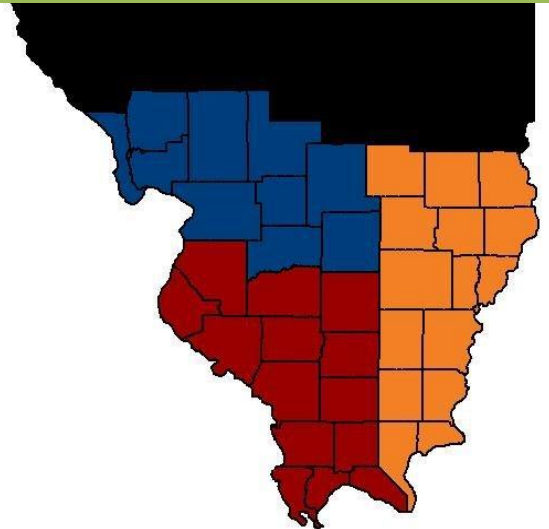


2022

Region 11 Human Services Transportation Plan



II. Department of Transportation\Office of
Intermodal Project Implementation &
South Central Illinois Regional Planning and
Development Commission

2022

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Mission Statement

To coordinate the human service transportation efforts of public, private and non-profit providers in an effort to maximize services for the populations served in HSTP Region 11 and to provide guidance concerning funding and available resources.

Introduction and Executive Summary

In 2005 the United States Congress enacted the Safe, Accountable, Flexible, and Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU). This act provided funding for various transportation projects including highway construction, mass transit, and human services transportation. Among its provisions, SAFETEA-LU legislation required that all requests for funding through three federal programs; Elderly Individuals and Individuals with Disabilities (Section 5310), Job Access and Reverse Commute (JARC, Section 5316), and New Freedom (Section 5317) be derived from a locally developed Coordinated Public Transit-Human Services Transportation Plan (HSTP).

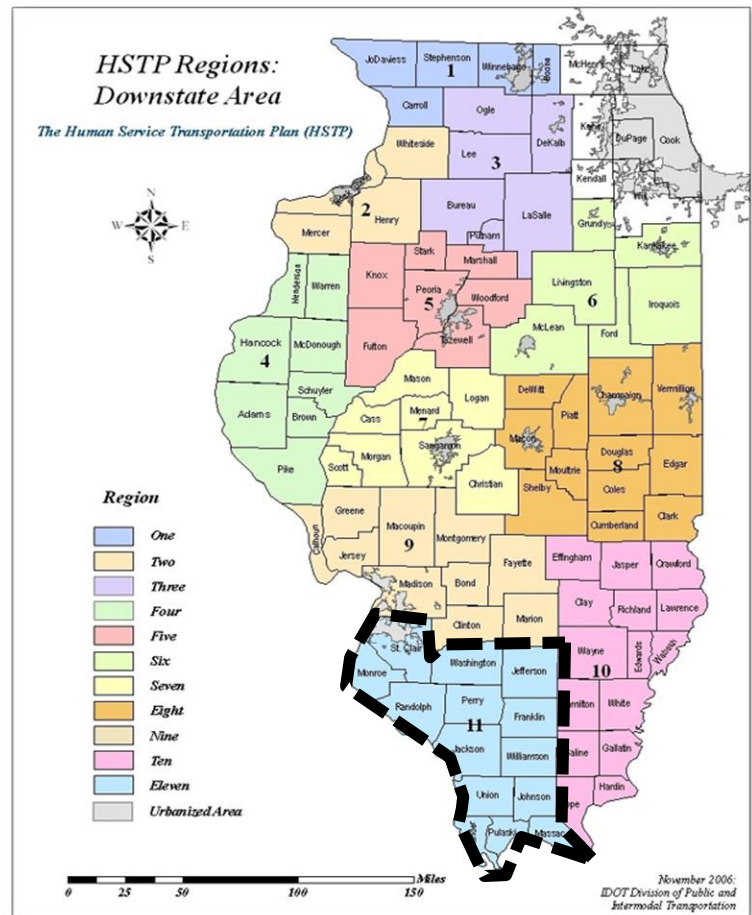
○ Purpose of the Human Service Transportation Plan

A coordinated plan maximizes the programs' collective coverage by minimizing duplication of services. Further, a coordinated plan is developed through a process that includes representatives of public, private and non-profit transportation and human services providers, and the public. And, a coordinated plan incorporates activities offered under other programs sponsored by Federal, State, and local agencies to greatly strengthen its impact. The Federal Transit Administration (FTA) also encourages participation in coordinated service delivery as long as the coordinated services will continue to meet the purpose of all programs.

○ Regional Description

Region 11 is one of eleven downstate Human Services Transportation Planning Regions established by the State of Illinois through the Division of Public & Intermodal

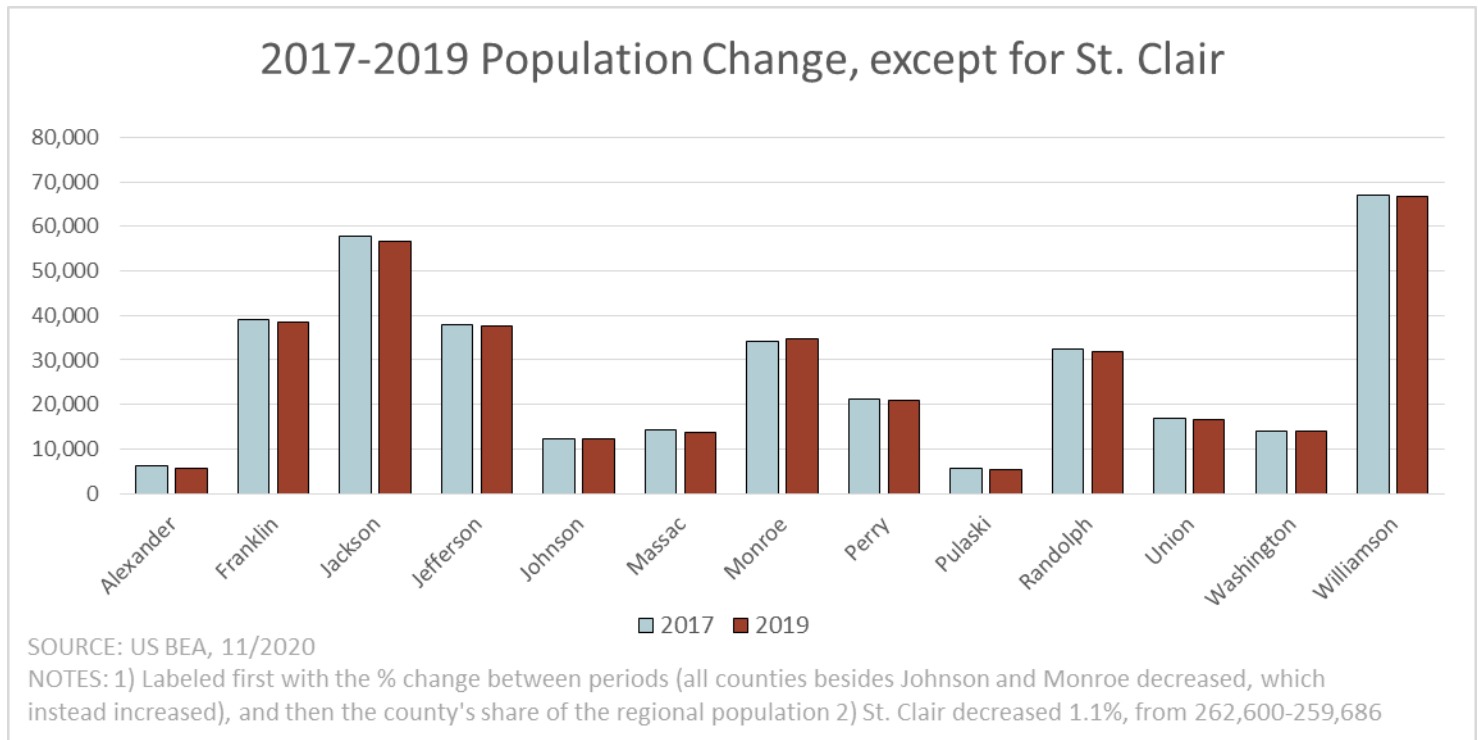
Transportation (DPIT), now known as the Office of Intermodal Project Implementation (OIPI). The region is comprised of 14 counties located along the western half of Southern Illinois, stretching from the Mississippi River to the middle of the state. The region contains the counties immediately to the east and south of the Metropolitan St. Louis (or "Metro East") region. These counties are: St. Clair, Washington, Jefferson, Monroe, Randolph, Perry, Franklin, Jackson, Williamson, Union, Johnson, Alexander, Pulaski and Massac. Of the estimated 354,660 residents of Region 11, about 259,686 live in St. Clair County, much of whom fall under the direction of the East-West Gateway Council of Governments metropolitan transportation plan.



In 2010, the U.S. Census designated 36 new urbanized areas in the United States including two affecting southern Illinois communities, one is located along the Route 13 corridor and a second which is centered in Cape Girardeau, Missouri that includes parts of East Cape Girardeau in Illinois and currently has a total population of 442.

Region 11 is rural in character except for these urbanized areas, and thus is subject to rural transportation planning.

The chart below shows the current population, as well as the population at the time of the last Plan update (2017).

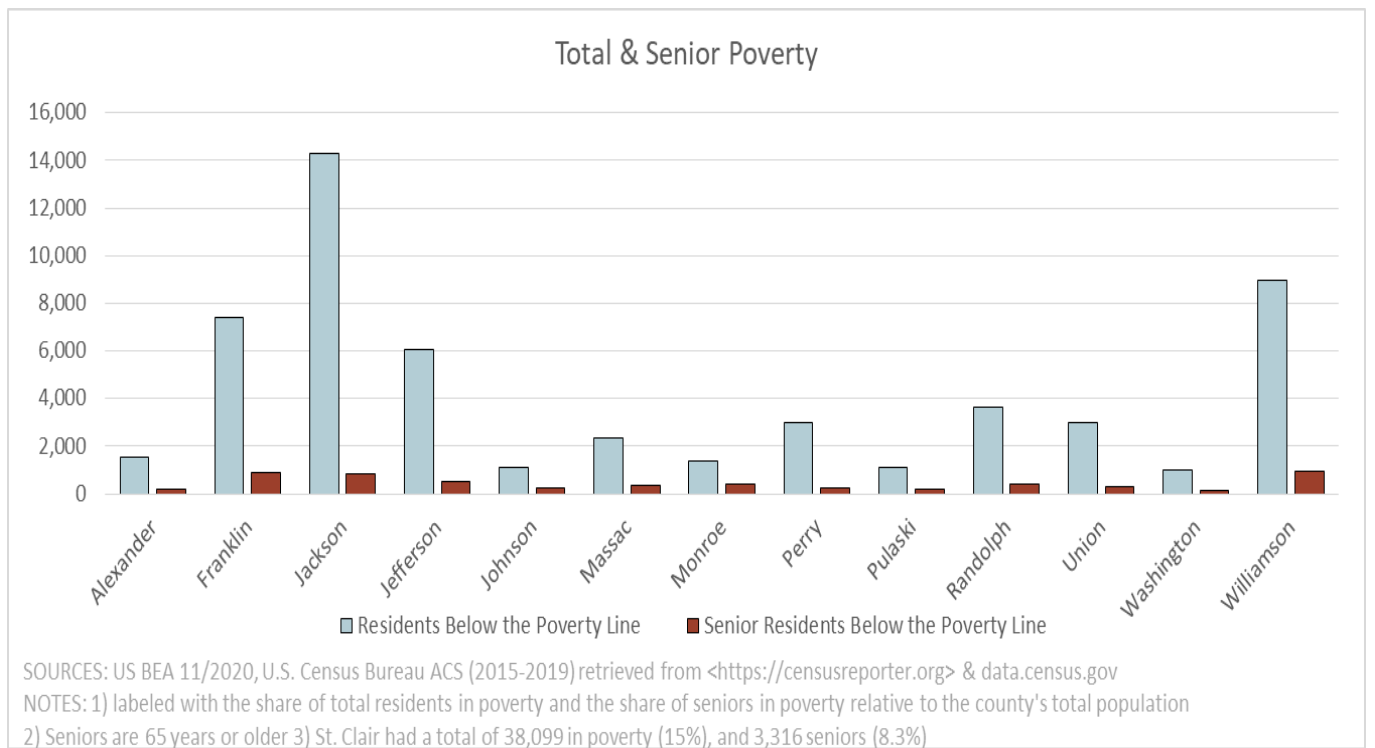
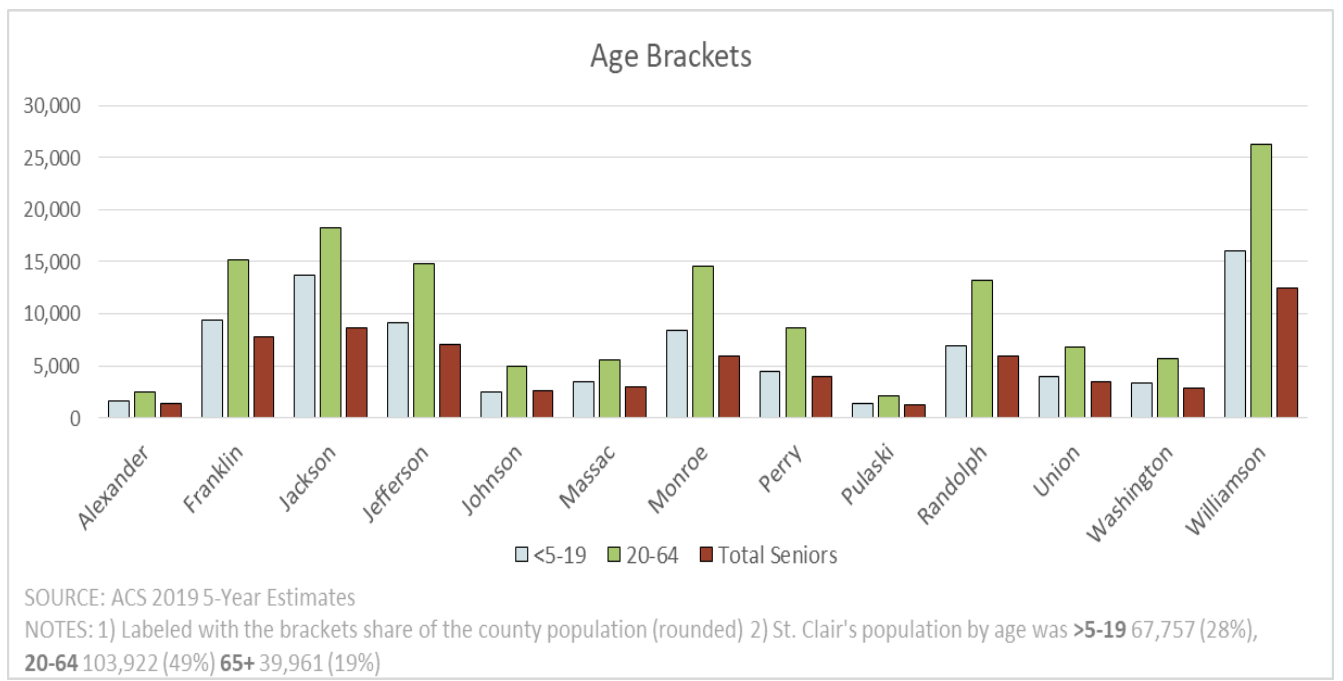


Regional Demographic Information

Based on 2019 ACS population data, since 2017 the population of Illinois has grown while data shows Region 11's population has decreased, possibly due to the massive flooding in the southern portion in recent years. Excluding St. Clair County, Monroe County is the only county that has seen growth at 1.004%, likely due to urban expansion from the metro St. Louis area. All other counties in the region show a decline in population.

Age\Poverty\Disability:

Region 11, like many rural areas of the state has an aging population that has an increasing need of transportation for medical appointments, shopping, and service trips. Without public transportation much of the population would not have access to hospitals, doctors, dialysis, counseling, senior centers, or DHS offices in the area.



| County | Statistic | All Ages | >5-17 | 18-64 | 65+ |
|-----------|---------------------|----------|--------|--------|-------|
| Alexander | Residents | 6,181 | 1,457 | 3,458 | 1,266 |
| | With a Disability | 1,374 | 76 | 862 | 436 |
| | % with a Disability | 22% | 5% | 25% | 34% |
| Franklin | Residents | 38,438 | 8,595 | 22,265 | 7,578 |
| | With a Disability | 8,035 | 660 | 3,936 | 3,439 |
| | % with a Disability | 21% | 8% | 18% | 45% |
| Jackson | Residents | 57,450 | 10,595 | 38,387 | 8,468 |
| | With a Disability | 8,514 | 569 | 4,698 | 3,247 |
| | % with a Disability | 15% | 5% | 12% | 38% |
| Jefferson | Residents | 35,639 | 8,407 | 20,580 | 6,652 |
| | With a Disability | 6,691 | 557 | 3,281 | 2,853 |
| | % with a Disability | 19% | 7% | 16% | 43% |
| Johnson | Residents | 10,217 | 2,264 | 5,403 | 2,550 |
| | With a Disability | 1,675 | 70 | 664 | 941 |
| | % with a Disability | 16% | 3% | 12% | 37% |
| Massac | Residents | 13,979 | 3,204 | 8,018 | 2,757 |
| | With a Disability | 2,892 | 61 | 1,588 | 1,243 |
| | % with a Disability | 21% | 2% | 20% | 45% |
| Monroe | Residents | 33,894 | 7,642 | 20,587 | 5,665 |
| | With a Disability | 3,245 | 113 | 1,615 | 1,517 |
| | % with a Disability | 10% | 1% | 8% | 27% |

SOURCE: ACS 2019 5-Year Estimates, NOTE: "Residents" only counts noninstitutionalized individuals

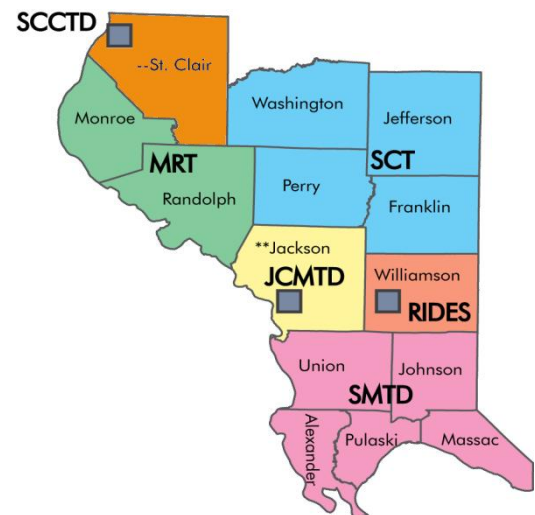
| County | Statistic | All Ages | >5-17 | 18-64 | 65+ |
|------------|---------------------|----------|--------|---------|--------|
| Perry | Residents | 18,617 | 4,032 | 10,795 | 3,790 |
| | With a Disability | 3,574 | 296 | 1,847 | 1,431 |
| | % with a Disability | 19% | 7% | 17% | 38% |
| Pulaski | Residents | 5,505 | 1,206 | 3,098 | 1,201 |
| | With a Disability | 1,203 | 89 | 586 | 528 |
| | % with a Disability | 22% | 7% | 19% | 44% |
| Randolph | Residents | 28,544 | 6,215 | 16,771 | 5,558 |
| | With a Disability | 4,640 | 266 | 2,205 | 2,169 |
| | % with a Disability | 16% | 4% | 13% | 39% |
| St. Clair | Residents | 256,193 | 61,782 | 155,808 | 38,603 |
| | With a Disability | 34,585 | 2,299 | 18,631 | 13,655 |
| | % with a Disability | 13% | 4% | 12% | 35% |
| Union | Residents | 16,809 | 3,589 | 9,869 | 3,351 |
| | With a Disability | 3,015 | 200 | 1,528 | 1,287 |
| | % with a Disability | 18% | 6% | 15% | 38% |
| Washington | Residents | 13,857 | 2,992 | 8,191 | 2,674 |
| | With a Disability | 1,696 | 81 | 775 | 840 |
| | % with a Disability | 12% | 3% | 9% | 31% |
| Williamson | Residents | 65,070 | 14,682 | 38,350 | 12,038 |
| | With a Disability | 11,773 | 650 | 5,978 | 5,145 |
| | % with a Disability | 20% | 7% | 15% | 46% |

HSTP Regional Transportation Committee (RTC) Make-Up

The primary purpose of the RTC is to discuss mobility management and coordination issues of the region. These issues can come from results of needs assessments, updates on the progress of the Regional Plan that address service gaps, Coordinator's direct assistance to ride-seekers, etc. Committee members and other attendees are encouraged to bring any transportation service gaps and need that they have identified.

The committee is also tasked with reviewing and recommending applications for funding for Section 5310 Consolidated Vehicle Procurement (CVP) program, as well as discussion of the program and vehicle issues.

The RTC role is vital to ensure that the planning process is reflective of the needs of local transit operators and the general public in Region 10 and the surrounding area. Meetings are held quarterly throughout the region and hosted by committee members on a voluntary basis.



Levels of Participation

As part of any application endorsement process, agencies applying for various IDOT funds must participate in the Regional Committee meetings, as a coordinating entity, throughout the year. There are various levels of participation that an agency can achieve. This level system will be used by the HSTP Coordinator(s) when evaluating and scoring any agency applying for vehicle funds (5310 Consolidated Vehicle Procurement). Agencies designated as Inactive will be removed from consideration for funding.

Leadership Participant: An agency designate that routinely volunteers leadership, data, and resources to coordination planning and service provision and attends all quarterly HSTP Committee meetings.

Active Participant: An agency designate that routinely meets committee requests with data, information and resources in the development of strategic planning and attends all quarterly HSTP Committee meetings.

Participant: An agency designate that regularly attends planning meetings only.

Inactive: An agency designate that does not currently participate in meetings, planning, or service provision.

Transportation Service Providers

Public Transportation Providers:

Jackson County Mass Transit District-Service area: Jackson County

Monroe-Randolph Transit-Service area: Monroe and Randolph counties

Rides Mass Transit-Service area: Clark, Crawford, Cumberland, Edgar, Edwards, Gallatin, Hamilton, Hardin, Jasper, Lawrence, Pope, Richland, Saline, Wabash, Wayne, White and **Williamson counties**

Shawnee Mass Transit District-Service area: Alexander, Johnson, Massac, Pulaski, and Union counties

St. Clair County Transit District-Service area: Urbanized St. Clair County

South Central Transit-Service area: Clinton, **Franklin, Jefferson, Marion, Perry, and Washington counties**

Human Service and 5310 Transportation Providers

Alternative Transportation Services (ATS)-Belleville

Arrowleaf-Vienna

Bethany Place-Belleville

Caritas Family Solutions-Belleville

Challenge Unlimited-Alton

Coleman Tri-County Services-Harrisburg

Comprehensive Connections-Mt. Vernon

Comwell-Red Bud

Epilepsy Foundation of Greater Southern Il.-Bellville

Evaluation & Development Center (EDC)-Carbondale

Five Star Industries-DuQuoin

Gold Plate Senior Program of Perry County-DuQuoin

Human Support Services-Waterloo

Il. Center for Autism-Fairview Heights

JTC Academy-Centreville

Massac County Mental Health-Metropolis

Millstadt Township Sr. Services-Millstadt

Rotary Club of O'Fallon-O'Fallon

Senior Adult Services-Carbondale

Southern Il. Center for Independent Living-Carbondale

Spero Family Services-Mt. Vernon

St. Clair Associated Vocational Enterprises (SAVE)-Belleville

Touchette Regional Hospital-Centreville

Trinity Services-Mascoutah
Union County Counseling Services-Anna
Vintage Support Services-Belleville
Washington County Senior Services-Okawville

Other:

Alexander Co.- Alexander Co. Ambulance-Olive Branch
Franklin Co.-Open Doors NEMT Services-Benton
Jackson Co.-Jackson Co. Ambulance-Murphysboro
Jefferson Co.-Need-A-Ride Car Services-Mt. Vernon
Johnson Co.-Johnson Co. Ambulance-Vienna
Monroe Co.-Monroe Co. Ambulance-Waterloo
Pulaski Co.-Pulaski Co. Ambulance-Mounds
St. Clair Co.-Advanced Med Car-Smithton
All American Transportation-Fairview Heights
A-1 Transportation & Taxi Service-E. St. Louis
Harvest Transportation Service-Belleville
P's Transportation Solutions-Belleville
Phillips Transportation Service-Belleville
Riverbend Taxi Airport & Medical Transportation-Collinsville
Union Co.-Southern Il. Transportation-Anna
Union Co. Ambulance-Jonesboro
Williamson Co.-Williamson Co. Ambulance-Marion & Herrin

Coordination Efforts & Successes from Previous Plan

Coordination of transportation efforts in most rural areas of Illinois, including Sub-state Region 11, has been at best limited, and only on a local scale. The HSTP process represents the first real effort to coordinate transportation services on a regional scale. Prior to the beginning of the HSTP planning process, any coordination was done informally between service providers or agencies who require transportation for their clients.

The Regional Plan was developed to promote a more managed effort for all providers of transportation to coordinate trips, services, funding, etc.

- **Regional Coordination Success**

Coordination Gap:

Goal: Lack of coordination among transit and service providers

Strategy: Agencies who wish to access federal transportation dollars, or who have a need to provide transportation for clients should attend and participate in HSTC meetings and give input into the HSTP planning process.

Outcome: 1. Rides MTD One-Call Center is available for service providers to coordinate trips.

2. Attendance at HSTP regional meetings has increased promoting better communication between providers.

Education Gaps:

Goal: Raise awareness of transit services and increase ridership

Strategy: Increase outreach through better use of media outlets, increase shuttle service, construct new & utilize already established transfer stations.

Outcome: 1. Ridership throughout the region as increased. 2. Increased use of social media, changes and increases in shuttle services have occurred. 3. A new transfer station has been constructed and opened for service on the grounds of the VA hospital in Marion. 4. A new shuttle service has started in E. St. Louis (the Flyer) that transports people from their homes to any of the 4 Metro Bus or Metro Link stations for transfer.

Goal: Increase transportation responsibilities of 5310 CVP recipients

Strategy: Continued discussion of transportation service responsibilities at HSTP meetings. The HSTP Coordinator will work with human service agencies on how to provide services that could benefit the agency and the communities they serve.

Outcome: While human service agencies have embraced the idea of furthering their opportunity to provide transportation outside of their client base, the action or opportunity is minimal.

Service Provision Gap:

Goal: Identify need and increase shuttles that accommodate employment of all shifts

Strategy: Identify high volume employment hubs, communicate with local employers to assess transportation needs of employees or potential employees, use information of any new employers as a planning tool

Outcome: 1. There has been increased and better coordination between MRT & ATS to reach riders in the rural area of St. Clair Co. 2. Rides & SCT have both increased their shuttle service due to demand to employment hubs.

Efficiency Gap:

Goal: Decrease dead head miles and duplication in services if any arise in the future

Strategy: Coordinate long distance trips with neighboring providers and develop transfer stations

Outcome: A transfer station is now available in Williamson Co. which currently seems to have minimally reduced dead head and duplicated service miles.

Medical Gaps:

Goal: Lack of transportation options for non-emergency transportation

Strategy: Education and coordination with ambulance companies, hospitals, dialysis centers, and medical providers to increase rides for patients and reduce re-hospitalizations

Outcome: Increased communication with medical providers (hospitals, Dr's offices, dialysis, etc.) has led to better coordination in scheduling appointments and trips for patients.

Goal: Lack of routes to urbanized areas and along major corridors where medical facilities are located.

Strategy: Expand service to these areas by increased funding options and coordination with medical facilities.

Outcome: New routes & service through the Rt. 13 corridor have led to better access to medical facilities in the urbanized area.

Needs Assessment

The identification of needs and gaps is paramount to a coordinated transportation plan as well as the ongoing effort to improve the system for the community, riders and the transportation providers. The following is not an exhaustive list but represents conclusions drawn based on a surveying effort of Community, Transit Agencies and Transit Riders in the Spring of 2022 as well as discussions held during HSTC meetings. This list seeks to provide direction for funding and efforts to improve the current transportation system and any agency providing or purchasing transportation for clients should consider this plan and its objectives when making decisions affecting transportation services.

Each identified gap represents an area for improvement within the existing transportation system. All organizations which provide transportation are urged use the strategies listed. Agencies which plan on requesting grant money to provide transportation, or that may do so in the future, should take into account strategies and methods of coordination which involve communication, service, and possible resources. Requests for Federal funding from Sections 5310, 5311 or other such governmental funds which meet the needs outlined below will receive a more favorable score than projects which do not address an identified gap in service. Each general gap is followed by a goal, strategy for achieving the goal & closing the gap, and a quick description of the problem.

Community: The community has indicated through the surveying effort that disabilities are the largest obstacle to getting around the region to their necessary doctor appointments and personal shopping. In fact, the conclusions indicate that the most common types of travel that can't be made are medical appointments and shopping. Additionally, the surveys of community members indicate that a curb-to-curb transportation service is the most requested type of public transportation. All of these difference conclusions indicate that folks need available transportation from their home to nearby medical and shopping centers.

Riders: The surveying effort of current public transportation riders also indicate that medical trips and personal shopping are the most essential trips that are needed. Since the ridership in this region includes predominantly senior citizens and individuals with disabilities, reaching their scheduled medical appointments and having access to shopping centers for grocery and household goods are vital.

The current ridership has noted that the largest obstacle in the current service is the hours of operation and the advance reservation timeframe required. Stemming directly from this surveying conclusion, the ridership has noted:

- The need for more available service hours in the evening to late evening and weekends;
- That the greatest barrier to mobility in community is the advance notice needed to request a ride; and
- The ability to on requested service and make transfer connections is a big issue in this region

Agency: The surveying effort of the region's agencies have found that the current public transportation service can be improved in the community through expanded hours of operation, expanded services

outside of town, and the accessibility of service. According to the region's agencies, the clients are requiring medical transportation outside of the county. This may require more inter-agency communication to allow riders to move from one transit agency to another to make these medical trips from one county to another. The overall availability of service is the highest requested change for clients according to Region 11 agencies.

○ *Identification of Service Gaps and Needs\Strategies & Actions to Reduce Need*

While it is a known fact that the pandemic, COVID-19, and its variants have changed everything that was normal, public transportation has been one of the hardest hit commodities.

- Ridership dropped nationwide as well as in Illinois.
- Prolonged negative financial impacts
- Social distancing & mask requirements
- Increased costs for vehicle cleaning\sanitizing
- Staff layoffs with slow return to work

HSTP Region 11 surveyed transit riders, community members, area agency staff & transit providers to assess the transportation needs, as they currently see them.

Service: Manpower makes the transit world go around and is currently the #1 need that leads to gaps in service throughout the region and the driving force in other gaps and needs in this section of the Regional Plan.

Currently, the 6 public transit providers are drastically short on qualified drivers & scheduling\dispatch staff. Staff shortages at the numerous human service agencies in the region are also affecting day-to-day operating issues, which includes transporting clients. Higher wages, referral bonuses, sign-on bonuses & other financial benefits are attempts all are making to encourage the workforce to return. All agencies will continue to bridge this gap by:

1. Keeping wages & benefits at a competitive rate
2. Recruitment—advertising & community involvement
3. Improving work environments

Extended hours and weekend service are always listed as a need in survey results. At this time, we acknowledge the gap and need but may not be able to fully address the issue during this Plan duration (3 years).

Proposed outcomes: 1. RTAC will have a webpage that has driver job opening opportunities\data.

Develop a QR code to put on buses for jobs openings and the specific providers info of job.—

UPDATE—RTAC has sent a link to the map website that takes users to each public providers website to access employment information.

2. ATS currently has driver T-shirts with QR code.

3. All providers have been offering incentives to potential new employees and raised wages as much as was financially feasible.

4. Creative means of advertising is ongoing.

Customer service:

1. *Shawnee MTD is accepting other transit provider passes as payment to use their service.*
2. *SCT provided free rides on Mondays in May and periodically throughout the year.*

Problem Area: *IDOT CVP vehicles have been awarded. However, there is no ETA on vehicle deliveries. Quite a few agencies have experienced issues with vehicle aging and the cost of maintaining older vehicles that are close to their expiration. The agencies are waiting for vehicle deliveries to ease the strain on the older vehicles.*

Efficiency: While transit providers may look at efficiency differently than riders, everything boils down to the same issue...how do the most people get where they need to go, in the least amount of time without great cost or frustration. Riders are aware of the manpower shortage and acknowledge that they may have to shift appointments, travel & wait times, and trip availability.

More efficient service will be attempted by:

1. Adjusting routes to be as conducive to riders needs as possible while being cost efficient for providers.

All providers have been working to assess routes and change them as needed.

MRT working towards intra-city routes.

August of 2024 update: Monroe-Randolph is working on a route study to better meet rider's needs in their counties.

Shawnee Mass Transit announced route changes going into effect on January 1st, 2025.

***February of 2025 update- Shawnee Mass Transit reports that the restructuring of routes has led to improved efficiency, frees up drivers to expand service availability, reaching dessert areas, more NEMT service. Same day service is not guaranteed. Requests for transportation should be made 24-48 hours in advance.*

Jackson Co. has expanded rural coverage as well has introducing new routes to all major towns in the county. The agency also has plans to work on a Comprehensive Transportation Study.

***February of 2025 update- JAX Mass Transit reports that client interaction is up and there is a boosted morale with the drivers.*

November of 2024 update: MRT put out a RFP (Request for Proposal) for the Study, the deadline is December 2nd.

RIDES is expanding fixed Routes in Williamson County.

***February of 2025 update- RIDES will be expanding in-town fixed routes during the fall of 2025.*

2. Providers will work closely with contractual agencies to continue to service client needs.
JCMTD is working with Senior Adult Services in Carbondale to contract trips for seniors to use the bus for trips to & from the senior center and other parts of the Carbondale area. SAS has recently made the decision to stop their transportation services.

JCMTD has recently undertaken the process of transitioning the Saluki Express route from RIDES MTD to JCMTD. The Saluki Express provides students, faculty, and staff of Southern Illinois University of Carbondale transportation around the region and community.

3. Offer semi-deviated routes with paratransit to less populated areas.

June\July: Early stages and will be continuing—St. Clair Co. has approved MRT to have a deviated route from the MRT service area, into St. CC to transport passengers in the rural portion of the county to SWIC and the medical hubs in the urbanized (Fairview Hts) area.

4. St. Clair Co. offers 'flex riding' which is mobility on demand thru VIA and the Flyer service. These options can be more costly to start but have long-term benefits if used efficiently. Other transit systems should look into this type of service. **How do we expand this for other providers?**

Resource information has been provided about microtransit and the flex riding businesses.

Communication: The relationship between transportation providers and the communities in which they serve is key to a successful system. When riders aren't notified of delays, canceled service, etc. in a timely manner, the relationship can become soured and even untrusted. This works both ways. If riders don't communicate with their provider as to changes that they have made or need, the provider may have to take corrective action.

Better communication will be attempted to keep riders informed of changes by:

1. Providers will use a call system.
2. Facebook or other social media format with pertinent information

All providers use their Facebook pages to relay some upcoming service updates.

MRT has a new website that is user friendly: gomrtd.com

August of 2024 update: JCMTD is rebranding to Jax Mass Transit (JMT) and is working on a new website.

November of 2024 update: Jax Mass Transit's new website ridejax.com is live.

3. If funding allows, introducing an app that informs riders of scheduling situations.

June of 2023 update: Illinois was awarded \$1.8 million from the Federal Transit Administration to launch a pilot program in Southern Illinois. The grant was administered through the federal Innovative Coordinated Access and Mobility Pilot Program, will support efforts to integrate trip scheduling and fare collection across 20 counties served by Shawnee Mass Transit District, Rides Mass Transit District, South Central Mass Transit, and Monroe-Randolph Transit District. The initial goal is to create better links among the four transit providers' schedules and transfer locations to make it easier for riders to travel beyond the limits of their transit districts. The larger mission is to eventually integrate fare collection and improve the coordination of public funding for transit throughout the region, relieving riders of the burden of arranging fares and payments.

January of 2025 update: SCT hosted the first meeting regarding the So. IL. Connected Mobility Pilot in January with IDOT, Shawnee MTD, Rides MTD, SCT, Monroe-Randolph TD, and SCCTD in attendance. Jax Mass Transit and SCCTD have been invited to participate in this

project. There was a discussion on transfer stations, fare collection, NEMT, universal software, etc. Updates will be noted in the 2025 plan.

Outreach: Many survey respondents stated they or others that they don't know much about their local transit services and availability or how to use it. This is a loss for transit and the communities. Transit providers and agencies they work closely with should be advocates for the service by:

1. Attending local events (senior fairs, festivals, farmers markets, etc. where people congregate) with brochures and helpful staff to answer questions.

MRT & Shawnee MTD report that they have been seeking out decisionmakers at various agencies, schools, etc., to educate them about transit services.

SCT and the AgeSmart Community Resources grant for Washington County includes taking seniors to the Nashville (Washington Co.) farmers market during the market season.

2. Presentations to staff and others at travel hub locations (hospitals, medical facilities, grocery & retail stores, etc.)

Outcome to expand: Shawnee MTD has complimentary ride cards for hospital discharge patients.

Shawnee MTD reported that after giving a presentation at a local community college, they increased ridership at that location from 5 to 23.

May of 2024: We invited a representative of Rural Health to come to our HSTP meeting to discuss issues with Non-Emergency Medical Transportation at their five locations. Primarily, they have issues with transportation in Anna and Metropolis. Shawnee Mass Transit was able to have a discussion with the representative about the transportation options available and issues with Medicaid transportation.

3. Offer a step-by-step brochure that potential riders can use if considering a transit ride.

Shawnee MTD has a new rider information brochure to better assist drivers and riders with transit knowledge and better interactions.

4. Widely offer mobility management training to those that may need more intense service training. ***Expand: Going to DD workshops to promote mobility management & using the bus—Dept. of Human Services doing some of this type of training.***

High School transition age student training is also suggested.

SCT is working with potential senior riders on how to maneuver the transit system.

August of 2024 update: SCT is an active agency with the Kaskaskia Region TPC. (The Kaskaskia Region TPC is committed to forming meaningful partnerships to educate local families and students with disabilities as they transition into adulthood and to maximize their quality of life.)

Coordination: Coordination is the vital step in making public transportation work for providers, riders and the community alike. The IDOT Consolidated Vehicles (CVP 5310) pass each other at various times and locations throughout the day, every day but agency & public transit providers don't know each other's schedules and routes to better coordinate trips. IDOT is always looking to transit providers to

find efficient ways to coordinate service whether thru vehicle use, service contracts, transfer stations or technology.

Survey results, from all groups, state that getting riders from a county served by a specific provider to another county that is served by another provider is a major need and concern. Shopping, family business, socialization\recreation, and of course medical trips are some of the main reasons for these trips.

Medicaid will not cover the costs of multiple providers transporting a patient and often riders\patients need to go long distances and thru many counties for the medical care they need. This causes a vehicle to be used solely for a trip to that location, wait time for the patient, and the return trip. If a rider\patient is admitted to a medical facility that leads to a deadhead trip all the way back to home base. Hence, a waste of driver time and cost efficiency.

All providers should be advocating for:

1. A means to get riders county thru county\service area thru service area.

MRT & SCCTD are working together to transport riders from the Monroe, Randolph & rural St. Clair County areas into the medical hubs around O'Fallon, Belleville, and Shiloh areas.

*****November '23 update: MRT has started 3 routes traveling from Chester, Steeleville & Waterloo to medical hubs in the St. Clair Co. area and SWIC Community College in Belleville. (Also can be listed in the Efficiency Gap\Need)***

*****May of 2025 update: MRT will discontinue the MRTD Express route effective July 1, 2025. This is due to ridership declining.***

2. Technology that would allow route sharing.
3. Communication to better coordinate trips
4. Cost efficiency in planning coordinated trips

Outcome in progress: Reestablish a One-Call Center that is user & provider friendly. 1st meeting of southern providers has occurred in Oct. and next meeting scheduled for Jan. Currently providers are tracking trip requests that cross county lines. They are also working with scheduling staff on changing the mindset of not being able to provide a trip.

Update—At the January meeting, providers decided that it would be most beneficial to have scheduling\dispatch team leaders meet to discuss issues that each may face and be able to bounce ideas around to find solutions. Training for these team leaders will also be held to work on a different way to think about customer satisfaction and thinking beyond their own service area. (this was done in Feb.'23)

2nd training for schedulers will take place in late May to re-cap on customer service, converse with each other for better familiarity with each other, and work on problem solving situations. These trainings and coordination meetings will help to meet #1 & #3 above.

Meetings\trainings continue with provider admin staff and schedulers to progress efforts to better coordinate services in the Region.

"Go Local" is a new program in the Monroe-Randolph area that encourages municipalities to invest in transit. This funding allows riders to travel 1\2 price in the participating municipalities.

3rd training for schedulers took place April 23RD to talk about Non-Emergency Medical Transportation. There has been updated Medicaid guidance released last year that may be very useful to transit agencies. This provided an opportunity to discuss Medicaid billing issues among the schedulers and the transportation providers that were in attendance. Will continue to have this discussion.

Mobility Management

Mobility Management is a service provided to assist local agencies and individuals to gain better access to transportation. The HSTP Coordinator's along with staff, of most if not all public transportation agencies are working to advance the coordination within their regions and the State of Illinois. Given the right Mobility Management tools, citizens should be able to find the rides that they need, as well as empower those citizens on how to access and use the services offered in their communities.