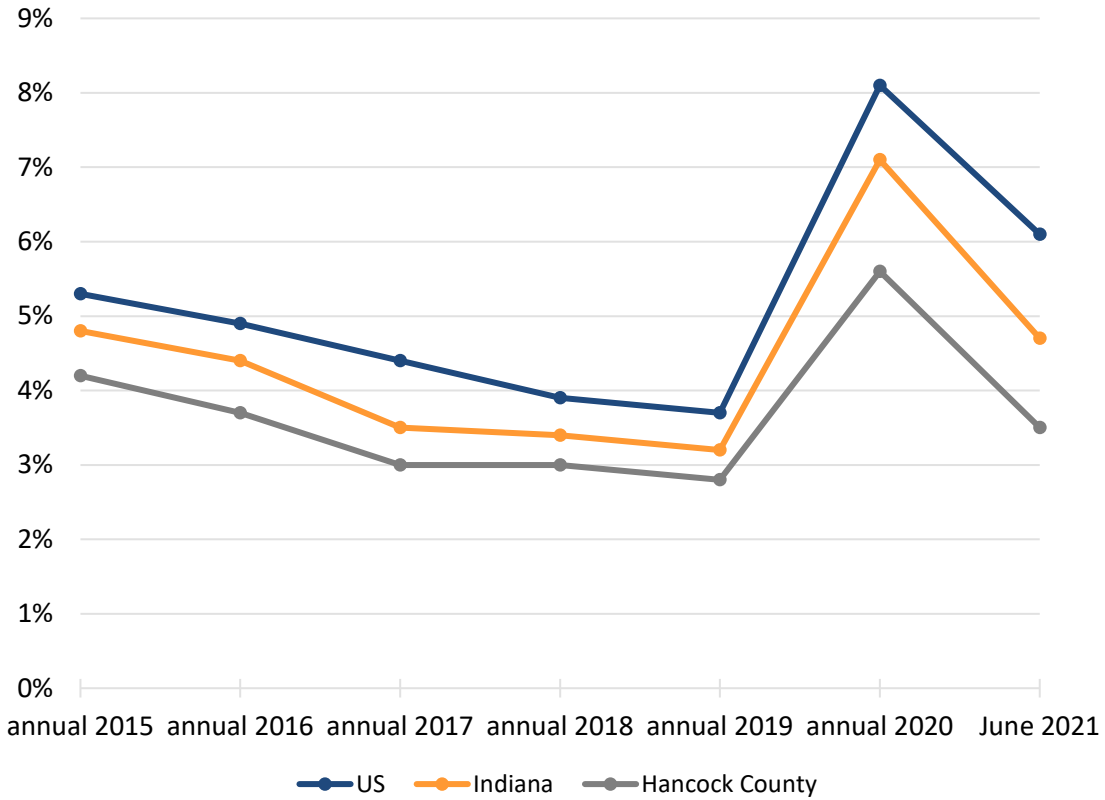
Source: 2019 ACS Five-Year Estimates

Industry and Labor Force

Hancock County’s unemployment rate was 3.5 percent in June 2021, close to the average of the region’s counties’ unemployment rates of 3.7 percent.

From 2015 to 2020, the unemployment rate for Hancock County was consistently lower than the national and state unemployment averages. Figure B.19 illustrates a comparison of the unemployment rates in the county, state, and nation.

Figure B.19: Hancock County Comparison of Unemployment Rates



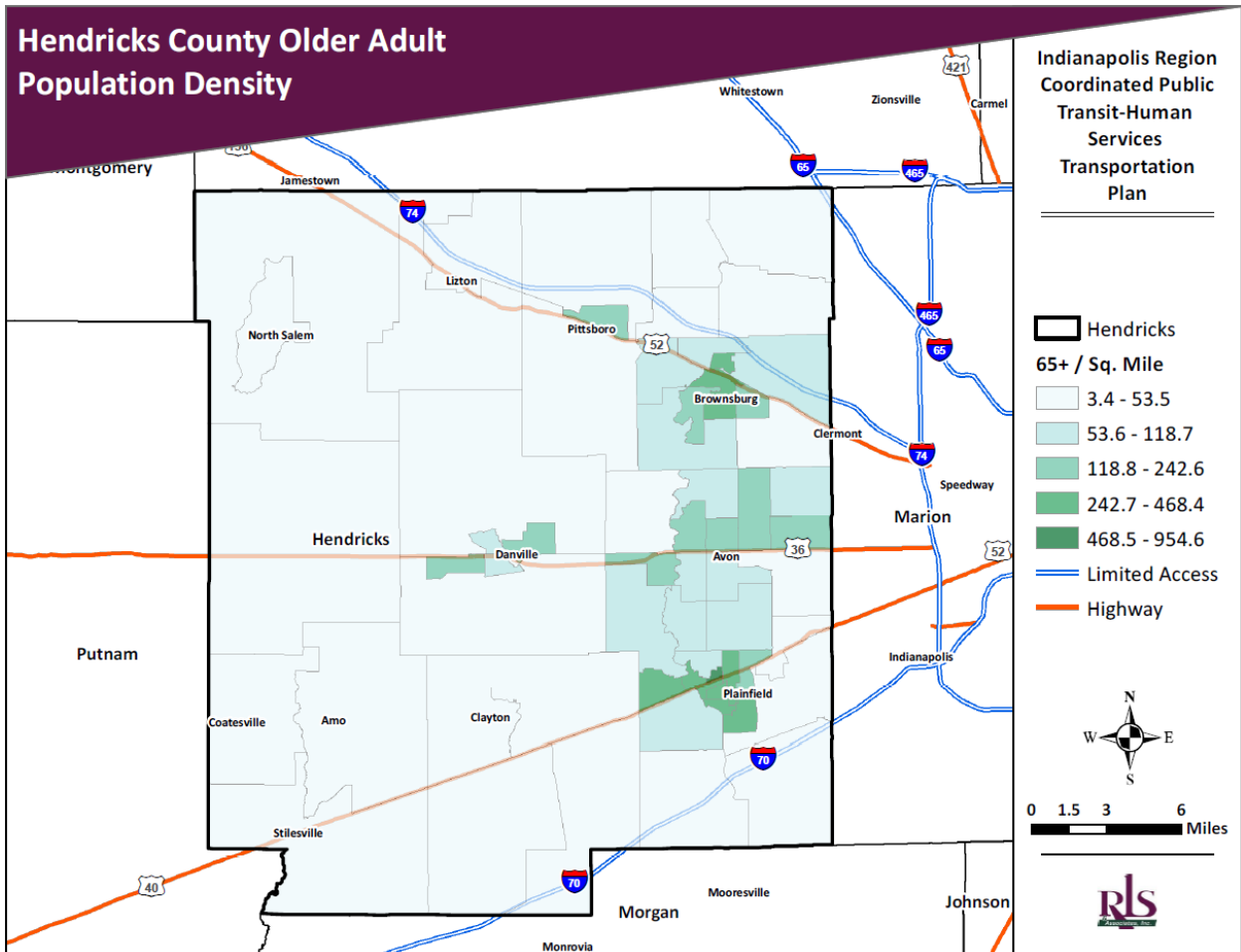
Source: STATS Indiana using Bureau of Labor Statistics

HENDRICKS COUNTY

Older Adult Population

Figure B.20 illustrates the densities of persons aged 65 and older by Census block group. The block groups with the highest densities of Hendricks County residents aged 65 and older are in Plainfield. These block group had older adult densities of between 468.5 to 954.6 people per square mile. Moderately high population densities of people age 65 and older were located in Brownsburg, Danville, Pittsboro, Plainfield, and Avon. The remainder of the county has moderate to very low older adult population density.

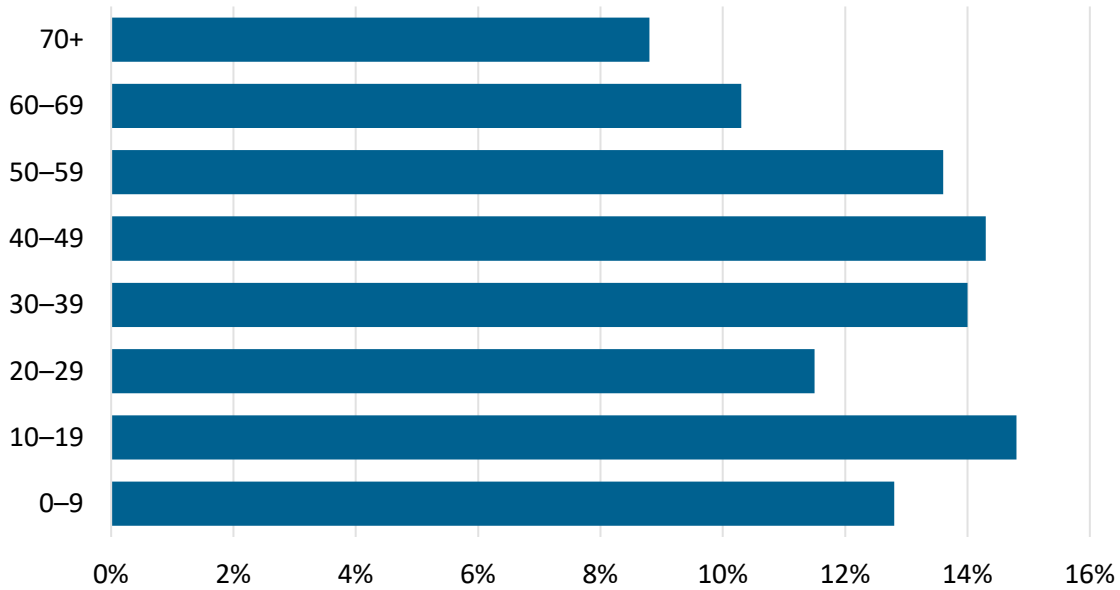
Figure B.20: Percent Population Age 65 and Over Hendricks County



Source: 2019 ACS Five-Year Estimates

The largest age cohort for Hendricks County is between the ages of 40 and 49 (15.9 percent). The second largest group is between ages 10 and 19, which constitutes 15.2 percent of the county’s population (see Figure B.21). The third largest age group is 30 to 39 years old (14.2 percent), while 16.2 percent is age 60 or older.

Figure B.21: Hendricks County Population by Age

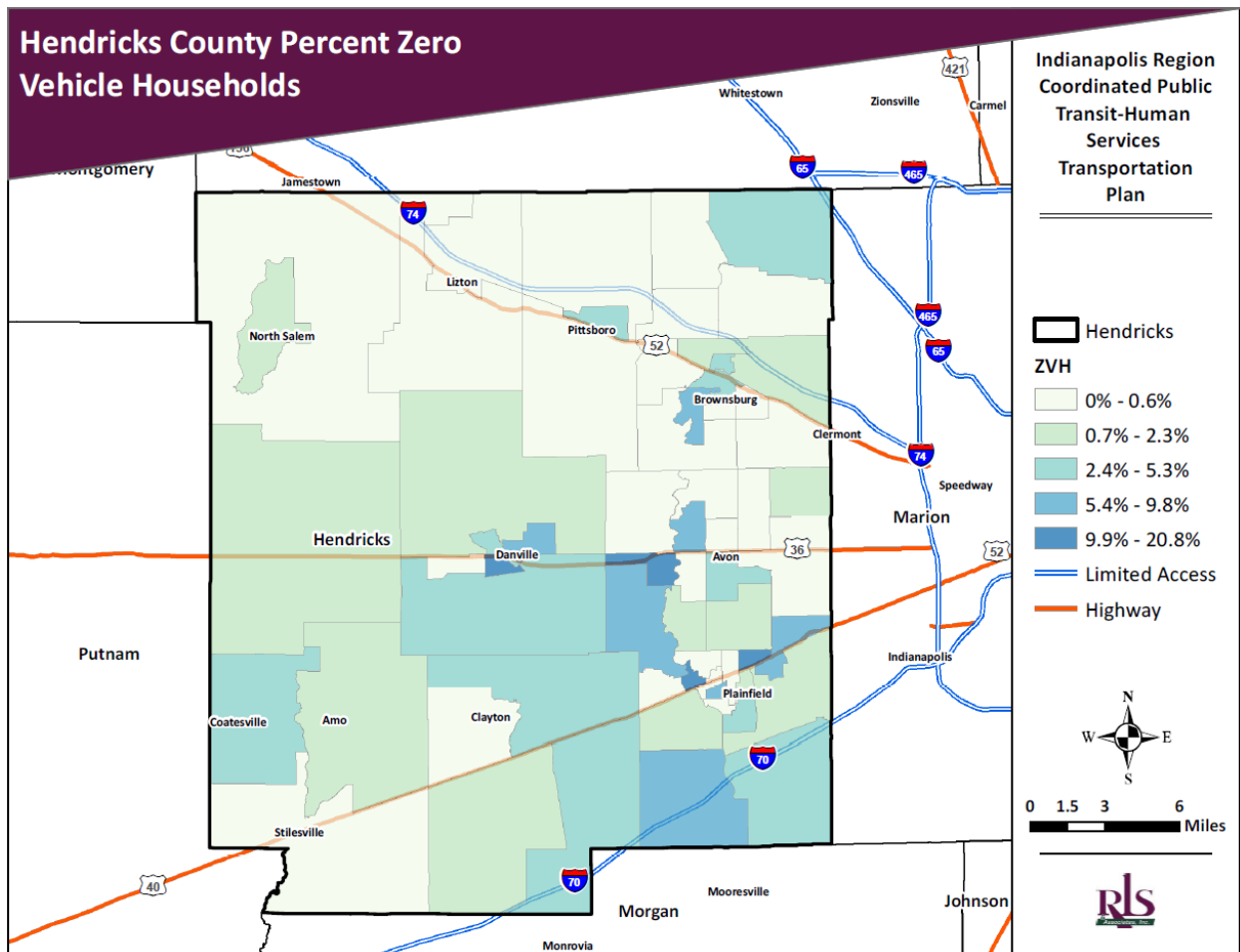


Source: 2019 ACS Five-Year Estimates, Table S0101

Zero Vehicle Households

Figure B.22 illustrates the percentage of housing units that have no available vehicle, according to 2019 ACS Five-Year Estimate data. The block groups with the darkest shading have the highest percentage of housing units with no available vehicles. The block groups with the highest concentrations of these households are in Danville, Avon, and Plainfield. Over 9.9 percent of households within these block groups have no vehicle available. Areas with a moderately high percentage ranging from 5.4 percent to 9.8 percent of zero vehicle households can be found in Brownsburg, Danville, Avon, Plainfield, and north of Mooresville. The remainder of the county has overall low levels of zero vehicle households.

Figure B.22: Percent Zero Vehicle Households Hendricks County



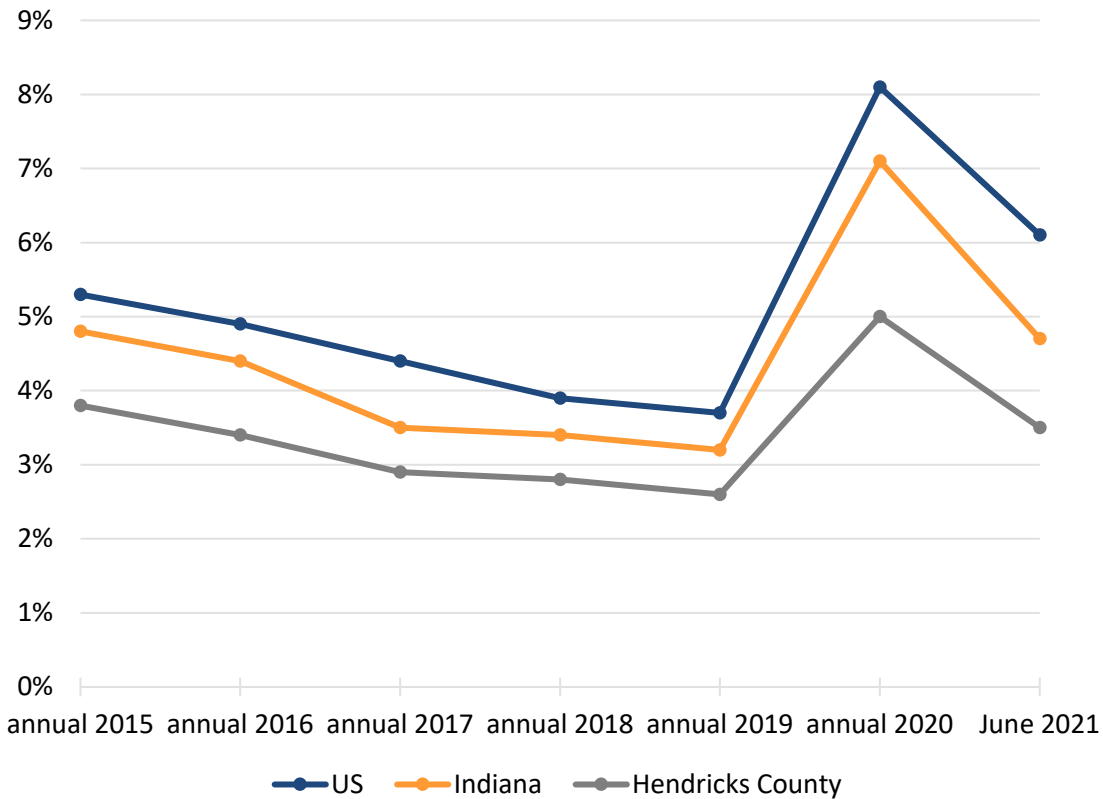
Source: 2019 ACS Five-Year Estimates

Industry and Labor Force

Hendricks County’s unemployment rate was 3.5 percent in June 2021, close to the average of the region’s counties’ unemployment rates of 3.7 percent.

From 2015 to 2020, the unemployment rate for Hendricks County remained lower than state and national rates. Figure B.23 illustrates a comparison of the unemployment rates in the county, state, and nation.

Figure B.23: Hendricks County Comparison of Unemployment Rates



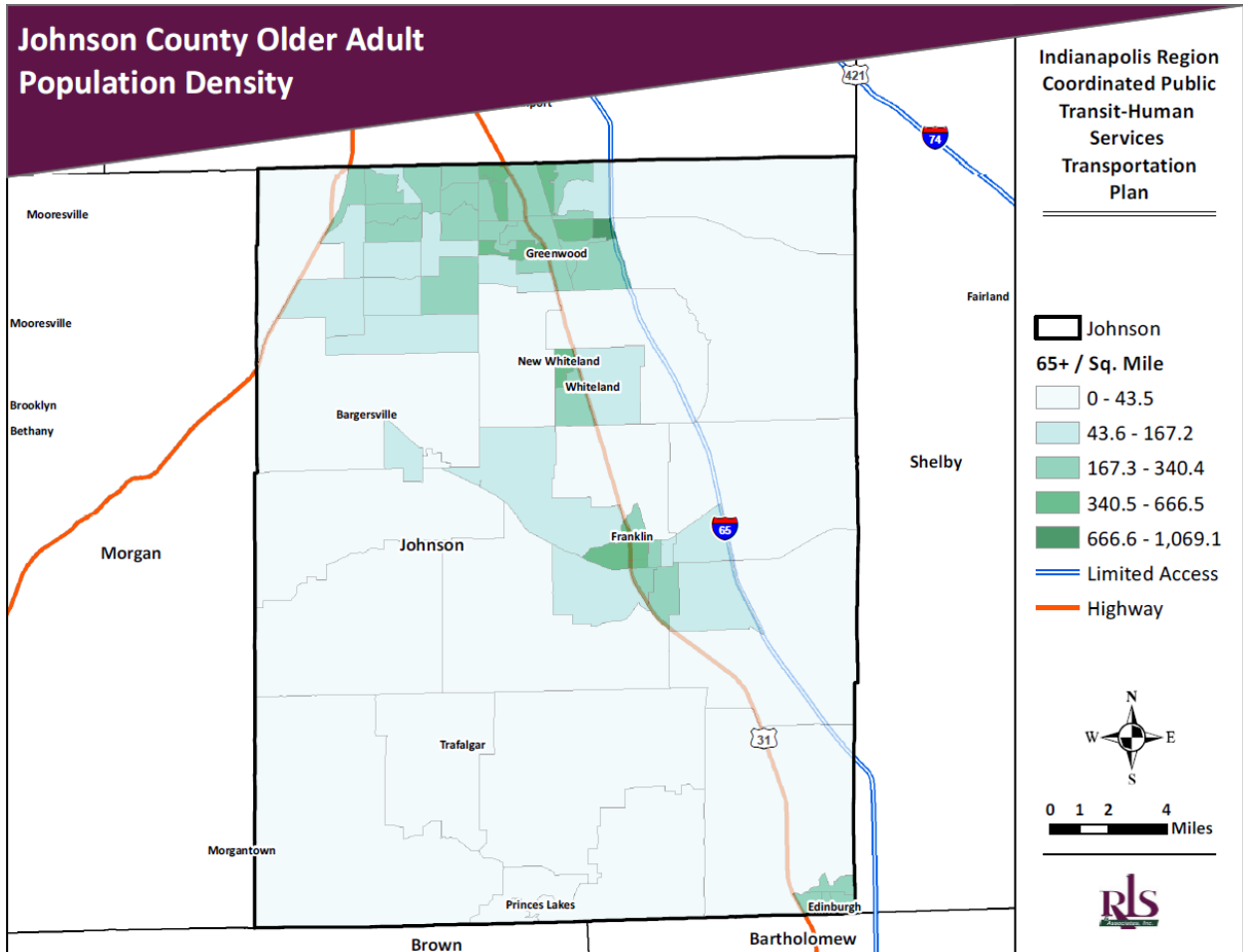
Source: STATS Indiana using Bureau of Labor Statistics

JOHNSON COUNTY

Older Adult Population

Figure B.24 illustrates the density of persons aged 65 and older by Census block group. The block groups with the highest densities of Johnson County residents aged 65 and older are in Greenwood, with 666.6 to 1,069.1 older adults per square mile. Other areas of concentration are throughout Greenwood and in Franklin and New Whiteland. These block groups had 340.5 to 666.5 persons aged 65 and older per square mile. Areas of moderate densities of older adults were located in northern and central Johnson County, and in Edinburgh. The remainder of the county has moderate to very low older adult population densities.

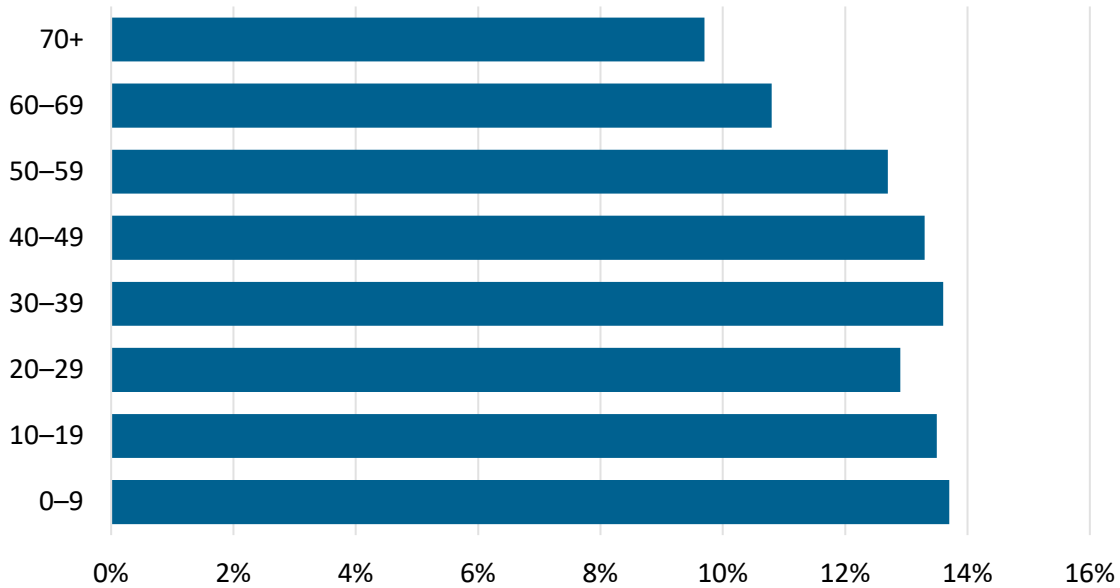
Figure B.24: Percent Population Age 65 and over Johnson County



Source: 2019 ACS Five-Year Estimates

The largest age cohort for Johnson County is between the ages of 0 and 9 (13.7 percent). The second largest group is between ages 30 and 39, which constitutes 13.6 percent of the county’s population (see Figure B.25). The third largest age group is 10 to 19 years old (13.5 percent), while 20.5 percent is age 60 or older.

Figure B.25: Johnson County Population by Age

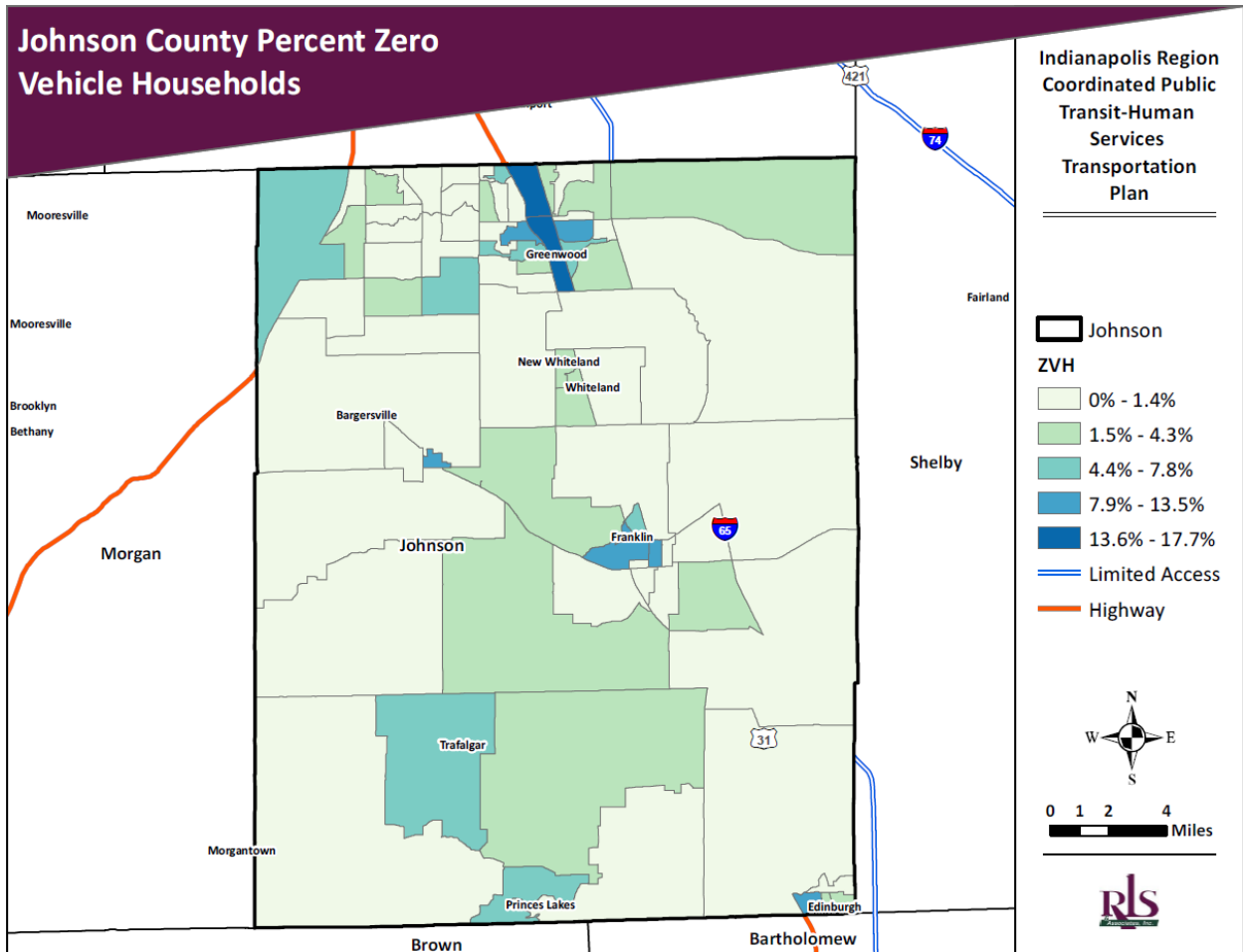


Source: 2019 ACS Five-Year Estimates, Table S0101

Zero Vehicle Households

Figure B.26 illustrates the percentage of housing units that have no available vehicle, according to 2019 ACS Five-Year Estimate data. The block group with the darkest shading has the highest percentage of housing units with no available vehicles. The block groups with the highest concentration of these households are in Greenwood. Between 13.6 and 17.7 percent of households within this block group has no vehicle available. Areas with moderately high percentages ranging from 7.9 to 13.5 percent of zero vehicle households can be found in Greenwood, Franklin, outside of Bargersville, and in Edinburgh. The remainder of the county had low percentages of households with zero vehicles available.

Figure B.26: Percent Zero Vehicle Households Johnson County



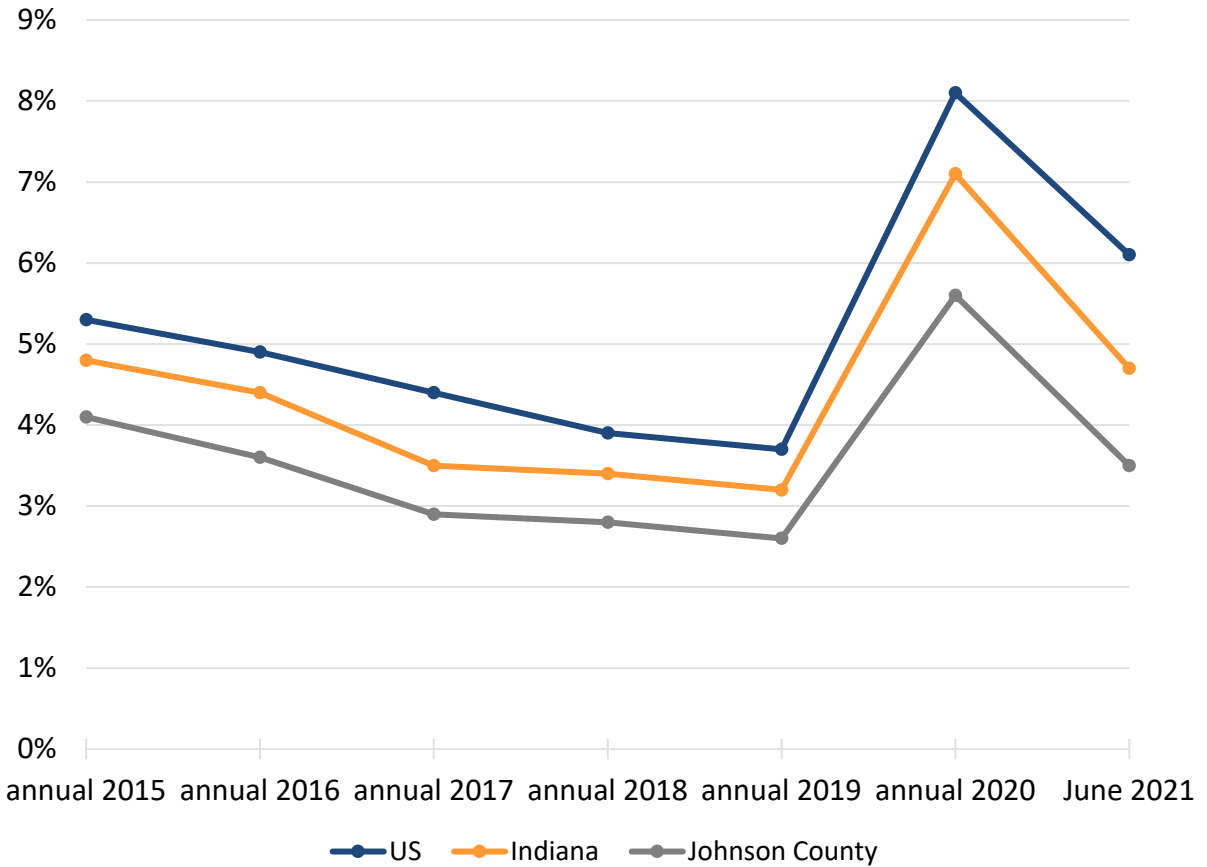
Source: 2019 ACS Five-Year Estimates

Industry and Labor Force

Johnson County's unemployment rate was 3.5 percent in June 2021, close to the average of the region's counties' unemployment rates of 3.7 percent.

From 2015 to 2020, the unemployment rate for Johnson County remained lower than the state and national rates. Figure B.27 illustrates a comparison of the unemployment rates in the county, state, and nation.

Figure B.27: Johnson County Comparison of Unemployment Rates



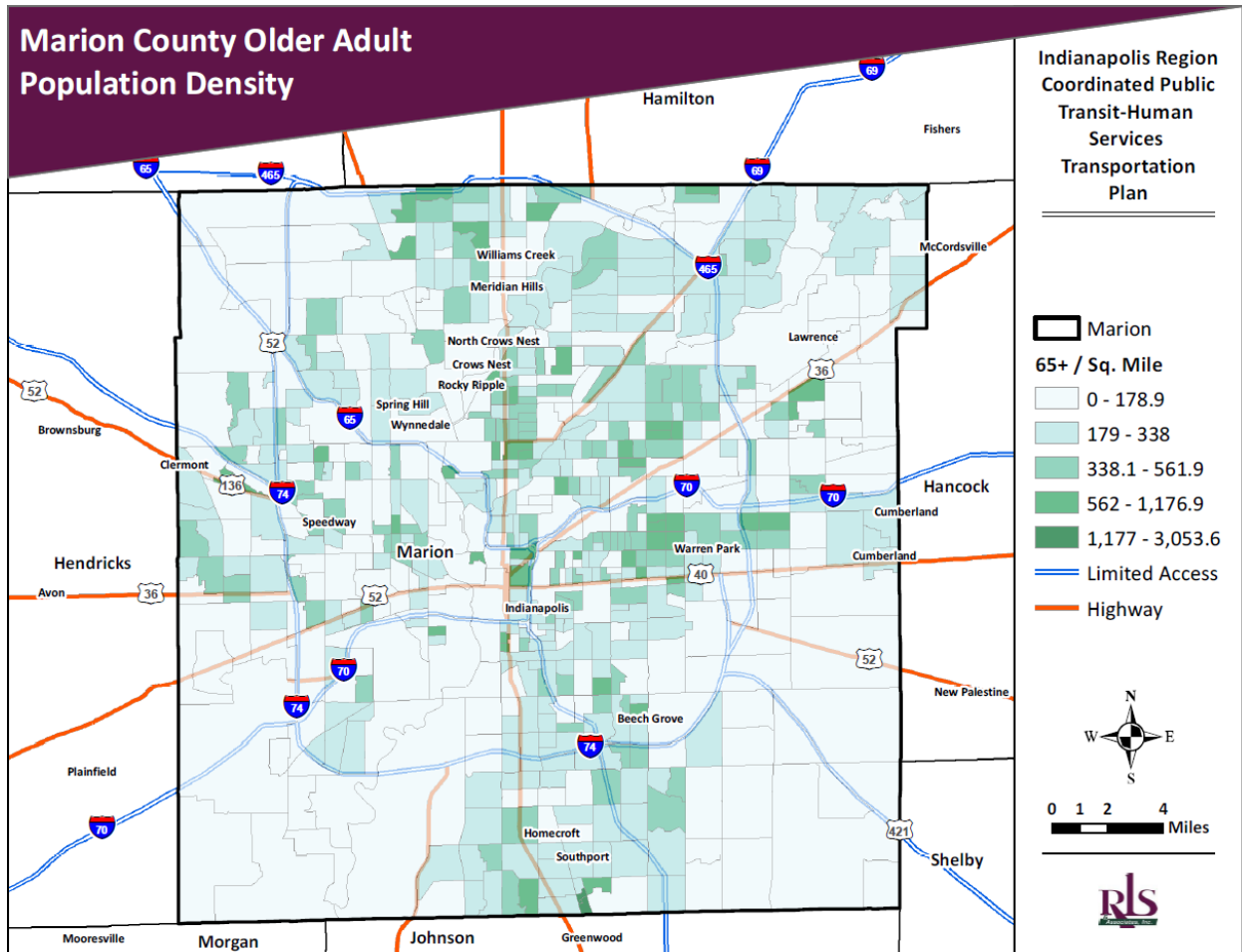
Source: STATS Indiana using Bureau of Labor Statistics

MARION COUNTY

Older Adult Population

Figure B.28 illustrates the density of persons aged 65 and older by Census block group. The block groups with the highest densities of Marion County residents aged 65 and older are spread throughout the County. These block groups had older adult population densities between 1,177.0 and 3,053.6 people per square mile. Areas with moderately high densities of older adults can also be found throughout Marion County. The largest areas with low densities of older adults are located in the northwest, southeast and southwest corners of the county.

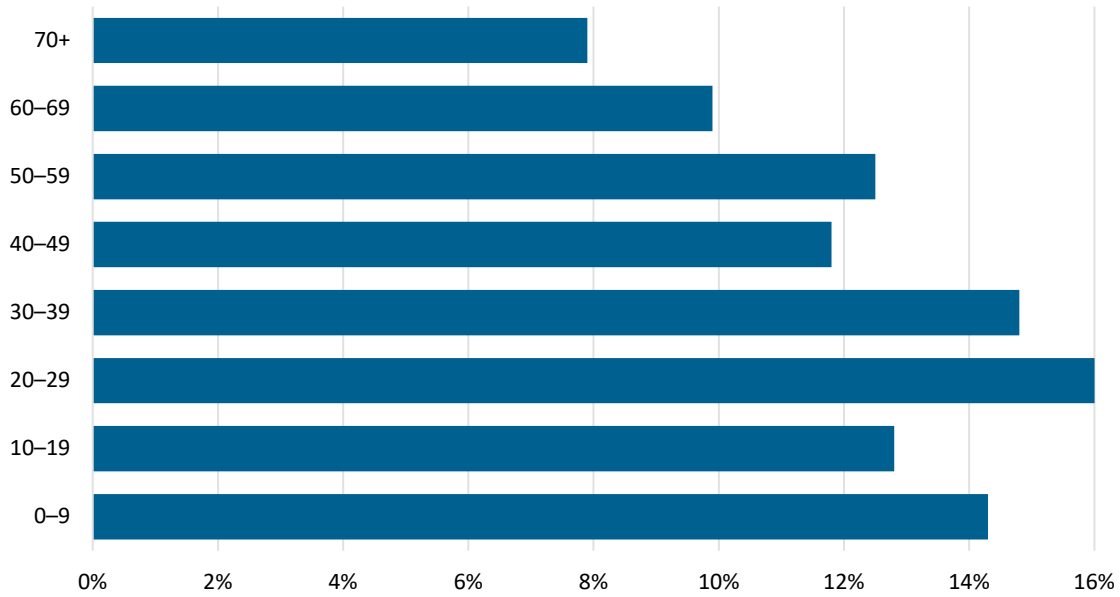
Figure B.28: Percent Population Age 65 and over Marion County



Source: 2019 ACS Five-Year Estimates

The largest age cohort for Marion County is between the ages of 20 and 29 (16.0 percent). The second largest group is between ages 30 and 39, which constitutes 14.8 percent of the county’s population (see Figure B.29). The third largest age group is 0 to 9 years old (14.3 percent), while 17.8 percent is age 60 or older.

Figure B.29: Marion County Population by Age

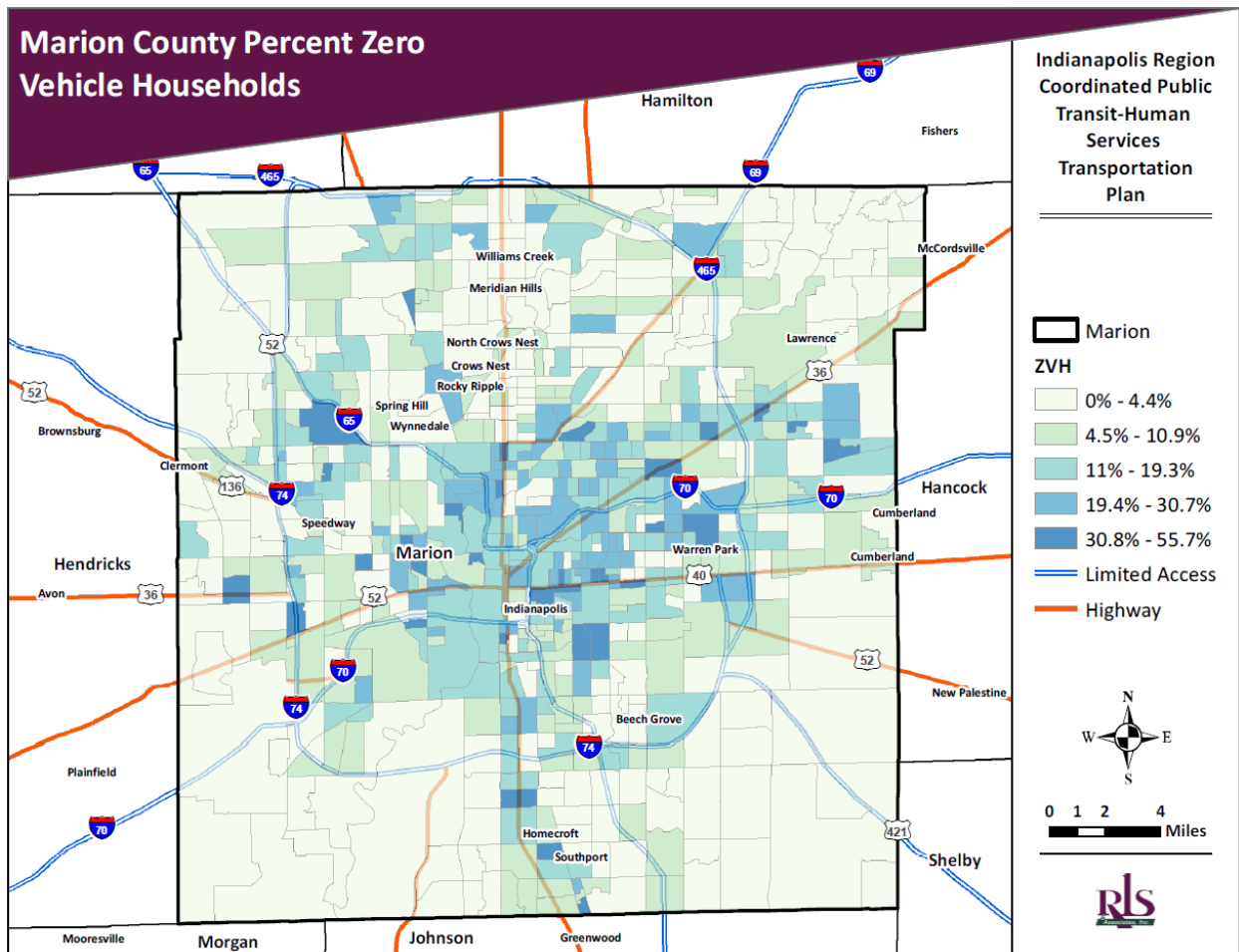


Source: 2019 ACS Five-Year Estimates, Table S0101

Zero Vehicle Households

Figure B.30 illustrates the percentage of housing units that have no available vehicle, according to 2019 ACS Five-Year Estimate data. The block groups with the darkest shading have the highest percentage of housing units with no available vehicles. The block groups with the highest concentration of these households are found throughout Marion County, with more located in the middle third of the county. Over 30.8 percent, and up to 55.7 percent, of households within these block groups have no vehicle available. Areas with moderately high percentages ranging from 19.4 percent to 30.7 percent of zero vehicle households can also be found throughout Marion County. The outer edges of the county had moderate to very low percentages of households with zero vehicles available.

Figure B.30: Percent Zero Vehicle Households Marion County



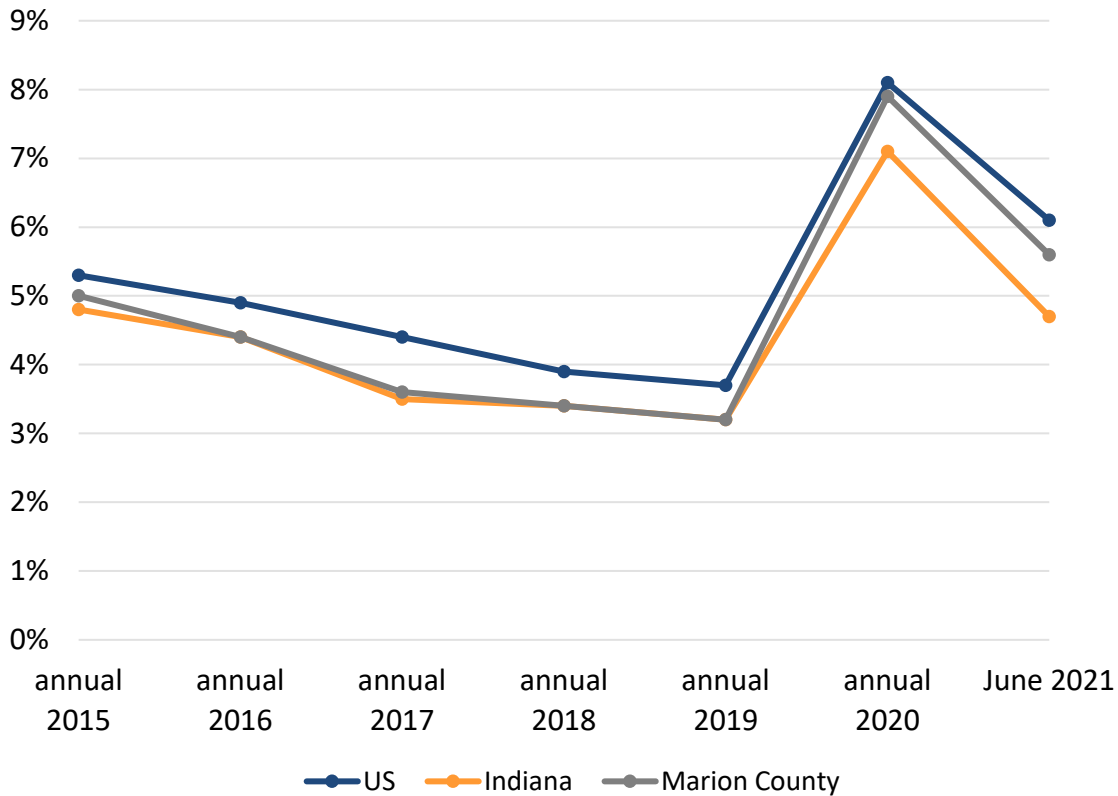
Source: 2019 ACS Five-Year Estimates

Industry and Labor Force

Marion County's unemployment rate was 5.6 percent in June 2021, above the average of the region's counties' unemployment rates of 3.7 percent.

From 2015 to 2019, the unemployment rate for Marion County closely matched the state’s rates. In 2020, the unemployment rate jumped above the state rate but remained below the national rate. Figure B.31 illustrates a comparison of the unemployment rates in the county, state, and nation.

Figure B.31: Marion County Comparison of Unemployment Rates



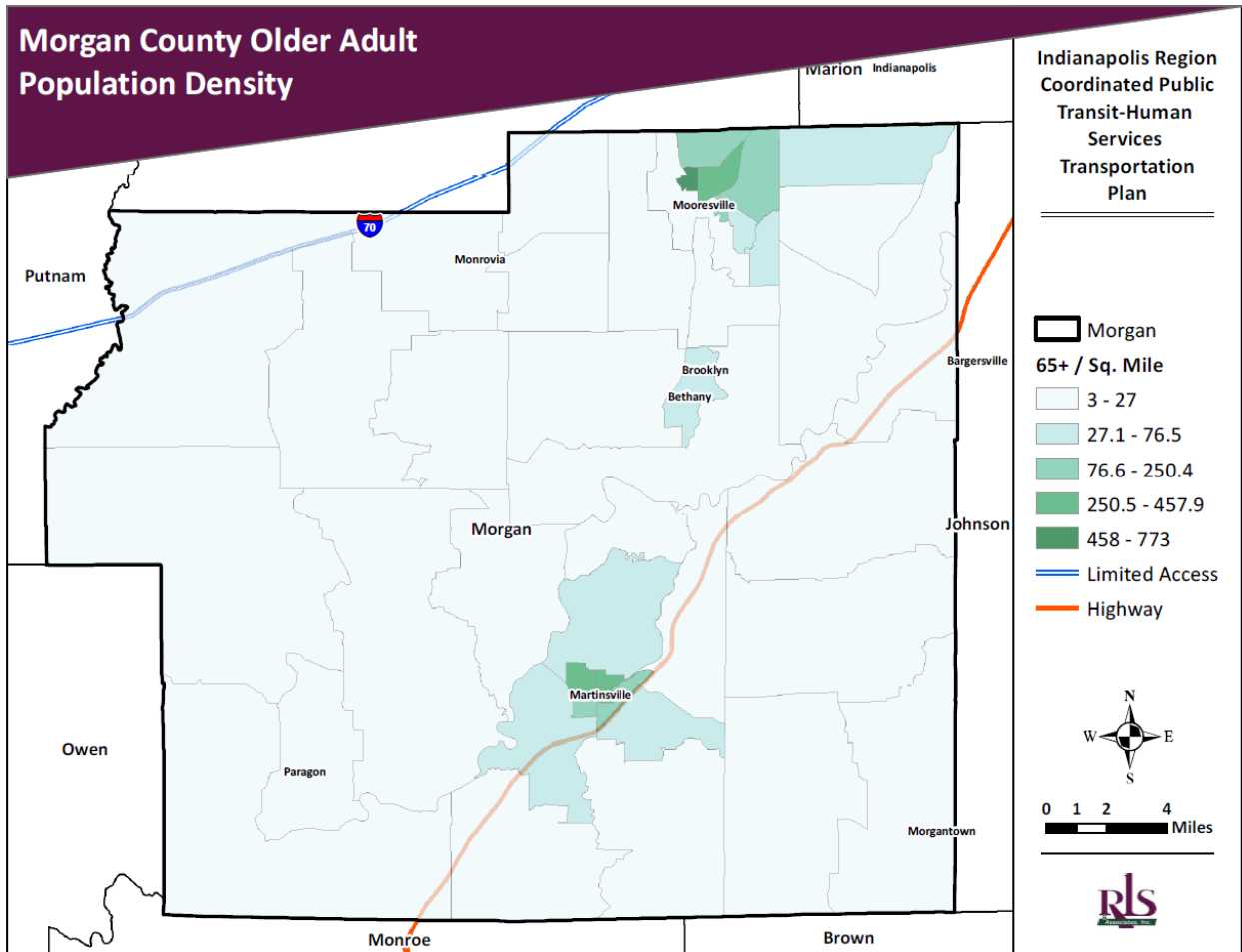
Source: STATS Indiana using Bureau of Labor Statistics

MORGAN COUNTY

Older Adult Population

Figure B.32 illustrates the density of persons aged 65 and older by Census block group. The block groups with the highest percentage of Morgan County residents aged 65 and older are in Martinsville and Mooresville. Between 458 and 773 people per square mile in those block groups were age 65 and older. Areas of moderately high densities of older adults can be found in the same communities. The remainder of the county has moderate to very low older adult population percentages.

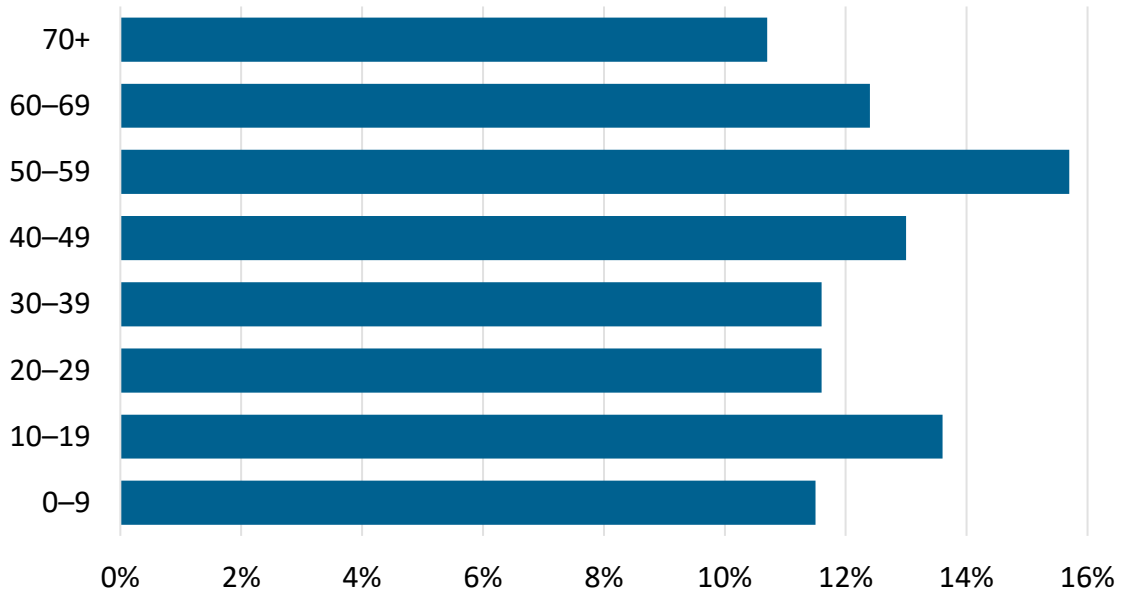
Figure B.32: Percent Population Age 65 and over Morgan County



Source: 2019 ACS Five-Year Estimates

The largest age cohort for Morgan County is between the ages of 50 and 59 (15.7 percent). The second largest group is between ages 10 and 19, which constitutes 13.6 percent of the county’s population (see Figure B.33). The third largest age group is 40 to 49 years old (13.0 percent), while 23.1 percent is age 60 or older. Morgan County has the second highest percentage of persons age 60 and older in the region.

Figure B.33: Morgan County Population by Age

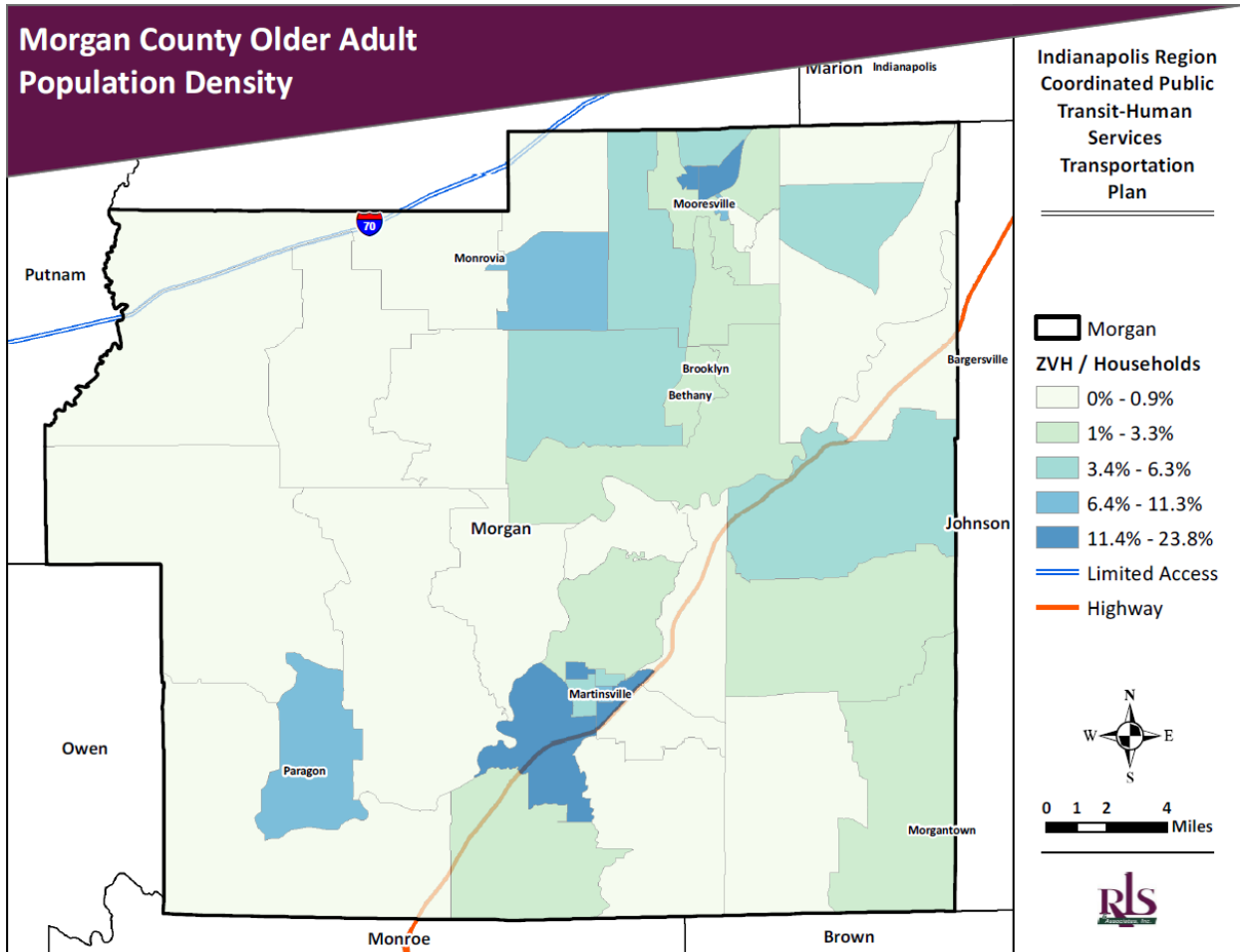


Source: 2019 ACS Five-Year Estimates, Table S0101

Zero Vehicle Households

Figure B.34 illustrates the percentage of housing units that have no available vehicle, according to 2019 ACS Five-Year Estimate data. The block groups with the darkest shading have the highest percentage of housing units with no available vehicles. The block groups with the highest concentration of these households are in Martinsville and Mooresville. Over 11.4 percent of households within these block groups have no vehicle available. Areas with moderately high percentages ranging from 6.4 percent to 11.3 percent of zero vehicle households can be found in Paragon and Monrovia. The remainder of the county had low percentages of households with zero vehicles available.

Figure B.34: Percent Zero Vehicle Households Morgan County



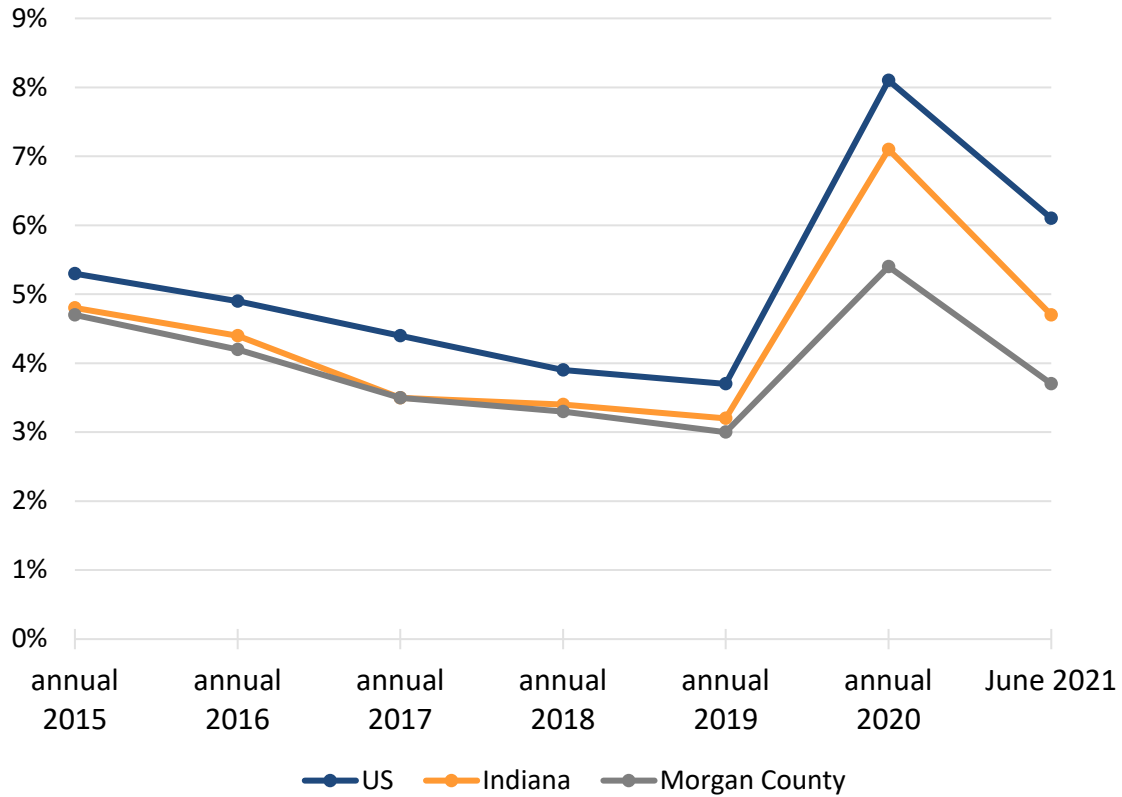
Source: 2019 ACS Five-Year Estimates

Industry and Labor Force

Morgan County’s unemployment rate was 3.7 percent in June 2021, equal to the average of the region’s counties’ unemployment rates.

From 2015 to 2020, the unemployment rate for Morgan County was lower than or equal to state and national rates. Figure B.35 illustrates a comparison of the unemployment rates in the county, state, and nation.

Figure B.35: Morgan County Comparison of Unemployment Rates



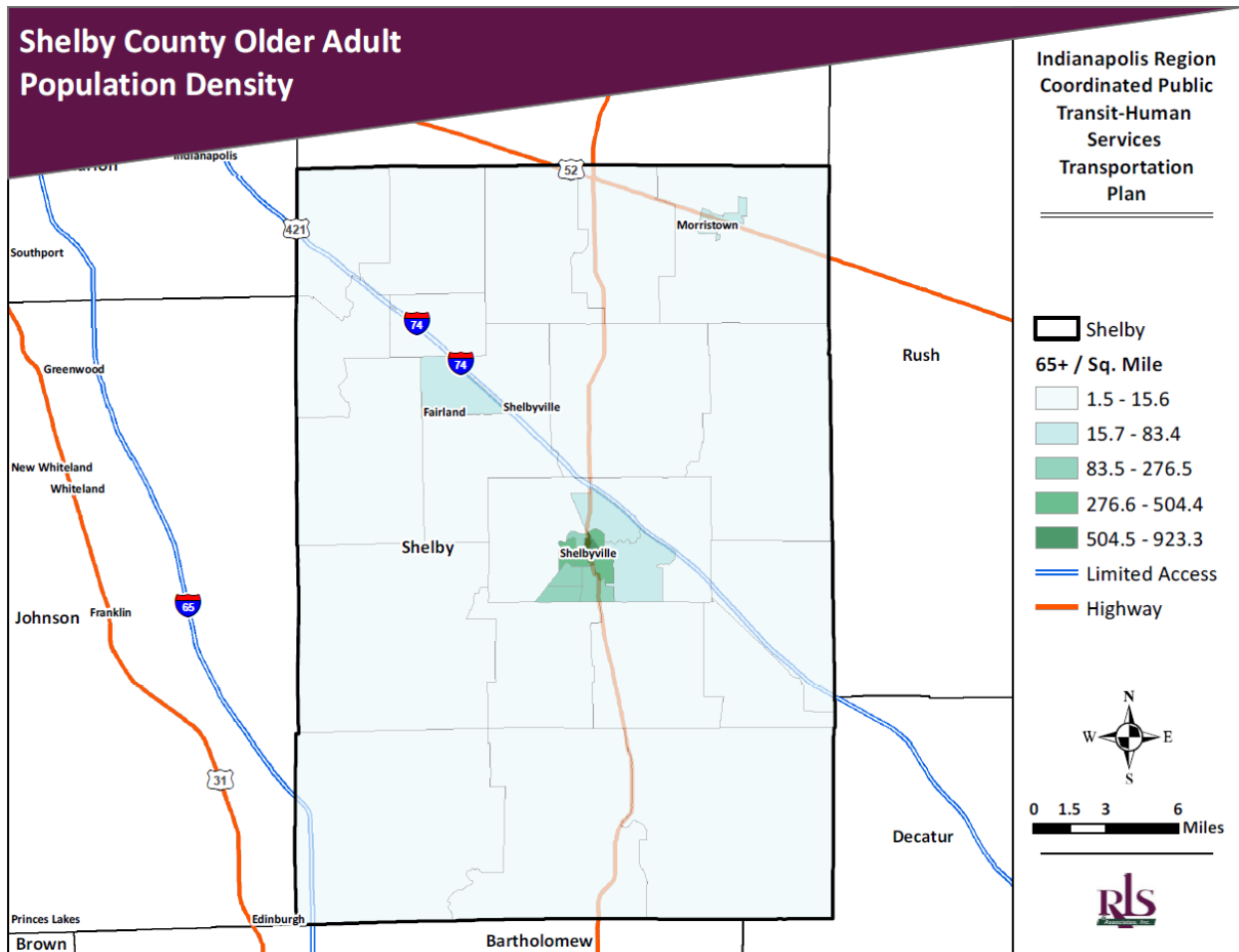
Source: STATS Indiana using Bureau of Labor Statistics

SHELBY COUNTY

Older Adult Population

Figure B.36 illustrates the density of persons aged 65 and older by Census block group. The block groups with the highest densities of Shelby County residents aged 65 and older are in Shelbyville, with 504.5 to 923.3 older adults per square mile. Fairland, Morristown, and Shelbyville all had moderately high densities of older adults. The remainder of the county has moderate to very low older adult population density.

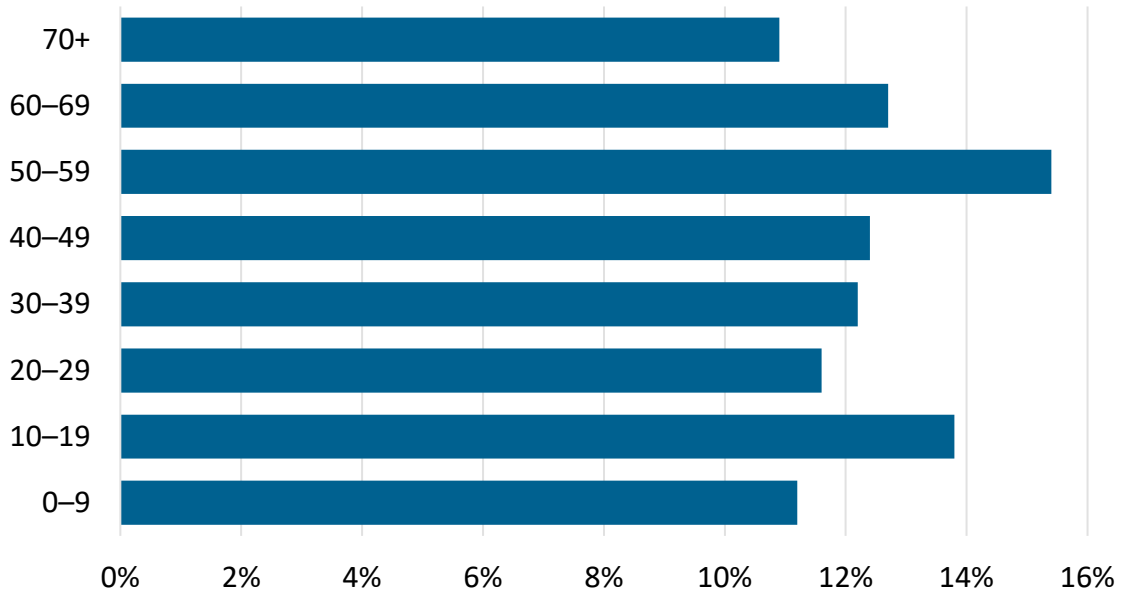
Figure B.36: Percent Population Age 65 and over Shelby County



Source: 2019 ACS Five-Year Estimates

The largest age cohort for Shelby County is between the ages of 50 and 59 (16.4 percent). The second largest group is between ages 40 and 49, which constitutes 14.3 percent of the county’s population (see Figure B.37). The third largest age group is 0 to 9 years old and 10 to 19 years old (13.3 percent each), while 19.4 percent is age 60 or older.

Figure B.37: Shelby County Population by Age

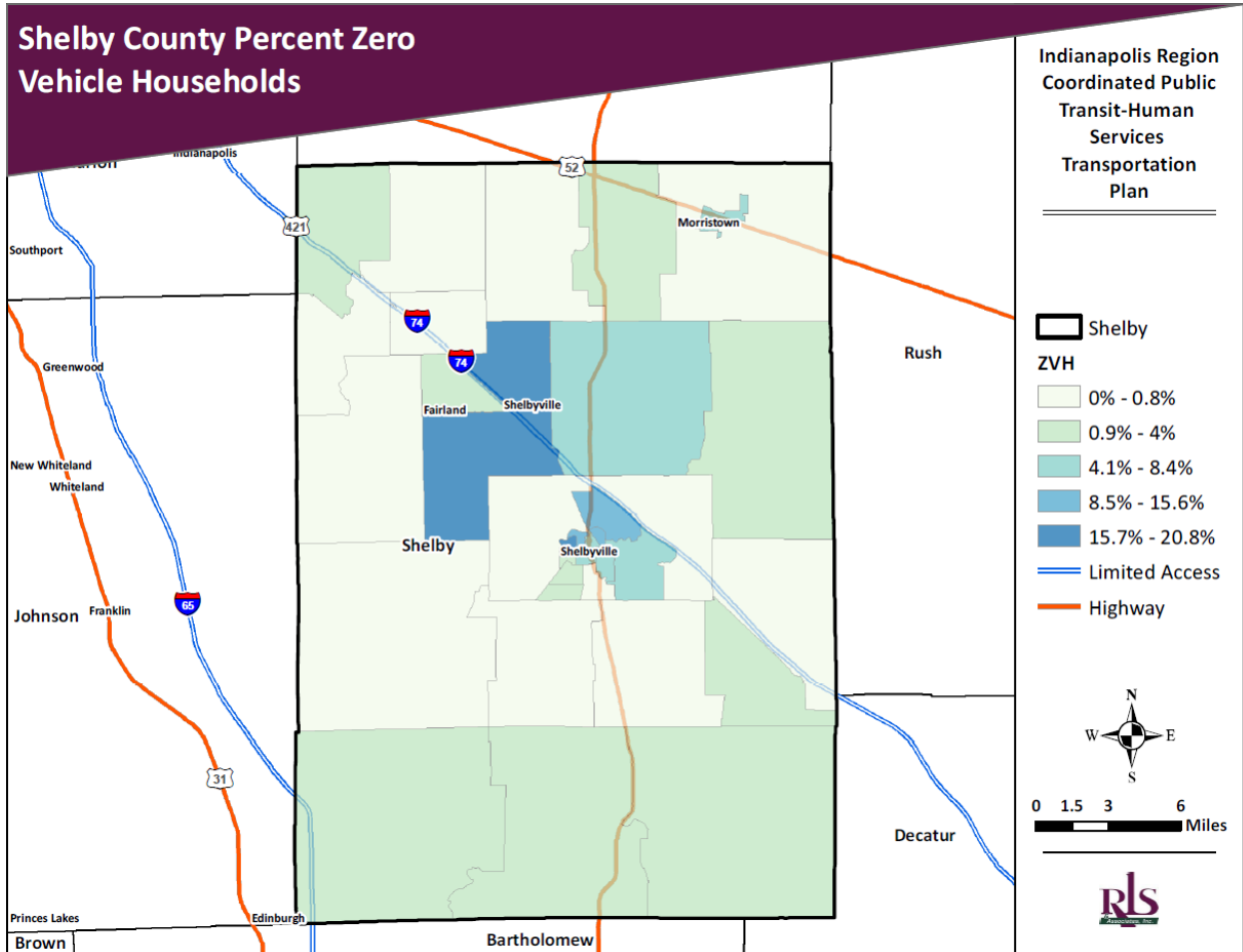


Source: 2019 ACS Five-Year Estimates, Table S0101

Zero Vehicle Households

Figure B.38 illustrates the percentage of housing units that have no available vehicle, according to 2019 ACS Five-Year Estimate data. The block groups with the darkest 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 Shelbyville and to the community’s northwest. Over 15.7 percent of households within these block groups have no vehicle available. Areas with a moderately high percentage ranging from 8.5 percent 15.6 percent of zero vehicle households can be found in Shelbyville. The remainder of the county has moderate to very low percentages of zero vehicle households.

Figure B.38: Percent Zero Vehicle Households Shelby County



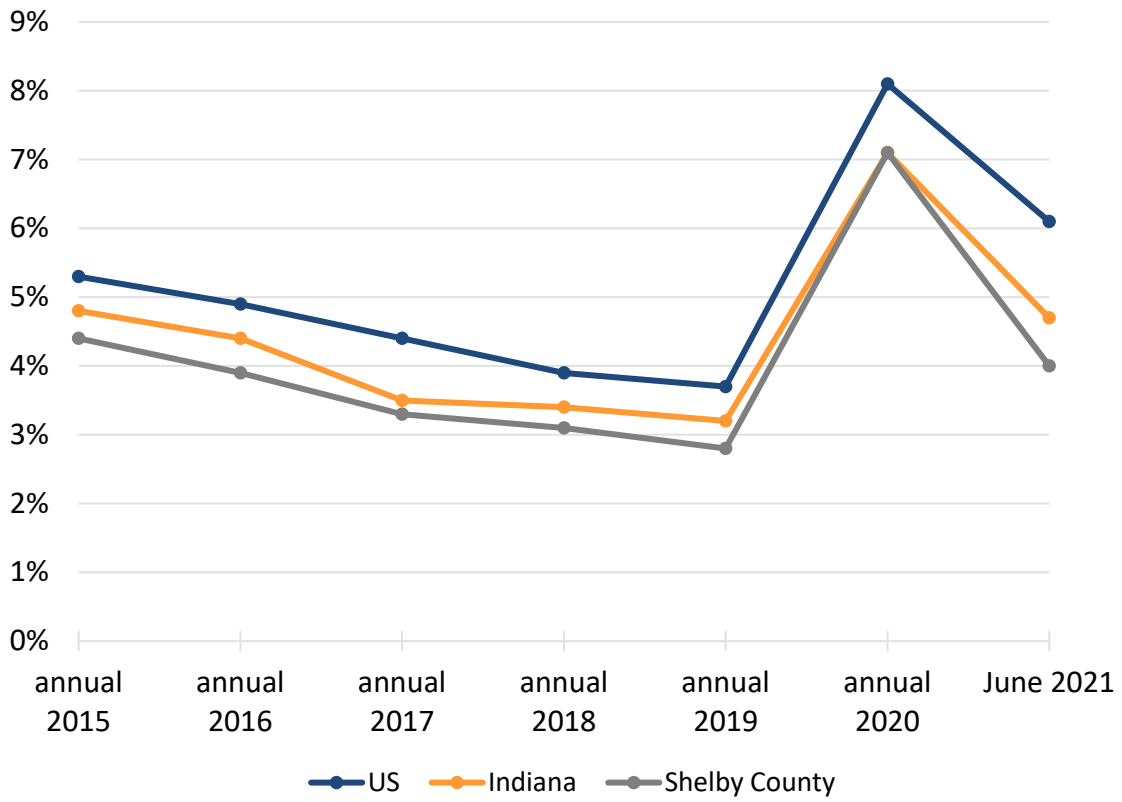
Source: 2019 ACS Five-Year Estimates

Industry and Labor Force

Shelby County’s unemployment rate was 4.0 percent in June 2021, slightly above the average of the region’s counties’ unemployment rates of 3.7 percent.

From 2015 to 2020, the unemployment rate for Shelby County was lower than or equal to the state and national rates. Figure B.39 illustrates a comparison of the unemployment rates in the county, state, and nation.

Figure B.39: Shelby County Comparison of Unemployment Rates



Source: STATS Indiana using Bureau of Labor Statistics

Coordinated Public Transit - Human Services Transportation Plan

Indianapolis Region

Appendix C – Survey Analysis



Prepared for Indianapolis
Metropolitan Planning
Organization

October, 2021

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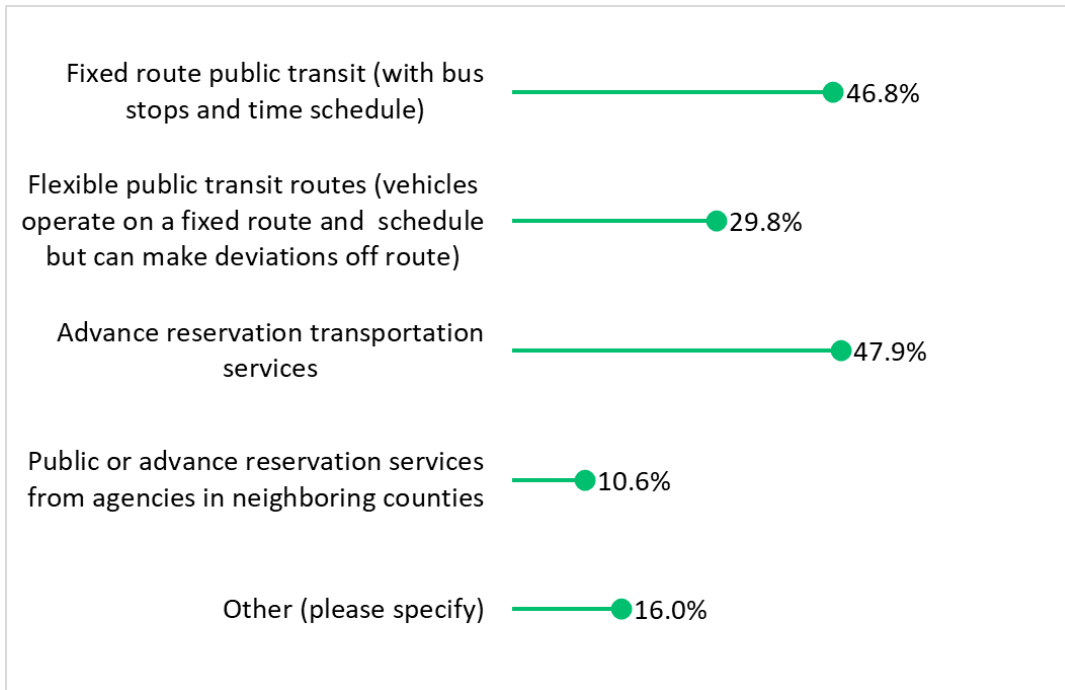


ANALYSIS OF SURVEY RESULTS

This section includes the analysis of the information gained from 112 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 112 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 the region.

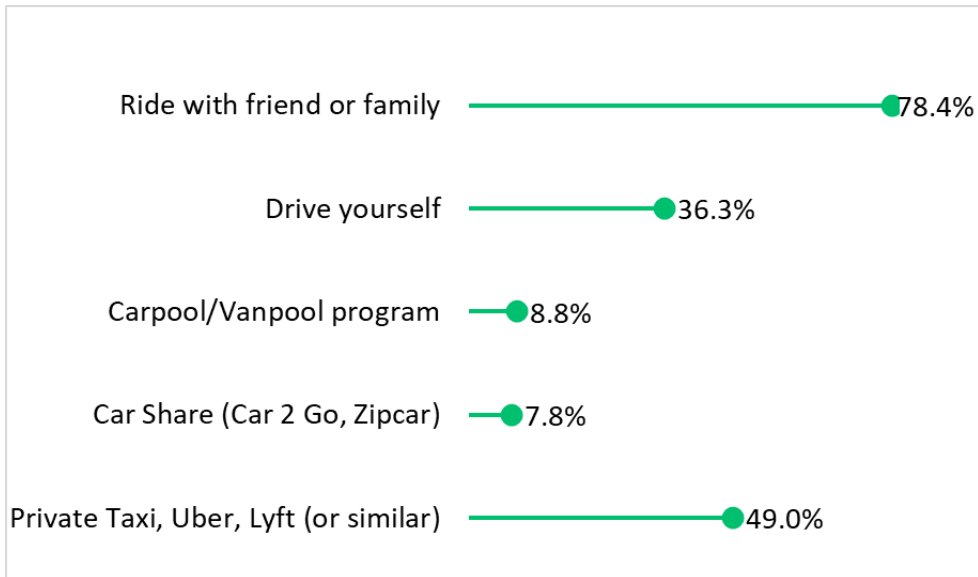
Survey respondents were asked to report the types of public transportation they or their family have used in the past 12 months. Results are shown in Figure C.1. Approximately half of the respondents (46.8%) indicated that they used fixed route transit. A nearly equivalent proportion used demand response public transportation. Those using flexible transit routes, likely those offered by Access Johnson County, comprised 29.8 percent of respondents. Respondents who selected “Other” specified services including Ztrip through IndyGo Open Door, IndyGo, and various counties’ transit providers.

Figure C.1: Types of Public Transportation Used



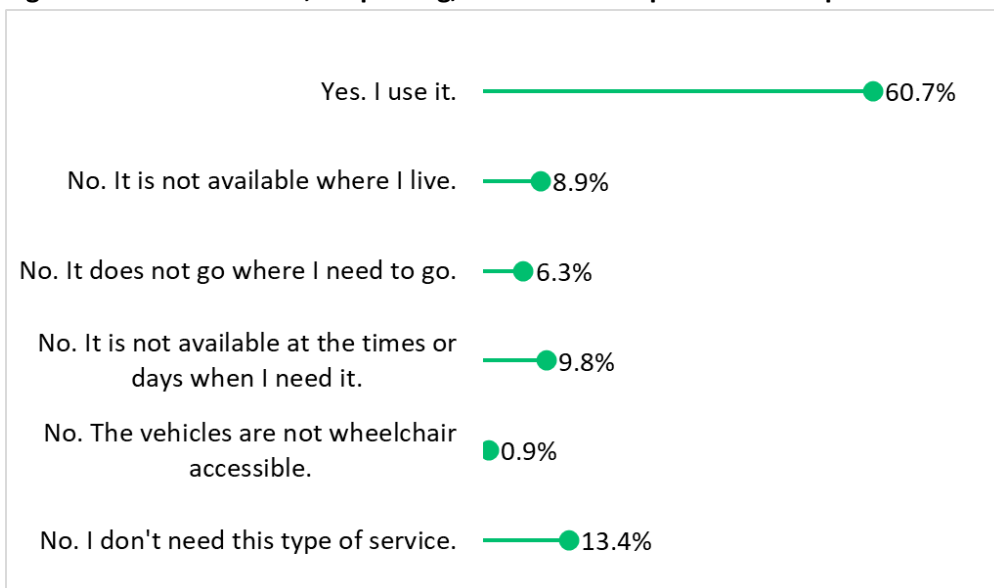
Respondents were asked to report what types of self-funded transportation they or their family have used in the past 12 months. The majority – 78.4 percent – used rides with friends or family. About one third – 36.3 percent – drove themselves. About half – 49.0 percent – used private taxis or Transportation Network Companies (e.g., Uber or Lyft). The results are displayed in Figure C.2.

Figure C.2: Types of Self-Funded Transportation Used



Respondents were asked to report whether public transportation, carpooling, or senior services transportation was an option for them. The majority, 60.7 percent, said yes, and that they used it. Only 13.4 percent said they do not need this type of service. Small numbers of respondents said they did not use it for various reasons. See Figure C.3.

Figure C.3: Public Transit, Carpooling, or Senior Transportation as Options

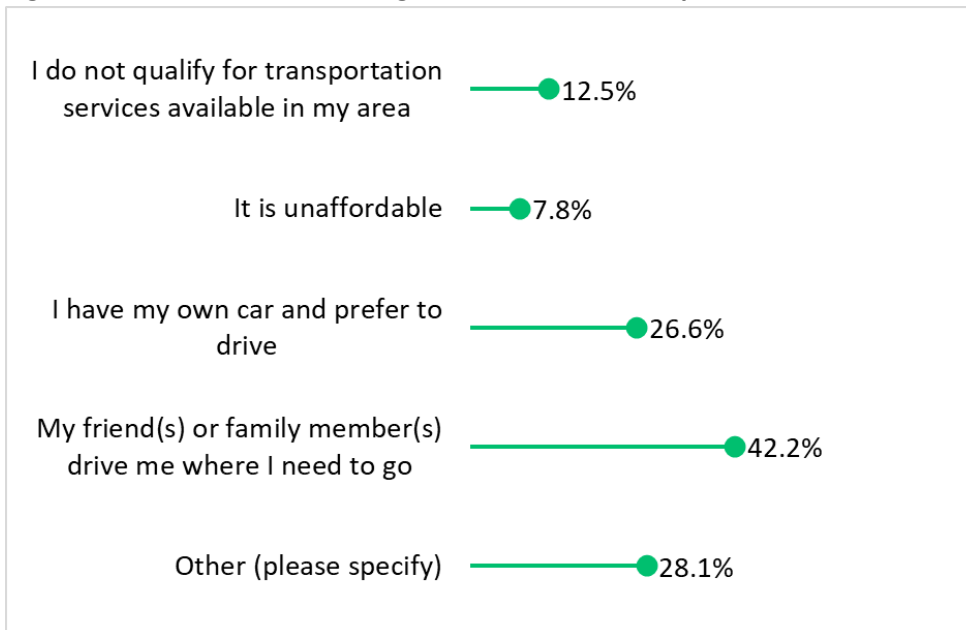


The next question on the survey asked respondents to provide reasons they did not use public or senior transportation if those options were available to them. As shown in Figure C.4, the most respondents to this question, 42.2%, said that their friends or family members drive them to where they need to go. About one quarter, 26.6 percent, said they drive their own cars. Smaller numbers

said they don't qualify for available services or that they services are not affordable. Some the open-ended "Other responses" were as follows:

- ◆ Can't bring myself to trust anyone but me driving!
- ◆ I can drive in good weather, but dangerous to me in inclement weather.
- ◆ I haven't used S.S. lately but I sometime use Uber to go shopping on weekends when Access isn't running on those 2 days.
- ◆ Just worried about COVID and riding with others - but feel differently now.
- ◆ Transfers
- ◆ Public transportation does not go to my job when I need it.
- ◆ Uber and/or Lyft are more reliable.
- ◆ I don't want to waste 4 hours a day on poor public transportation options.
- ◆ The times are not good for my needs.
- ◆ Pandemic has kept me from using Lyft or Uber. No other service available from Hendricks Co to Midwest Eye in Johnson Co.

Figure C.4: Reasons for Not Using Public or Senior Transportation

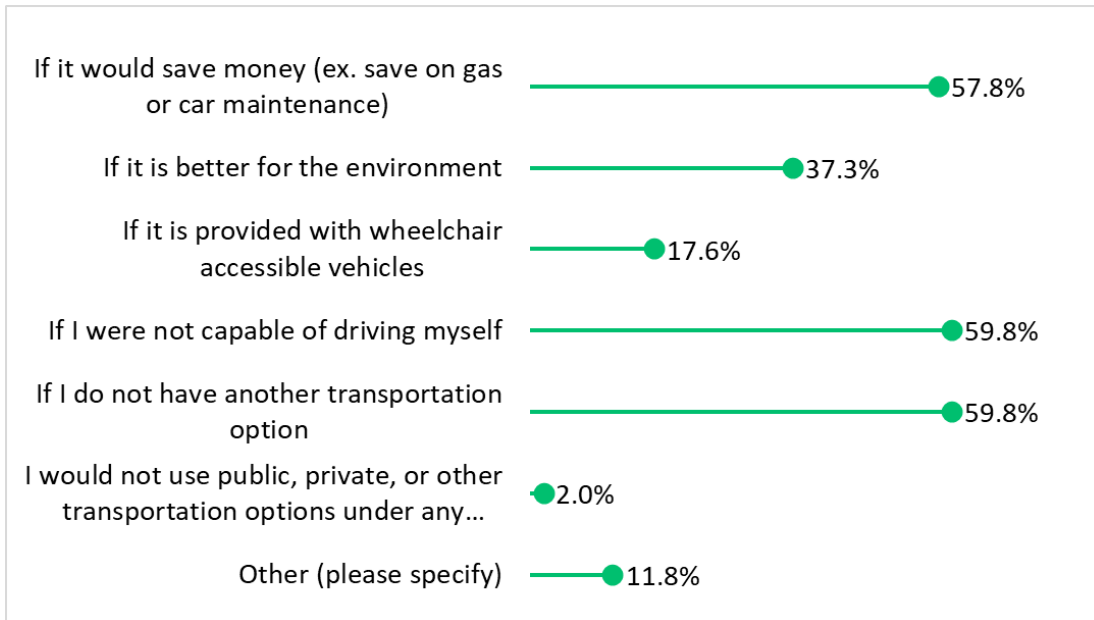


Respondents indicated reasons they would use public, private (e.g., taxi) or other transportation options (except for driving) if these options were available and easy to use. The most frequent responses, all selected by nearly 60 percent, were that these options would be use if they resulted in cost savings, if the respondents were not capable of driving, or if they had no other options. Figure C.5 displays all results. Some the open-ended "Other responses" were as follows:

- ◆ Whatever is most affordable.
- ◆ I need extra help to get to work so LINK is my only option. I would be lost if the transport were late and not know what to do. I would be an easy target for scammers on public transport.
- ◆ I PREFER to use public transportation and think more people would, if it was reliable, reflected actual transit needs of working people and shift workers, and was on a grid layout - the spoke and wheel layout is simply ridiculous and time consuming.
- ◆ If it were more geographically accessible and reliable time-wise.

- ◆ If available to go where and when I need it.

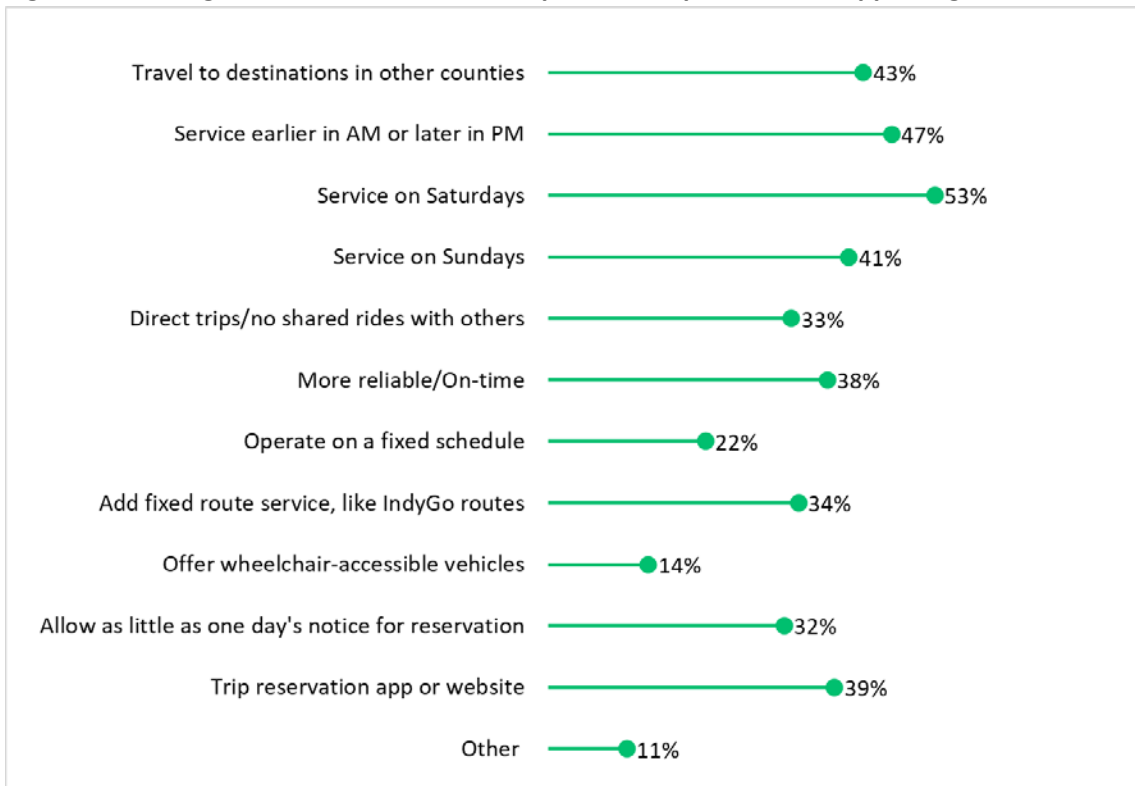
Figure C.5: Reasons Respondents Would Use Options Outside of Driving (if Available)



There are many types of changes that would make transportation options more appealing to the respondents, as shown in Figure C.6. The most popular changes included service on weekends, earlier morning and later evening hours, cross-county service, an app or website for trip reservations, and better reliability and timeliness. “Other” responses included:

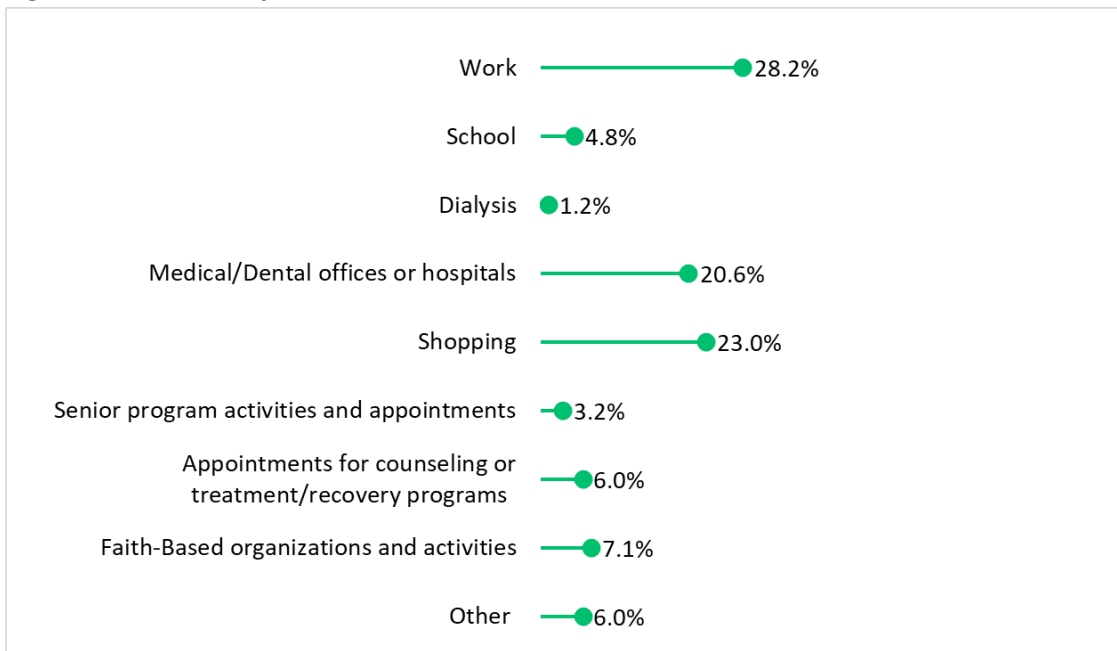
- ◆ Being able to cancel ride if necessary and not be faulted for this.
- ◆ Regular route around Noblesville.
- ◆ The walkways and waiting experience to/from/at fixed route service.
- ◆ Allow the number of trips needed to get to work and back.

Figure C.6: Changes That Would Make Transportation Options More Appealing



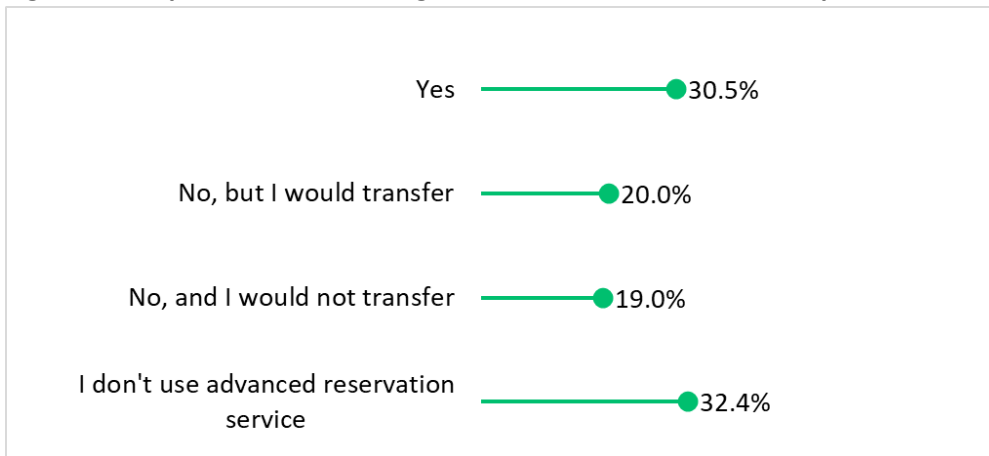
Respondents were asked to report their most commonly visited destinations when any kind of transportation was available to them. “Other” responses including social/recreation, day programs, visiting family, and prison visitation. See Figure C.7.

Figure C.7: Commonly Visited Destinations



The next question on the survey asked respondents if they had ever transferred between transit vehicles on advanced reservation (demand response) service to complete a one-way trip between their origin and destination. As shown in Figure C.8, almost one third of respondents have transferred. Those who used advanced reservation service, but had not transferred, were divided almost evenly on the subject, with 20.0 percent willing to transfer and 19.0 percent unwilling to do so.

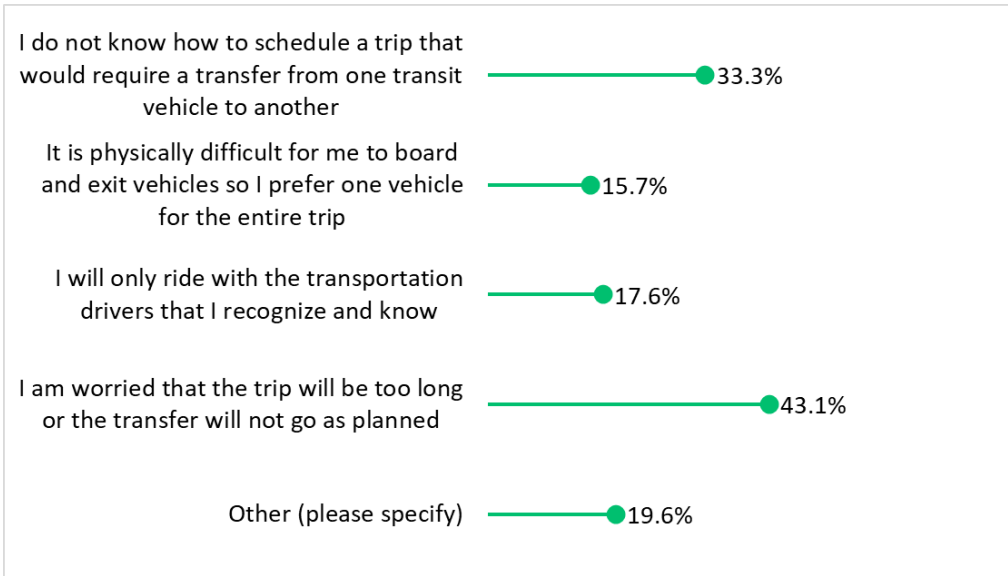
Figure C.8: Experience Transferring on Advanced Reservation Transportation



To follow up on the previous question, respondents were asked if they answered “No,” why they had not transferred and/or were unwilling to transfer. The reasons provided are shown in Figure C.9. Just under half (43.1 percent) feared that the trip would be too long or the transfer would not go as planned. One third of respondents said they did not know how to schedule a ride involving a transfer. “Other” responses included the following:

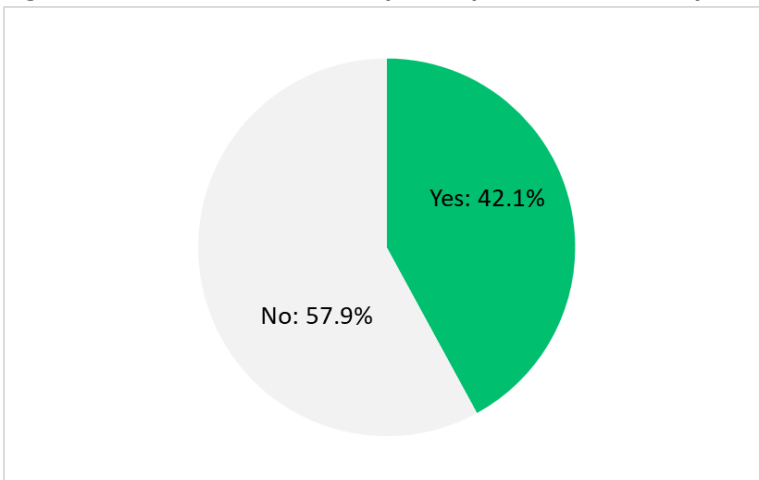
- ◆ People with autism don't deal with unexpected change very well!
- ◆ Because I could get lost in the shuffle.
- ◆ I want to go straight to my destination.

Figure C.9: Reasons for Not Transferring



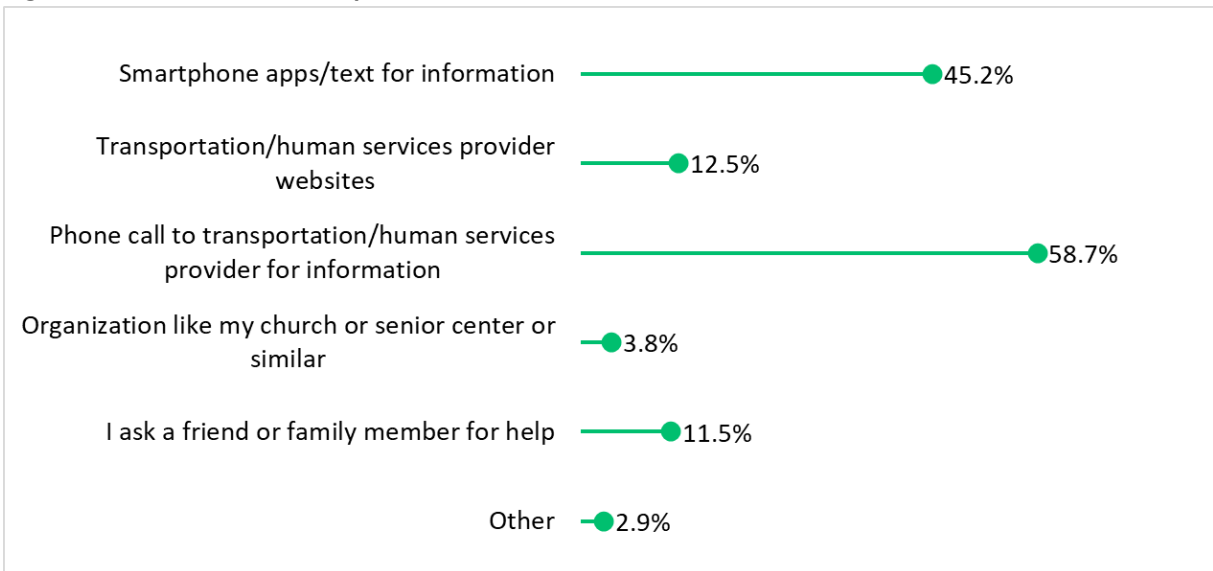
Respondents were asked to report whether they, or a family member, needed transportation outside of their county of residence, but only sometimes – or never – had it. About 42.1 said that out-of-county transportation was an unmet need, as shown in Figure C.10. This question was followed by a follow-up question about how often, and to where, cross-county transportation was needed. Out of 41 open-ended responses, 16 mentioned Indianapolis, and 15 mentioned suburban communities, including Avon, Brownsburg, Carmel, Greenwood, Noblesville, and Westfield. A few other responses mentioned places that are on the outskirts of Central Indiana, including Edinburgh, Nashville, Kokomo, and Trafalgar.

Figure C.10: Need Out-of-county Transportation, But Only Sometimes/Never Have It



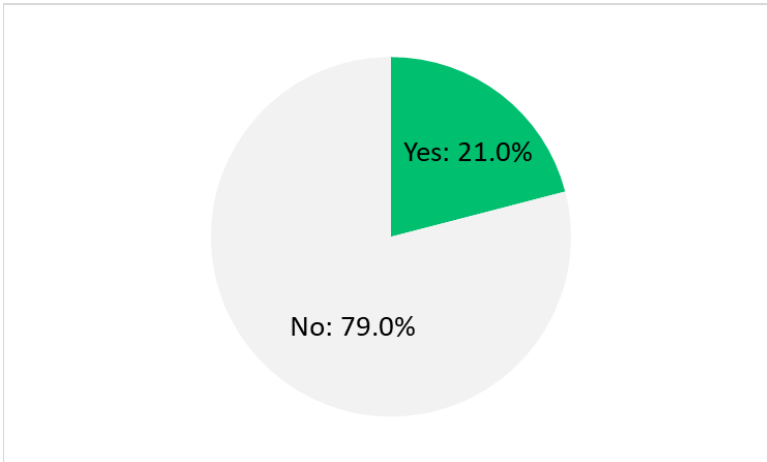
Respondents were asked how they usually obtained information about transportation. A majority of 58.7 percent said they made phone calls to providers, and 45.2 percent said they used smartphone apps or text. See Figure C.11.

Figure C.11: Sources of Transportation Information



Respondents were asked whether they were familiar with CIRTAs County Connect program, which helps Central Indiana residents find transportation options to get from place to place, including across county lines. As shown in Figure C.12, 21.0 percent of respondents were familiar with the program.

Figure C.12: Familiarity with CIRTAs County Connect program



The last question on the survey (other than demographic questions) asked respondents what they would change about transportation in Central Indiana. The full text of the responses to this open-ended question are provided at the end of this appendix. The feedback fell into several major categories of improvements to service, which are summarized in Table C.1.

Table C.1: Categories of Desired Improvements to Service

Category	Description
Affordability	Service needs to be affordable for people with low incomes. Some individuals struggle to pay for a monthly IndyGo fixed route bus pass, which costs \$60 per month. Those who rely on demand response services or private providers like Transportation Network Companies on a regular basis face higher costs.
Call center/ technology	Respondents commented that they would like the reservations process to be easier and more reliable. They would like to see technologies like trip request apps, electronic fare payment, and notifications of late-running vehicles.
Expanded hours/days of service	Service should be extended into the early morning and late evening hours, and run seven days per week.
Frequency	Fixed route should be more frequent. In some places, routes only run every 60 minutes.
High-capacity transit	Some respondents mentioned that they wanted more bus rapid transit, dedicated transit lanes, or rail.
More coverage	Respondents would like services to extend into new areas, and provide access to more destinations. Some mentioned that fixed routes are not located within easy walking distance of destinations.
More cross-county service	Many respondents spoke of the need for crossing county lines on public transit.
More options/ more service	Many comments were general and spoke of the need for more options and more service. A few mentioned that more transportation funding would need to be available.
More timely service	Timeliness was mentioned by many respondents. Demand response rides can sometimes be very long. They can result in individuals arriving at their destinations excessively early or late. Some providers are short on capacity and therefore require reservations to be made weeks in advance, so it is difficult for people to travel when a need arises only a day or two in advance. On-time performance was also mentioned as a concern.
Same-day service	Same-day service should be available so that individuals can travel even if they don't know they'll need a ride on the previous day, or before.

DEMOGRAPHIC QUESTIONS

Figure C.13 through Figure C.17 provide the results of questions about the respondents' demographics.

Figure C.13: Age Ranges

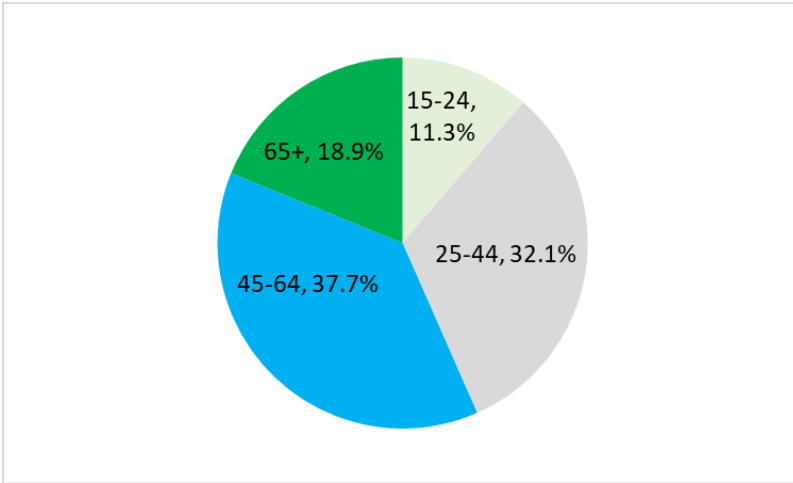


Figure C.14: English as First Language

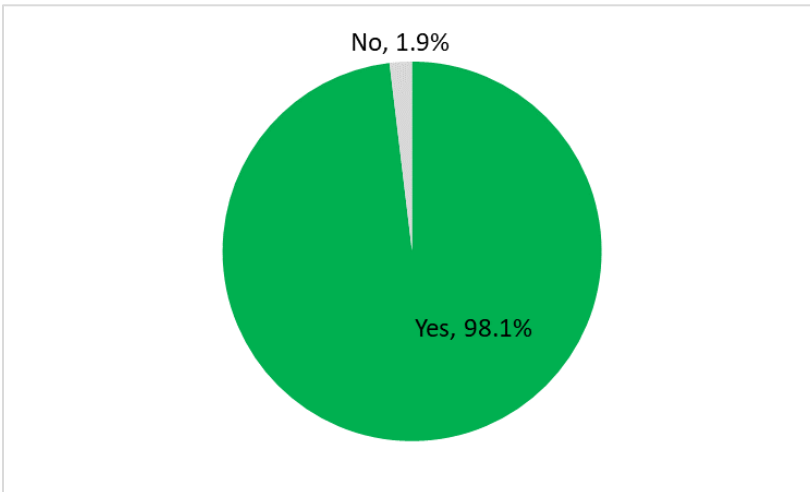


Figure C.15: Racial Identity

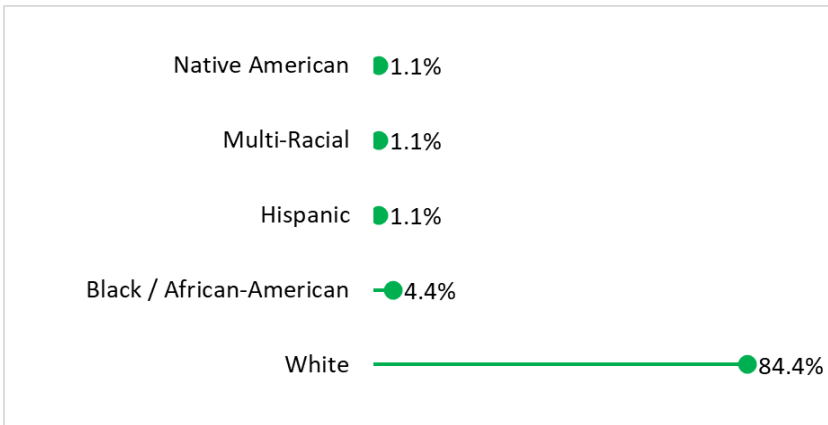


Figure C.16: Employment Status

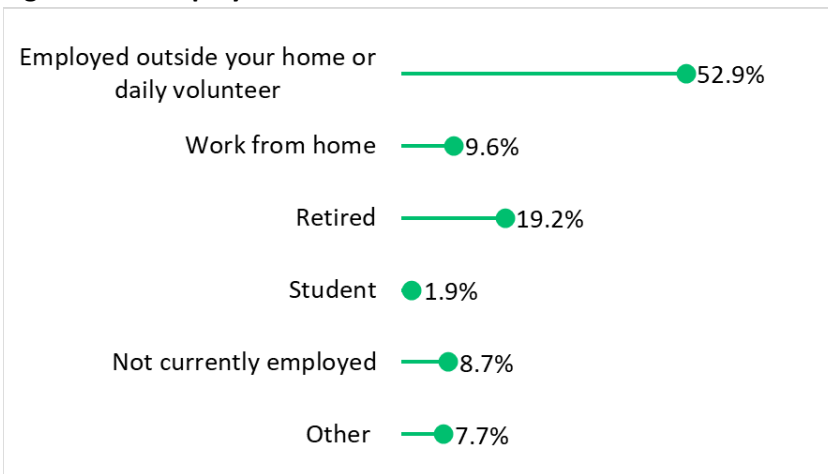
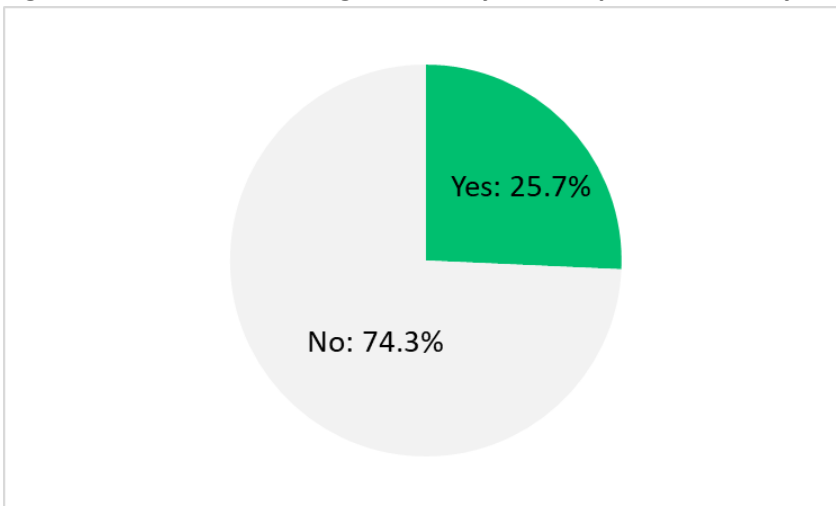


Figure C.17: Status as Having a Disability that Requires a Mobility Device



ALL OPEN-ENDED RESPONSES ABOUT DESIRED CHANGES/SERVICE IMPROVEMENTS FOR CENTRAL INDIANA TRANSPORTATION

- ◆ Add more options for disabled people and seniors, especially those of us who work full time.
- ◆ Already great services.
- ◆ arrival times
- ◆ Arrival/departure times more accurate
- ◆ Be able to go to a store and come back without riding the whole route.
- ◆ Bigger and more reliable network of transportation options.
- ◆ Buses run all day and shorter trips across town and closer bus stops that are not a 15-minute walk
- ◆ Call if running late
- ◆ Cleaner buses
- ◆ Drop offs closer to shopping then out on a street making people have to walk through a parking lot to get to shopping.
- ◆ Easier to access
- ◆ expand Indy Go into counties surrounding Marion
- ◆ expand service area, on time more often, same day reservations
- ◆ expand service so Johnson Co. would be more ubiquitous (everywhere). If more people shared this service, prices may be a little cheaper.
- ◆ Fix the problems with reservations
- ◆ For example, Open Door you have a pick up scheduled to take you home from work at 4:00 PM and that Ride doesn't bother to show up and pick you up until 6:00 PM that is unacceptable and it has been happening more and more even with the usage of the Z Trip program
- ◆ funding, and frequency, and dedicated lanes. we should have more of all of those.
- ◆ Going past E Stop 11 Rd, to downtown Indy to get people who might have to work there and not take a Uber or Lyft to get to work.
- ◆ Have it go into the counties touching Marion County. If not all the way across but, at least into the first quarter of each county.
- ◆ Have your drivers be consistent and stay at the bus stops if they arrive early. If they need to do a deviation, they still need to cover all said stops and not skip any because of other reasons.
- ◆ I cannot think of a thing that I would change about Access of Johnson County. You meet all of my needs, if I simply do my part.
- ◆ I don't think anything needs changing. I'm very comfortable with my bus pick-up spot (due to my disability, but other than that I'm very pleased).
- ◆ I live off E 96th St - even though it's the county boundary, no bus stops to even transfer closer to bus stops. I'd use them much more if I didn't have to walk a mile and a half to it.
- ◆ I would always like to talk to a person. If I leave a voice mail, I never know for sure if they got it. Could they call or text me letting me know if they got it.
- ◆ I would have fluent English-speaking drivers, I would also make sure the drivers were timely, and punctual. I would also keep busy trip around, and allow access to surrounding counties like Hendrix, Hamilton, etc.
- ◆ I would increase the amount of public transportation both in service times and areas. I would love to see the region better connected via transit, particularly BRT that ran on a regular schedule.

- ◆ I would like to be able to cross county lines, especially since I live on the west side of town, and many things just outside my county are closer than the things within the county.
- ◆ If we are going to provide public transportation at the level it needs to be to get people out of cars and using this, we have to make a commitment to go all in.
- ◆ IndyGo busses need to run much earlier, and have more routes.
- ◆ It needs to be more widely available, consistent, reliable and AFFORDABLE.
- ◆ It would be in Florida
- ◆ It would be reliable, would run based on real times for shift and customer service workers (lowest paid, more likely to use a reliable resource) be on a grid system that allowed for more transfers rather than having to go downtown to change busses (BIG time waste!) And have fare cards that can be recharged via an app (i.e Ventra) get the new express lines built, start feeding other directional busses to and from those for transfer purposes. Run layer into the evening. Market TO the customer service and shift workers. Go out and ASK THEM what it would take to get them on public transport!
- ◆ Last time I tried to book ride in senior van to my PCP for annual checkup it was already full. That was 6 weeks prior to appointment for a drive within the Avon area.
- ◆ Longer hours in the office; online scheduling; confirmation that a change that was requested has been made
- ◆ Longer hours, worked on weekends
- ◆ Longer ride
- ◆ Make it a free service
- ◆ More
- ◆ More available
- ◆ More exact pick-up times. 20 minutes on either side is a BIG window.
- ◆ More fixed routes and/or later hours
- ◆ More of it more often
- ◆ More options
- ◆ More options, more frequent and convenient
- ◆ More public transportation options in the Fishers/Hamilton County area so that I can be more spontaneous, meet friends, etc. instead of having to call and schedule ahead like I do for work.
- ◆ More reliable - more honest about actual pick up times if late
- ◆ More reliable pickup and drop off times
- ◆ More Saturday hours
- ◆ None
- ◆ Not having to make reservations two weeks in advanced
- ◆ Nothing
- ◆ Nothing
- ◆ Nothing
- ◆ nothing
- ◆ Nothing - I like the service. The drivers are always nice and on time.
- ◆ Nothing that I can think of.
- ◆ Offer rides on Saturdays, Sundays and later in evenings
- ◆ Open door being on time and not having to be on the bus for more than 1.5-2 hours
- ◆ pick me up sooner from work. Earlier pick up, and later pick up times, operate on weekends.
- ◆ Pick up earlier in the morning. Stay later in evenings, operate on weekends.
- ◆ Pot holes

- ◆ quickly, affordably, and reliably be able to get from Hendricks County or a other doughnut county to/from Indianapolis. Simply, just subsidize uber/taxi rides with the money which would be spent on existing transportation like IndyGo etc.
- ◆ Regional system
- ◆ Regional transportation with high frequency.
- ◆ Run later and more often and to run on the weekends.
- ◆ Run on Saturdays
- ◆ Run on weekends
- ◆ Run weekends
- ◆ Saturdays
- ◆ See No. 7
- ◆ Speed-rail bullet trains
- ◆ To be able to cancel a ride without getting faulted for doing so. Plans change where I can get another ride.
- ◆ To be able to get enough vouchers to get to and from work every day
- ◆ To extend the service to weekends.
- ◆ To guarantee ride, not say ok take your name and then say there is a chance you might not be picked up.
- ◆ Travel outside of Hancock County
- ◆ untrustworthiness of voucher drivers
- ◆ Use of app to make appt
- ◆ Usually on time to pick me up.

We need more access to public transportation in rural settings and extended days and weekend service.

Coordinated Public Transit - Human Services Transportation Plan Update

Indianapolis Region

Appendix D – Inventory of Existing Services



Prepared for Indianapolis
Metropolitan Planning
Organization

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APPENDIX D: INVENTORY OF EXISTING TRANSPORTATION SERVICES

The following information is based on data provided by the providers through surveys and follow-up interviews, supplemented, in some cases, by information available from the providers’ websites. Table D.1 provides a summary of the organizational characteristics of the participating transportation providers and organizations that purchase transportation on behalf of consumers. Under Legal Authority, PNP refers to private non-profit organizations. RTA refers to regional transportation authorities.

Table D.1: Organizational Characteristics

Program/Agency Name	Direct Operator of Transportation (Yes/No)	Legal Authority	Service Area
A Caring Place /Catholic Charities Indianapolis	Y	PNP	Indianapolis (inside I-465)
Access Johnson County/Gateway Services	Y	PNP	Johnson County and southern Marion County as far north as Stop 11 Road
Boone Area Transit Service/Boone County Services Services, Inc.	Y	PNP	Boone County origination with destinations within the region
Bosma Industries for the Blind	Y	PNP	Not provided
Central Indiana Regional Transportation Authority (CIRTA)	Y	RTA	Boone, Delaware, Hamilton, Hancock, Hendricks, Johnson, Madison, Marion, Morgan, and Shelby Counties
CICOA Aging & In-Home Solutions	Y	PNP	Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, and Shelby Counties
Eskenazi Health	Y	Municipal Corporation	North – 56th street, East – German Church Road, West – 465, South – 465. Service is provided to 10 of their clinics.
Hamilton County Express/Janus Developmental Services	Y	PNP	Hamilton County, a limited area of Tipton County, and IndyGo bus stops on 82 nd /86 th Streets
Hancock Area Rural Transit/Hancock Senior Services	Y	PNP	Hancock County, with service to medical facilities in Marion, Hamilton, Madison, Henry, and Shelby Counties

Program/Agency Name	Direct Operator of Transportation (Yes/No)	Legal Authority	Service Area
HendricksGO!/Hendricks County Senior Services	Y	PNP	Hendricks County, occasional trips to west side of Indianapolis and Putnam County
IndyGo – Fixed Route	Y	Municipal Corporation	Marion County
IndyGo – Open Door	Y	Municipal Corporation	Marion County
John H. Boner Neighborhood Centers	Y	PNP	Near east side of Indianapolis
Johnson County Senior Services	Y	PNP	Johnson County and southern Marion County as far north as Southport Road
LINK Hendricks County/Hendricks County Senior Services & Sycamore Services	Y	PNP	Hendricks County
Little Red Door Cancer Agency	N	PNP	Marion County
Midtown Get Around/MLK Center	Y	PNP	Crown Hill, Butler Tarkington, Mapleton Fall-Creek and Meridian Kessler neighborhoods of Indianapolis
Morgan County CONNECT/Sycamore Services	Y	PNP	Morgan County
Noble Inc.	Y	PNP	Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, and Shelby Counties
PrimeLife Enrichment	Y	PNP	Hamilton County, medical facilities close to Hamilton County line, and Indianapolis VA Hospital
Richard L. Roudebush VA Medical Center	Y	Federal agency	Central Indiana (middle third of Indiana)
Riverview Health Rides	Y	PNP	Hamilton County and surrounding areas
ShelbyGo/Shelby Senior Services	Y	PNP	Shelby County
Tangram	Y	PNP	Marion, Hendricks, Hancock, Johnson, and Hamilton Counties
Use What You've Got Prison Ministry	Y	PNP	Statewide

Program/Agency Name	Direct Operator of Transportation (Yes/No)	Legal Authority	Service Area
Wheels to Wellness/Jewish Federation of Greater Indianapolis	Y	PNP	Not reported

Source: Provider Survey and Interview Results and Agency Websites

Table D.2 describes the ridership for participating organizations. 2019 ridership is provided because it represents pre-pandemic conditions; 2020 ridership on all providers was heavily impacted by COVID-19. Organizations that have eligibility requirements are typically based on funding or agency mission (i.e., older adults, individuals with disabilities, registered consumers, etc.).

Table D.2: Ridership Characteristics

Program/Agency Name	Eligibility Requirements? (Yes/No)	Number of Annual One-Way Trips
A Caring Place /Catholic Charities Indianapolis	Y	2019: 2,398 – 2020: 834
Access Johnson County/Gateway Services	N	2019: 87,977 – 2020: 52,130
Boone Area Transit Service/Boone County Services, Inc.	N	2019: 23,893 – 2020: 16,401
Bosma Industries for the Blind	Y	Not reported
Central Indiana Regional Transportation Authority (CIRTA)	N	2019: 123,647 – 2020: 76,833
CICOA Aging & In-Home Solutions	Y	2019: 26,562 – 2020: 10,336
Eskenazi Health	Y	2019: 2,610 – 2020: 3,861
Hamilton County Express/Janus Developmental Services	N	2019: 65,209 – 2020: 38,971
Hancock Area Rural Transit/Hancock Senior Services	N	2019: 18,483 – 2020: 11,485
HendricksGO!/Hendricks County Senior Services	Y	2019: 1,839 – 1,226
IndyGo – Fixed Route	N	2019: 9,244,855 – 2020: 5,574,500
IndyGo – Open Door	Y	2019: 282,289 – 2020: 167,303
John H. Boner Neighborhood Centers	Y	2019: 4,150 – 2020: 962
Johnson County Senior Services	Y	2019: 13,530 – 2020: 7,426
LINK Hendricks County/Hendricks County Senior Services & Sycamore Services	N	2019: 38,495 – 2020: 22,792
Little Red Door Cancer Agency	Y	Not reported

Program/Agency Name	Eligibility Requirements? (Yes/No)	Number of Annual One-Way Trips
Midtown Get Around/MLK Center	N	Not reported
Morgan County CONNECT/Sycamore Services	N	2019: 21,627 – 2020: 9,192
Noble Inc.	Y	2019: 28,817 – 2020: 14,025
PrimeLife Enrichment	Y	2019: 5,991 – 2020: 2,682
Richard L. Roudebush VA Medical Center	Y	2019: 38,745 – 2020: 34,249
Riverview Health Rides	Y	2019: 9,905 – 2020: 6,083
ShelbyGo/Shelby Senior Services	N	Not reported
Tangram	Y	Not reported
Use What You've Got Prison Ministry	Y	2019: 838 – 2020: 31
Wheels to Wellness/Jewish Federation of Greater Indianapolis	Y	Not reported

Source: Provider Survey and Interview Results and Agency Websites

The participating organizations provide a wide range of transportation including fixed route, demand response, same-day, and on-demand service. A large majority of the providers operate services Monday through Friday. Only seven of the 27 organizations operate transportation on Saturdays and three operate on Sundays. Evening services after 6:00 PM are also very limited throughout the region. Table D.3 depicts the transportation service characteristics by agency. “WC accessible” refers to vehicles that have wheelchair lifts or ramps for accessibility.

Table D.3: Transportation Service Characteristics

Program/Agency Name	Mode of Service	Days & Hours of Operation	Number of Vehicles
A Caring Place /Catholic Charities Indianapolis	Demand Response	M-F: 7:00A to 10:00A and 3:00P to 6:00P	3 (All WC accessible)
Access Johnson County/Gateway Services	Fixed Route and Demand Response (including same-day service)	Zone-to-Zone Demand Response: M-F: 6:15A to 7:30P / Zipline & Zip Connect (paratransit): M-F: 8:30A to 4:30P or 6:15A to 4:30P	19 (All WC accessible)
Boone Area Transit Service/Boone County Services Services, Inc.	Demand Response	M-F: 7:30A to 4:30P	19 (16 WC accessible)
Bosma Industries for the Blind	Demand Response	Not reported	Not reported

Program/Agency Name	Mode of Service	Days & Hours of Operation	Number of Vehicles
Central Indiana Regional Transportation Authority (CIRTA)	Fixed Route, Carpool Matching, Vanpools, Guaranteed Ride Home	M-Sat: 4:45A to 9:10P / 5:15A to 9:10A & 12:20P to 6:45P / 5:15A to 9:35A & 12:20P to 6:40P	4 (3 WC accessible) (excludes vanpool vans)
CICOA Aging & In-Home Solutions	Demand Response	M-F: 8A to 6P	20 (All WC accessible)
Eskenazi Health	Demand Response	M-F: 9A-7:30P	4 (All WC Accessible)
Hamilton County Express/Janus Developmental Services	Demand Response	M-F: 6A to 6P Sa: 7A to 3P	25 (All WC accessible)
Hancock Area Rural Transit/Hancock Senior Services	Demand Response	M-F: 7A to 5P	14 (All WC accessible)
HendricksGO!/Hendricks County Senior Services	Demand Response	M-F: 8A-4P	1 (1 WC accessible)
IndyGo – Fixed Route	Fixed Route	M-F: 4:30A to 1A Sa: 5:45A to 1A Su: 6:15 AM - 10 PM	206 (All WC accessible)
IndyGo – Open Door	Demand Response	M-F: 4:30A to 1A Sa: 5:45A to 1A Su: 6:15 AM - 10 PM	84 (All WC accessible)
John H. Boner Neighborhood Centers	Demand Response	M-F: 8A to 7P Weekends: Varies	4 (2 WC accessible)
Johnson County Senior Services	Demand Response	M-F: 8:30A-3:30P	12 (9 WC Accessible)
LINK Hendricks County/Hendricks County Senior Services & Sycamore Services	Demand Response	M-F: 6A to 6P	32 (31 WC accessible)
Little Red Door Cancer Agency	Demand Response	Not reported	N/A (contracts service)
Midtown-Get-Around/MLK Center	Demand Response	Not reported	Not reported
Morgan County CONNECT/Sycamore Services	Demand Response	M-F: 8A to 5P	10 (All WC accessible)
Noble Inc.	Demand Response	24/7	51 (14 WC Accessible)
PrimeLife Enrichment	Demand Response	M-F: 8A to 3:30P	8 (All WC Accessible)
Richard L. Roudebush VA Medical Center	Demand Response	24/7	6 (All WC Accessible)

Program/Agency Name	Mode of Service	Days & Hours of Operation	Number of Vehicles
Riverview Health Rides	Demand Response	M-F 6A to 6P	6 (All WC Accessible)
ShelbyGo/Shelby Senior Services	Fixed Route and Demand Response	M-F: 8A to 4P	7 (All WC Accessible)
Tangram	Not reported	Not reported	Not reported
Use What You've Got Prison Ministry	Demand Response	M-Sa: 8A to 8:30P	1 (1 WC Accessible)
Wheels to Wellness/Jewish Federation of Greater Indianapolis	Demand Response	M-F: 7:30A to 2:30P	Not reported

Source: Provider Survey and Interview Results and Agency Websites

Transportation-related expenses and revenues also vary by organization. Local governments, the United Way, and the Federal Transit Administration are common revenue sources for many of the transportation operators in the region. Table D.4 provides a summary of transportation operations expenses for public and non-profit transportation programs. Agency annual operating expenses represent either 2019 or 2020 figures. Revenue source information is for major sources and may not be exhaustive.

Table D.4: Transportation-Related Expenses and Revenue

Program/Agency Name	Fare/Donation Structure	Revenue Sources	Annual Operating Expenses
A Caring Place /Catholic Charities Indianapolis	Reimbursed by Medicaid Waiver, VA and Private Pay participants	Medicaid, VA, Private Pay, Catholic Charities, Grants	Not Reported
Access Johnson County/Gateway Services	Fixed Route: \$1 ADA Paratransit: \$2 Demand Response: \$4-\$8	Fares, Contracts, Reimbursements, Title III-B Local and State Govt, FTA Sec.5311, FTA Sec. 5310, United Way, Donations, Fundraising	\$1.6M
Boone Area Transit Service/Boone County Services Services, Inc.	Age 60+ – suggested donation of \$5/unlimited stops in city limits; \$10/unlimited stops within the county. Out-of-county age 60+ - either \$15 or \$20 for round trip depending on origination	FTA Section 5311, Older Americans Act Title III-B, Boone County Council/Commissioners, fundraisers/donations, grants, fares	\$683,000

Program/Agency Name	Fare/Donation Structure	Revenue Sources	Annual Operating Expenses
	point. Public - \$4/boarding within city or \$6 outside of the city. Special fee for school runs of \$2/boarding. No charge for lunches at BCSSI, food pantries, vaccines.		
Bosma Industries for the Blind	Not reported	Not reported	Not Reported
Central Indiana Regional Transportation Authority (CIRTA)	Workforce Connector: \$1.00	FTA Section 5307 Congestion Mitigation Air Quality (CMAQ) Grant, Indiana PMTF, Fares	\$483,384 (Workforce Connectors)
CICOA Aging & In-Home Solutions	Essential Needs: \$5/round trip My Freedom: Vouchers are \$6 (A roundtrip is either \$12 or \$24. If under 15 miles, it is one voucher each way. Over 15 miles and/or crosses county line is 2 vouchers each way)	Grants, contributions	\$1.8M
*Eskenazi Health	Complementary	Eskenazi Health and FTA Section 5310	Not reported
Hamilton County Express/Janus Developmental Services	\$3 per trip	FTA Section 5311, Indiana PMTF, Fares, Hamilton County, Medicaid, Advertising	\$1.8M
Hancock Area Rural Transit/Hancock Senior Services	\$3 per trip; Out-of-County \$20-25 per trip; Suggested donation for older adults; Free for youth 15 and under	FTA Section 5311, Older Americans Act Title III-B, Local government, donations, Medicaid, Fares	\$549,068
HendricksGO!/Hendricks County Senior Services	\$5 per round trip or \$20 per month	Hendricks Regional Health general operating fund and HRH Foundation	\$70,000

Program/Agency Name	Fare/Donation Structure	Revenue Sources	Annual Operating Expenses
IndyGo – Fixed Route	\$1.75 base fare/\$0.85 half fare; \$4 daily fare capping	FTA grants, Indiana PMTF, Marion County income/property taxes, Fares, advertising	\$82.8M
IndyGo – Open Door	\$3.50 per trip	FTA grants, Indiana PMTF, Marion County income/property taxes, Fares, advertising	\$12M
John H. Boner Neighborhood Centers	\$55/hour for groups; Program participants do not pay	Grants and fee for service	Not Reported
Johnson County Senior Services	Age 60+ is free, under 60 is \$3 per zip code transporting to	Title III-B, local government, United Way of Johnson County, donations, fundraising	\$465,970
LINK Hendricks County/Hendricks County Senior Services & Sycamore Services	\$3 in-town /\$4 in-county; Suggested donation for older adults	FTA Section 5311, Older Americans Act Title III-B, Local government, Medicaid, United Way, Fares	Approx. \$700,000
Little Red Door Cancer Agency	Not Reported	Not Reported	Not Reported
Midtown-Get-Around/MLK Center	Not Reported	Not Reported	Not Reported
Morgan County CONNECT/Sycamore Services	\$4 in-town/\$5 in-county; Suggested donation for older adults	FTA Section 5311, Older Americans Act Title III-B, Local government, Medicaid, United Way, fares	Approx. \$400,000
Noble Inc.	Services are complementary or reimbursed by Medicaid	Medicaid	\$180,566
PrimeLife Enrichment	Age 50-60: \$5 per trip/\$8 for over 8 miles Age 60+: Suggested donation of \$5 or \$8	FTA Section 5310; Medicaid, Older Americans Act Title III-B CDBG	Not Reported
Richard L. Roudebush VA Medical Center	Donations accepted	U.S. Department of Veterans Affairs	\$4.3M
Riverview Health Rides	\$5 per round trip	Riverview Hospital, Fares	\$356,654

Program/Agency Name	Fare/Donation Structure	Revenue Sources	Annual Operating Expenses
ShelbyGo/Shelby Senior Services	\$4 per trip; Suggested donation for older adults	FTA Section 5311, FTA Section 5310, Older Americans Act Title III-B, Shelby County, City of Shelbyville, Donations, Fares	\$175,834
Tangram	Not Reported	Not Reported	Not Reported
Use What You've Got Prison Ministry	\$6 to \$15 per trip (half fare for older adults)	Donations, Indiana Department of Corrections, City of Indianapolis, Crime Prevention Grants	Not Reported
Wheels to Wellness/Jewish Federation of Greater Indianapolis	Suggested donation of \$9 per round trip	Not Reported	Not Reported

Source: Provider Survey and Interview Results and Agency Websites

Vehicles

The providers listed in this section operate a combined total of 330 vehicles, outside of IndyGo route and CIRTAs Connector services. There are 210 buses used for fixed route service in Marion County (IndyGo and CIRTAs). Approximately 86 percent of the vehicles are wheelchair accessible.

All of the transportation programs that provided vehicle fleet information operate at least one wheelchair accessible vehicle, while some organizations have an entire fleet of wheelchair accessible vehicles. However, given the demand for accessible vehicles and the fact that these vehicles are utilized frequently for out-of-county trips, the number of accessible vehicles may be insufficient to meet needs for individuals with disabilities and older adults. As vehicles age, they require additional maintenance, may break down more often, and become costlier to operate. Vehicle replacement, based on age and condition, is vital to the overall cost effectiveness of the transportation services provided.

Summary of Existing Transportation Resources

In order to understand the existing coordination activities in the Indianapolis region and its individual counties, multiple methods for contacting the community and stakeholders were deployed including surveys, phone calls, and one-on-one interviews. Responses to outreach activities were utilized to provide a representative sample of the existing level of transportation and interagency coordination.

The findings offer valuable support for the coordinated transportation strategies that will be implemented by transportation providers.

Stakeholder survey and interview results indicated that the majority of transportation is available on weekdays until 6:00 PM. This finding supports the commonly cited need for transportation to support employment for non-traditional hours and shift work.