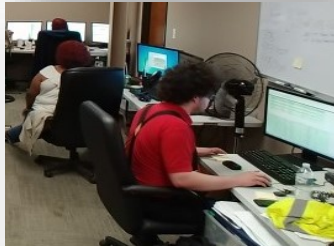


# IndyGo Paratransit Operational Analysis Study

## Public Outreach Report

June 2020



Prepared for IndyGo

**IndyGo**<sup>SM</sup>

by

KFH Group Inc.

Bethesda, MD | Austin, TX | Seattle, WA

in association with:

Palo Consulting Group and The McCormick Group



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# IndyGo Paratransit Operational Analysis: Public Outreach Report

## INTRODUCTION

An overarching objective of the outreach efforts for IndyGo's Paratransit Operational Analysis is to ensure the study efforts listen to, learn from, and consider the experiences and perspectives of the disability community about IndyGo's paratransit services.

More specific objectives include:

- To listen to the experiences of Open Door riders regarding their transportation service.
- To assist in identifying strengths and weaknesses of the service.
- To understand the transit needs of people with disabilities in the Indianapolis and Marion County community.
- To listen for issues that may affect improvement strategies going forward.
- To understand expectations of the community regarding Open Door as well as encouraging/facilitating use of accessible fixed route.

Input and perspectives from the disability community are integrated into the study's efforts. This report documents our efforts and summarizes findings.

## OUTREACH ACTIVITIES

The consultants' outreach activities are listed below with details and findings from the activities provided as attachments to the report.

The outreach activities planned for conduct during the study were outlined in the Project Outreach Plan, as revised and dated May 31, 2019. During the study, IndyGo determined that the consultant's last outreach activity, planned to be a public workshop to discuss the study's findings, should be changed. Instead of a public workshop, IndyGo requested that the consultants plan and hold two small group meetings for representatives of specific identified agencies serving large numbers of Open Door riders. This was done and the results of those two meetings are provided in this report along with documentation of the other outreach activities.

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## Stakeholder Interviews

KFH conducted interviews with 14 stakeholders who were identified by IndyGo as key individuals who should be contacted for the *Paratransit Operational Analysis*. We identified another four stakeholders for interviews, for a total of 18 stakeholder interviews.

The interviews—both in-person and via telephone—were conducted from early June through August 2019 to obtain input and perspectives on IndyGo’s services for people with disabilities. The interview guide questions, which were reviewed by IndyGo, included questions about Open Door, the taxi voucher programs, and accessible fixed route. We also asked interviewees’ perspective regarding ideas that have been raised previously by IndyGo as possible options for Open Door.

For those interviewees associated with an agency directly serving clients with disabilities, we also asked about their clients’ use of Open Door and the taxi voucher programs, and about any client transportation services that the agency might provide.

Comments and input we received are summarized together with input from our discussion at the Mobility Advisory Committee’s (MAC) July meeting in **Attachment A**.

## Meet with the Mobility Advisory Committee

KFH met with the Mobility Advisory Committee (MAC) at the committee’s July 17<sup>th</sup> meeting. KFH’s Ken Hosen introduced the discussion topics. Comments and concerns of the MAC members are incorporated in the summary provided in Attachment A. We also met with the MAC at the group’s meeting on September 18<sup>th</sup>, following a meeting of the project’s Steering Committee.

## Focus Group

KFH and our local subcontractor planned the focus group that was held on July 16<sup>th</sup>, 2019. Participants included representatives of the MAC, stakeholders representing several local agencies serving clients who use IndyGo’s paratransit services as well as a statewide disability organization, a dialysis center social worker, and a paratransit rider.

The focus group was held at the IndyGo Administration Building from 3:00 to 4:30 p.m. Participants who needed transportation were provided taxi vouchers for the trip to and from the IndyGo location. Coffee and snacks were provided.

The focus group was led and moderated by our subcontractor. Minutes from the focus group are provided in **Attachment B**.

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## Small Group Meetings at Agencies Served by Open Door

In lieu of a second focus group, the consultants met with a small group of riders at two agencies serving clients who are ADA paratransit eligible and use Open Door or IndyGo's taxi voucher programs. Comments from these two meetings are summarized in **Attachment C**.

### “Rides-Along” with Open Door Paratransit Drivers

KFH conducted three rides-along with the contractor's drivers to experience the service first-hand and obtain informal input from the drivers and the riders who are being transported. Such input is anecdotal and not representative but adds to our understanding of the paratransit service.

#### ***On-Board Observations***

- The drivers do not get regular runs, every day is different. Consequently, the driver on one of our trips had trouble finding a location three times. If the driver had a steady route, he would have completed his manifest in less time.
- We also witnessed some backing up (as the driver was not familiar with the regular pick-up point), which could get a driver in trouble if he does not have a spotter.
- One of the drivers received a number of insertions. At the start of the run, he indicated that five trips on his MDT were not do-able in the timeframe given. As a result, three riders were late for their jobs: they were picked up close to on time, but each of them rode for about two hours and were between 45 minutes to an hour late to their destination.
- The manifest sent the drivers we accompanied in various directions, with limited consideration about arriving at the destination on time. There was not adequate attention to timely arrivals at riders' destinations.
- The vehicle interiors and exteriors were clean.
- The drivers provided the appropriate assistance to riders as was needed.
- The drivers collect tickets from either the riders or at their agency location.
- One of the drivers asked for each rider's ID, noting that he was required to do so.
- At the garage, we saw more than one inch of water on the floor after a rain.

### Open Door On-Board Rider Survey

Questions for the Open Door on-board rider survey were drafted then finalized after review and comments by IndyGo. With finalized questions, we created an online version of the survey using SurveyMonkey.

We printed 800 copies of the survey on card stock and sent them to Open Door's contractor, along with instructions to the drivers for distribution. Surveys were also distributed by our

local subcontractor who was enlisted by a MAC member to provide paper copies to one of the larger human service agencies with clients using Open Door.

The original survey period ran from July 19 to August 5. This was extended until August 19. A total of 198 completed surveys were returned, predominately the paper version. Responses from the paper survey were input into SurveyMonkey by our subcontractor. We checked the data entry of every tenth survey for data quality assurance.

To return a completed survey, riders had several choices: returning the survey to their driver, mailing it to the office of our local subcontractor, or completing the online version.

Survey results are provided in **Attachment D**.

## **Stakeholder Meetings to Discuss ADA Service Alternatives**

In lieu of the public workshop that had been planned for the final phase of the study, IndyGo determined that outreach to key agencies with Open Door riders be held to discuss the alternatives for the ADA service. A key element of the alternatives developed for the study is the service area—whether that remains the entire county, as is the case currently, or whether it should be re-focused to what the ADA requires. A re-focus would reduce the service to  $\frac{3}{4}$  quarter mile corridors around fixed routes, as required by ADA regulations.

The consulting team planned, scheduled, and held two small group meetings with invited stakeholders in late February 2020 to discuss the alternatives for ADA service and specifically the service area. Attachment E documents the findings of those two meetings.

## ATTACHMENT A: SUMMARY OF INPUT AND PERSPECTIVES FROM STAKEHOLDER INTERVIEWS AND THE JULY 17, 2019 MAC MEETING

Summaries of the input and perspectives obtained through the 18 stakeholder interviews and discussion with the MAC are provided below within the main topics covered.

### Strengths of IndyGo's Services for People with Disabilities

- Open Door is available and has served the entire county for many years.
- IndyGo is willing to listen to issues, concerns and suggestions from the disability community.
- IndyGo seems receptive to the needs of people with disabilities.
- Paratransit staff is dedicated and does a good job.
- Open Door is affordable compared to private taxi service.
- Paratransit drivers tend to do a good job dealing with people with disabilities.
- Taxi vouchers are available.
- Taxi service is good.
- Taxi service is on-demand.
- Taxi service is particularly helpful for dialysis patients.
- Eligibility/certification process goes smoothly.
- The goal for on-time performance is high (though it's a challenge to meet).

### Weaknesses of IndyGo's Services for People with Disabilities

#### *From Board Members*

- There is a lack of transparency from staff on paratransit.
- More responsive and timely reporting is needed.
- The board may not be getting "all the information," e.g., the rationale for the dedicated paratransit facility; the fare policy change for ADA riders on fixed route.
- The big problems with the contractor transition were a bit of a "surprise."
- The transit agency needs to be smarter and think ahead, though there are financial constraints.
- 95% standard for on-time performance: is this too high?
- Is there enough outreach to the disability community?
- Was the fare policy change discussed enough with the disability community?

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## Other Stakeholders

### Fare Policy Change

- Not in support of the fare policy change to require ADA riders to pay half-fare on fixed route.
- Fare policy change works against increased use of fixed route which will help address cost pressures on Open Door.

### Getting Information from Dispatch about Late Trips

- Difficult to get information about late vehicles from dispatchers.
- Lack of communication about day-of-service issues.
- Technology to “see” the assigned vehicle and its estimated time of arrival would help.

### Late Trips

- Late trips are very late.
- Trips are late to destinations.
- How are denials defined?
- You have to add an hour or two to trip requests to make sure you get there in time.
- Need more technology—to “see” where your ride is.

### Issues with scheduling and long rides

- Some rides are too long.
- The routing is illogical.
- Vehicle schedules seem to go “all over the place;” frustrates drivers.
- Long waits for trips home after dialysis.

### Taxis

- Not enough accessible taxis.
- No accessible taxis for dialysis patients.
- Taxis don’t come when they are supposed to.
- Drivers do not take service animals.
- Taxi drivers do not always provide adequate assistance to riders with disabilities.

### Other

- The current model is flawed—vans are often empty. The TNC model should be considered. It could save money.
- ADA policies are many and are confusing.



- IndyGo's services should be part of a broader focus on mobility management.

## Are There Unmet Transit Needs of People with Disabilities?

We received virtually no input to this question. The fact that IndyGo's paratransit services extend to the entire county is likely a reason for the lack of feedback to this question.

## Perspectives on Ideas Identified Previously for Open Door Revisions

### TNCs:

- Using TNCs is a good idea.
- Why not use them?
- Same-day service would be good.
- One of the dialysis centers has experience with UberHealth and Uber trips for the patients seemed fine.
- Not sure about using TNCs—some riders do not have smartphones.
- Not a fan of TNCs—concerns about liability, insurance and driver training.
- Some riders would be confused by different and unmarked vehicles arriving for trips.
- Service is not accessible.

### *Two Service Areas: ADA-required and beyond the ADA*

#### Unsure:

- Not a clear understanding of what level of service would be provided outside the required area.
- Put all options on table.
- Not supportive of ending county-wide ADA paratransit unless there is way to provide some sort of paratransit service for the non-ADA area.

#### Yes:

- Would be OK with this option as long as the fare for the outside-the-ADA-area was only a little higher than the ADA fare.

#### No:

- Major challenge to try and do this option.
- Not a fan of this option.
- Would be bad public relations move to restrict ADA paratransit while improving fixed route.
- Is it equitable to provide less for people with disabilities while providing more for those who use fixed route?

- The city and county are one; the whole county should be served.
- Important to serve all those who are dependent on ADA paratransit.
- Why would IndyGo take away something from people with disabilities when many have so little?

### ***Should Use of Accessible Fixed Route Be Encouraged?***

#### **Feeder Service to Fixed Route**

- Feeder service by Open Door to BRT may be a good idea. Maybe have feeder trips be free?
- Maybe feeder service to BRT might work.

#### **Provide Travel Training**

- Need more training to help ADA riders use accessible fixed route.
- Help those people who can use fixed route and have Open Door serve those who cannot at all use fixed route.

#### **ADA Riders On Fixed Route**

- MAC members who were interviewed had differing opinions of the fare policy change that will require ADA riders to pay half fare on fixed route: one was against the change and the other felt it is ok.
- Make sure fixed route bus drivers are well-trained to serve riders with disabilities. Female drivers seem to do a better job of asking/encouraging riders to leave the priority seating and wheelchair securement positions when riders with disabilities board.
- Using fixed route is ok if you live near a bus line or can afford to live where there is transit service.

#### **Need to Improve the Pedestrian Infrastructure**

- The pedestrian infrastructure needs improvement so riders can get to bus stops.
- The community lacks accessible and useable pathways/ sidewalks. It's not safe where there is no sidewalk.
- Need to improve sidewalks.

#### **Mobility Management**

- There are different services out there for people with disabilities and seniors – e.g., Medicaid and the different versions. Mobility management could be an approach to address this. Also, this is connected to the City Challenge from Ford.
- Agency clients get confused. Clients use different services—CICOA, Open Door, Medicaid non-emergency medical transportation. Which service has a window for

pick-ups? How does one cancel a trip? CICOA has taxi vouchers; Open Door has taxi vouchers; but they are different. Education is needed for the people and this could also help staff at agencies and organizations serving people with disabilities.

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## ATTACHMENT B: FOCUS GROUP DISCUSSION MINUTES

### Focus Group Organization

Date: Tuesday July 16, 2019; 3:00 to 4:30 p.m.

Location: IndyGo Administration Building, Board Room

Moderator: Matti McCormick, President, The McCormick Group, local consultant to KFH

Technical Resource: Ken Hosen, Vice-President KFH, subject matter expert

Participants: 9 participants in the Board Room; 1 participant via phone

### Discussion Minutes

#### *Introduction*

Matti McCormick opened the discussion stating that IndyGo is committed to improving customer service. She added that this study will examine the current policies, procedures and practices of IndyGo's current paratransit services. She defined three primary discussion topics, Open Door Performance, the taxi voucher service and future options. Matti introduced Mr. Ken Hosen, a Principal of the KFH Group. He is a transportation planner and operations expert with 37 years of research and practical experience in operating, managing and planning transportation services for people with disabilities. His background includes paratransit operations, paratransit management, paratransit driving, service evaluation, ADA planning and implementation, technology research, training dispatchers and managers, and writing practical guidebooks for transit professionals. His work includes several research studies for the Transportation Research Board. Matti indicated that her background represents 30+ years of service to the State of Indiana providing Public Outreach Services, specifically to listen well and share the inputs of group participants.

All participants were asked to provide a self-introduction.

Matti McCormick stated that the moderator-led format would provide questions for response by the participants. The series of questions with responses follows.

## A. Current Service

### **Question 1. What do you see as the strengths/ good qualities of IndyGo's current paratransit services?**

#### Response:

- Clients [of organizations and agencies serving people with disabilities] find it to be affordable.
- It covers a large area.
- Glad it's available.

The other participants did not have any additional information to add.

#### Summary:

Clients find it to be affordable, they are glad that it is available and covers a large area.

### **Question 2. Have you experienced or heard from your clients that on-time performance has improved since last fall? Are you satisfied with the current Open Door service? If not, why not? Are there specific issues of concern? If yes, what are those issues of concern?**

#### Response:

- Prior to last fall, it was pretty lousy.
- On-time performance is inconsistent; up and down.
- I agree that on-time performance is inconsistent
- Since August, it has gotten better. Transdev signed a 95% Performance contract that can't be met.
- Generally, clients are pretty satisfied. IndyGo should communicate delays. There is no follow-up when there is a problem with service reaching clients in the specified time, such as a backup on the interstate. There needs to be more technology utilized, phone apps for example, to bring information to paratransit riders.
- Clients only receive updates if they (client) would call. Not all clients can call.
- Clients do have a long wait time to be picked up, which is not acceptable. As we have 5 minutes to acknowledge the arrival, paratransit riders sometimes have to wait an hour or longer for a pre-scheduled pick up.

**Summary:**

On time performance has improved since last fall. There are still delays and no follow-up from IndyGo when delays occur. Specific concerns are inconsistency in arrival times and the inability to re-schedule that specific ride, as participants have indicated that they have been excluded from re-scheduling and may not have another transportation option for that activity.

***Question 3. What about the service from the taxi companies? Are the vouchers easy to use? Do riders have enough vouchers to meet their transportation needs? Are the taxi drivers generally accepting of service animals? Are you satisfied with the current Taxi Voucher program? If not, why not? Are there specific issues of concern? If yes, what are those issues of concern?***

**Response:**

- Vouchers are easy to use. In the dialysis taxi voucher program, the provider will call if they will be late. Wonderful. Amen.
- The fare cards have helped; they include a QR code and it is more convenient than the paper voucher before. This pilot program is currently being used by dialysis patients. Clients never have to worry. One of the biggest values is the utilization of the electronic scan card.
- IndyGo does not communicate with the MAC who needs to be aware of activities conducted by IndyGo, like this pilot program. Subscription vouchers for ride share is a good idea, however, there doesn't seem to be any progress in this area.
- For non-dialysis participants, clients have to call on the 10<sup>th</sup> to request vouchers which may or may not be guaranteed. Riders only receive 10 vouchers per month; I do not feel these are enough for a month of service.
- There are only 10 accessible vehicles whose independent drivers lease through Yellow Cab.
- Vouchers could be used up in a day, for regular activities. In the pilot program, vouchers are only for to and from dialysis and for patients who don't utilize wheelchairs.
- The opportunity for outreach services to inform paratransit riders is very important. The enforcement of training as to what drivers are required to do is also needed for riders to understand their rights and for drivers to execute.

**Summary:**

Participants are very positive regarding the taxi voucher program. Participants felt that taxi vouchers are easy to use. The current monthly allotment is not sufficient and should be expanded to cover a full month. Ten vouchers per week could easily be used. Drivers are not generally educated to assist disabled riders in entering or exiting the vehicles, which

participants see as a lack of compassion and education. Service animals are often viewed as pets and may not be allowed entry by some drivers. The taxi availability for wheelchair access is viewed as a problem, as this does not provide equal access for disabled riders. Expanding the taxi service is recommended to include wheelchair accessible vehicles in addition to training for taxicab drivers to understand what is required of them to assist disabled riders exiting and entering the vehicle.

**Question 4. The data shows that some people with disabilities use IndyGo's fixed route services. There are things that can be done to encourage use of fixed route service, for example, one-on-one assistance from a travel trainer to help a rider learn how to use the specific trip or trips he or she would like to make. What can be done to encourage people with disabilities to use accessible fixed routes?**

#### Response:

- The educational component is key to overcoming insecurities. There are some insecurities about using fixed route services for persons with disabilities. Fixed routes even though more flexible can be intimidating.
- Travel training could be helpful and should be offered when signing up for Open Door. The streets need work to make them accessible for paratransit users who are mobile enough to use the fixed route
- More fixed routes are needed as there are certain parts of the county which may not have service.
- Sidewalks are not accessible (uneven concrete and pavement). These are hazards for wheelchair users, which impacts use. Paratransit riders need to feel safe to use this service.
- Frequency of fixed routes needs to be explained; the more routes, the better and pick up and drop off sites should be equally accessible to paratransit riders.

#### Summary:

Disabled riders who have mobility issues will need education on how to ride fixed routes. Many did not use the buses before they became disabled and now they do not feel comfortable using fixed routes with their disability. The trainer option would be a bonus for disabled riders to understand how to use the fixed route system and would encourage increased usage. Streets and wheelchair access improvements will be needed.

### **B. The Future**

IndyGo identified several options before our study began for possible changes to Open Door. Possible changes are being considered to make sure the paratransit service is operating effectively and to make sure it is sustainable into the future. For example, the population is

aging, and more people will likely need paratransit service. How can we plan for the future? We would be interested in hearing your thoughts on these ideas and other possible changes:

**Question 5. One idea is to use Open Door service as a feeder service to the BRT service or to other fixed route service. With this option, a rider would take an Open Door trip to the appropriate closest bus stop and then transfer to BRT or the regular fixed route bus to get to the final destination. The trip on the bus might be free. Would this option work for riders?**

#### Response:

- I don't think it is going to work because IndyGo has eliminated the "free" rides.
- IndyGo could have made \$295,000 from Open Door riders in 2018.
- Buses don't get close enough to stores for handicapped users. If the fixed route is within one or two blocks of a destination and the infrastructure allows for safe mobility, this is a great option. The more routes and frequency, the better.
- Land use (planning, zoning) is really important. Accessibility of the stops is critical. Bus stops are transit's "front door."

#### Summary:

Three participants indicated that they do not feel this option will work. The remaining participants had concerns regarding how this would work. Participants suggested that there would have to be multiple options and support in place versus what is currently established. Participants did not generally believe that Open Door as a feeder service to the BRT or other fixed route services would work. Comments centered on confusion regarding how the two would link together, lack of understanding regarding fixed route usage, coupled with the on-time performance inconsistency of Open Door, in addition to fixed route drop off sites not being accessible for disabled riders. Participants stated that defined pick up and drop off locations for disabled riders would need to be translated to fixed route drop off and pick up locations. It was generally shared that a high level of coordination would be required.

**Question 6. Would you use the taxi program more if it were expanded? Efforts would be made to expand the availability of accessible vehicles.**

#### Response:

- Yes, definitely.

#### Summary:

Participants indicated that if the taxi service were expanded it would be used more. Participants did note that drivers will need more training to understand how to assist



disabled passengers, entering and exiting the vehicle and in allowing service animals. Wheelchair accessible taxi service needs to be increased.

**Question 7. What about the use of Uber or Lyft for trips instead of Open Door? This option would require IndyGo to ensure that there was a supplementary service for riders who use wheelchairs and for those who don't have a smartphone (likely this would be a taxi company with accessible vehicles.). With this option, there might be a cap on the number of trips on Uber or Lyft, so riders would get a set amount of trips or a set amount of subsidy to use.**

**Response:**

- Liabilities are different than a cab company or public transit service. Drivers lack training to assist.
- Does not have to be pre-scheduled like Open Door.
- Some persons are not comfortable with private vehicles.
- Accessibility may be an issue. Education regarding ADA requirements would be needed. Lyft is considering the use of accessible rideshares in a few cities.
- The paratransit industry in Indy has grown by 15% over the last year.
- Alternate means should be explored to fill the gaps in service and availability until the system grows (additional routes, drivers) to meet the public's needs.
- Equality in service offerings is needed.

**Summary:**

Participants viewed the use of Uber or Lyft as a potential option in the future. The concern centered on driver training for transporting disabled passengers, requirements for increased insurance coverage, and increased wheelchair accessible vehicles. App access for Lyft or Uber usage is required to participate in this option. The definition of how riders would use the apps to book the service is an additional concern.

**Question 8. Would you like to see efforts to improve the productivity of the existing service in order to lower costs?**

**Response:**

- Productivity is the number of trips each vehicle takes per hour. The manifest sometimes has drivers driving in multiple areas versus providing a service in a specific designated area. Can we increase productivity at least to the point where on-time performance is maintained is the question.
- When productivity increased, on-time service was not good. 90% on-time performance would be great.

- Education to the public would help; we will soon experience a “silver tsunami.” Will older riders be afraid to use public transit due to their lack of knowledge?
- There are perceived negative attitudes regarding bus ridership. “It’s a system for *those* people.”
- Can Open Door buses stay in the same areas? This would reduce on-board travel times.
- Ride time is a problem (2 – 3 hours).
- CIRTAs can assist with some of these routes; their group meets every other month. I am surprised that IndyGo did not collaborate with CIRTAs in the execution of this study.
- Improve it if it is not at the expense of the riders. Perhaps the utilization of the Transit Center or the BRT with Open Door as a connector could help.

### Summary:

Improved productivity at the expense of longer on board times was not acceptable. Participants indicated that improved route scheduling is needed, not two separate service areas.

**Question 9. *Another idea is to recognize that Open Door now exceeds what the ADA requires and to provide two paratransit service areas. This idea has been raised before; and this could help IndyGo address the increasing costs for paratransit and to ensure that service in the required ADA area meets the performance that the ADA requires. This would involve providing the required ADA paratransit service in the required ADA service area (which is ¾ mile corridors around fixed routes) and then providing a somewhat different paratransit service outside the required ADA service area. This might allow the service in the required ADA area to be somewhat higher quality; for example, the trips could likely take less time than some of the longer trips currently do because the service area is smaller.***

### Response:

- Everyone deserves the same services within the city limits.
- One of the big problems is routing changes. I am not in support of this.
- There needs to be equality in the service provided to paratransit riders equal to what is provided in the general population. I do not support this option. People outside of the ¾ mile fixed route area should not be penalized. IndyGo has received enough funding. I supported the recent referendum, not to penalize disabled riders.

### Summary:

When this question was raised, participants showed a visible disappointment bordering on anger. The consensus was everyone, regardless of where they live in the service area, deserves the same level of service. Creating two service districts was not viewed as providing service

equality. Participants did not believe that service would improve by adding two service districts.

**Question 10. In closing the focus group, Matti McCormick asked each participant to share a closing comment. The following comments were provided.**

### Additional Comments

- Technology has a huge role in accessibility. Apps with real time information would be great to map routes and arrival times. This would eliminate stress regarding being picked up and arriving on time which paratransit riders currently experience. Improved state of the art technology is needed.
- Get more drivers. We love the taxi service.
- Make sure that the routes, productivity and affordability are as efficient as can be; that service is equitable, and technology is used to enhance the customer. Experiment with real time information. Use these words as you shape and look to the future.
- Services should be an equal collaboration between IndyGo and other providers. Coordination of these resources, to provide the best service to the riders is needed. Not independent services operated separately.
- Mobility management: I will share the state of the state report, which defines a Mobility Management Network. Make sure people with disabilities have a meaningful seat at the table when decisions are made.
- How do you really represent what you don't know about? There needs to be more interaction between IndyGo and the providers. Disclosures need to be more relevant for the users. All IndyGo board members need to ride Open Door; the decision makers need to understand how the system actually works and what the problems are.
- People with disabilities have something to contribute.
- Would like to see more compassion toward the disabled community.
- Transit dependent persons with disabilities are not represented on the IndyGo Board.
- There should be collaboration with IndyGo and other providers (e.g., CICOA).
- Make sure that people with disabilities have a meaningful seat at the table when decisions are being made that impact them.
- Would like to see every IndyGo board member utilize the Open Door service for a full week for all of their transportation. I fought for the referendum, but the Open Door component is not being handled as I thought it would. The way it's going, the Open Door system won't continue. IndyGo receives \$5.4 M per month and nothing is being done to enhance paratransit service. There needs to be more interaction and understanding of what the services are; more full disclosure in terms of changes and what's being proposed; and transparency so there's more participation in decisions so results are more relevant to the people who are actually using the services. The decision makers need to be more involved in learning how the system works as a user.
- People with disabilities have something to contribute. We are not just looking for services. By providing good services, we are enabling our citizens to contribute.

- Would like to see more compassion toward paratransit users, in terms of how we are treated by the drivers and schedulers.
- People with disabilities are not represented on the IndyGo board and they should be.

Matti McCormick asked if there were any additional comments. If so, participants were requested to provide them via email within 5 days of the focus group session. Two participants provided follow-up. Attendees were thanked for their participation and the session was concluded.

The two follow-ups emails were: one participant provided a link to a report on Mobility Management (<https://nationalcenterformobilitymanagement.org>) and the second participant noted: *Despite the low funding for a transit system servicing a city the size of Indianapolis, the management has gone above and beyond their abilities to keep a quality service functioning and building a system. With the additional funding (referendum) Indianapolis is on the eve of a new transportation era and I know that IndyGo's management is ready usher it in. However, I am very disappointed that there's not a representation of the Disabled Community on the Board of Directors. Perhaps the MAC committee could be elevated to a more consequential group.*

## ATTACHMENT C: SUMMARY INPUT FROM TWO SMALL GROUP MEETINGS WITH RIDERS

### First Small Group Meeting Summary

- Held:** August 26, 2019 at Bosma Enterprises  
6270 Corporation Drive, Indianapolis, Indiana 46278
- Objective:** To expand stakeholder input from Open Door and taxi voucher users. To receive staff coordination insight.

#### Meeting

**Organization:** Five Bosma participants were invited to the meeting by Mr. Everett Wade, Bosma Employee Relations Manager. KFH was represented by Buffy Ellis, Paratransit Study Project Manager and Matti McCormick, KFH's local subconsultant. Bosma serves individuals with visual disabilities, offering rehabilitation, job training, and employment to Hoosiers with vision loss. Key discussion topics were the strengths and weaknesses of paratransit services, rider usage patterns and opportunities for improvement. This discussion followed a question and answer and open discussion format and was executed to fully engage all participants.

#### Comments:

#### Strengths

- **Mobility Independence:** Participants indicated that Open Door and the taxi vouchers both provide independence for the disabled rider. Freedom to have access to work and activities was a dominant strength of the paratransit services.
- **Veteran Drivers:** Drivers who from experience know the riders and their regular, daily requirements were viewed as a valuable asset of the Open Door service. Courtesy and respect were appreciated as a benefit from these veteran drivers.
- **Increased Availability of Taxi Vouchers:** Originally, Bosma staff indicated that taxi vouchers were allocated for 4:00 pm rush hour riders; this was expanded by IndyGo to be issued upon request. The increased usage provided riders with more flexibility in their mobility options. Bosma staff indicated that Bosma provides approximately 1,000 monthly vouchers, not

only to Bosma employees, but also to Noble and others who come to purchase from Bosma versus going downtown to IndyGo.

### Weaknesses

- **Inefficient Scheduling:** Participants indicated that scheduled pick-ups are not planned to minimize ride times. Disconnected back and forth routes, cross town dispatch orders, by-passing direct side by side pick-ups are experienced norms, with drivers having no authority to modify the pickup or drop off orders they are given. Two examples are of note to mention. 1.) Two buses were sent to the same address, at the same time, one picked up the wife, the second picked up the husband, both coming to the same work address. 2.) One Bosma employee has had the same pickup and drop off schedule for 15 years, she however, was not picked up, in this example and had to wait three hours after work to return home. Frequent calls to dispatch by Bosma staff were left unanswered.
- **Driver Inconsistency:** The same daily routes consistently have different drivers. This does not provide the driver an opportunity to know the needs of his/her riders and in turn to understand any rider accommodations and/or riders missing from a regular schedule.
- **Long pick-up/drop off wait times:** Afternoon pickups experienced the longest wait times, most noted as 3-4 hours, after the planned pick-up window. Morning pick-ups were timelier but also cited as being traditionally late up to again 3 hours, after the pick-up window. One participant noted that on one Open Door ride, a fellow passenger was in tears because she was going to be late and knew that she would be fired, as she had been warned by her employer about repeated late arrival times.

### Usage Patterns

- Riders indicated that they have fixed, daily pick-up/drop off requirements. They felt that paratransit scheduling should map a service that accommodates established routes for those riders who have demonstrated a fixed daily requirement.
- Riders stated that scheduling works against itself by prolonging ride times and neglecting more direct routes. One example cited a rider who lives within 5 minutes of the scheduled destination on the west side yet is frequently taken to Castleton on the north east, then back to the west side.

### Additional comments

- IndyGo provides service to all of Marion County. This should remain for all, at the same level of service, independent of where an individual lives in the county.

- Taxi drivers need to have training to define what is needed to serve riders with disabilities.
- Participants did not notice an improvement in on-time service since last fall.
- Consistency in courtesy is needed from driver to passenger.

### Opportunities for Improvement

- Improve routing to minimize ride times.
- Reduce driver turnover, reward veteran driver behaviors previously cited.
- Pick-up and drop off times should be respectful of the riders.
- Continue and expand taxi voucher availability; consider integrating Uber and Lyft services.

## Second Small Group Meeting Summary

**Held:** August 27, 2019, New Hope of Indiana  
8450 North Payne Road, Suite 300, Indianapolis, Indiana 46268

**Objective:** To expand stakeholder input from Open Door and taxi voucher users. To receive staff coordination insight and observe Open Door pick-ups during the afternoon peak period.

### Meeting

**Organization:** New Hope participants were invited by Ms. Dorothy Nowlin-Love, New Hope Transportation Coordinator and Kelsie Winters, Executive Assistant to the New Hope CEO. KFH was represented by Buffy Ellis, Paratransit Study Project Manager and Matti McCormick, KFH's local subconsultant. New Hope serves people with disabilities, offering day services programs, music and recreational therapy, home/family counseling and vocational training. Key discussion topics were the strengths and weaknesses of paratransit services, rider usage patterns and opportunities for improvement. This discussion followed a question and answer, open discussion format and was executed to fully engage all participants. Additionally, KFH participants had the opportunity to be introduced to the New Hope CEO, Allison Wharry and to view the Open Door pick-up services of New Hope clients. Comments from the New Hope discussion are directly parallel to the comments received from the earlier Bosma group discussion.

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## Comments:

### Strengths

- **Mobility Independence:** Participants indicated that Open Door and the taxi vouchers both provide independence for the riders.
- **Meeting new people:** Participants appreciated the opportunity to get outside the limits of their residence to meet and interact with new people.
- **Driver accommodations:** Participants noted that drivers will wait longer for New Hope patients when this is needed. The courtesy and friendliness of the drivers were also noted for select drivers, but not for all.

### Weaknesses

- **Inefficient Scheduling:** Participants indicated that scheduled pick-ups and drop offs are not planned to minimize ride times. Disconnected back and forth routes were not appreciated and viewed as disrespectful of the riders. Riders did not understand why routing cannot be more efficient.
- **Driver Inconsistency:** The same daily routes consistently have different drivers. This does not provide the driver an opportunity to know the needs of his/her riders. Participants stated that knowing the drivers and having the drivers know them is important to them, both in terms of feeling respected and in providing accommodations to regular riders when needed. Participants clearly stated that if they had the same driver daily it would improve service. Drivers were also cited as not being consistently courteous to their riders.
- **Long pick-up/drop off wait times:** Riders were extremely concerned regarding long wait/ride times for those riders who have specific times to take medication. Afternoon pick-ups experienced the longest wait/ride times, most noted as 3 hours, after the planned pick-up window. Morning pick-ups were timelier but also cited as being typically late.

### Usage Patterns

- Riders indicated that they have regular daily pick-up/drop off requirements. They felt that Open Door should schedule regular established routes for those riders. One participant noted that software currently used is 6 years out of date, and technology is not available on all vehicles.



- One participant stated that he waited 5 hours for a 5-minute ride to his home. Another participant works downtown and was not picked up at the end of his evening shift. He had to wait 4 hours and New Hope staff arranged for a trip to his home residence at 3 am. Calls to the IndyGo dispatch were not answered. Another participant did not understand why some drivers would take her down the driveway to her door, others would only drop her at the curb of her driveway. It was explained that curbside drop off is required at that location, however the inconsistency of the accommodation was not appreciated by the rider.
- Participants felt if they had the same driver for their regular routes service would be better. It was also noted that in institutional homes, there is a fixed time for dinner. If an afternoon pickup is 3-4 hours late, the rider may not just have a longer ride/wait time but may also miss the evening meal.

### Opportunities for Improvement

- Improve routing to minimize long ride times.
- Reduce driver turnover; provide drivers with customer service training.
- Pickup and drop off times should be respectful of the riders.
- Vehicle tracking and notification of arrival delays should be available.

## ATTACHMENT D: ON-BOARD RIDER SURVEY RESULTS

The survey yielded 198 responses; 17 respondents used the online SurveyMonkey version to provide their responses, and the remaining 181 respondents used the paper version.

Responses from the survey's 19 questions are provided below. Two of the questions gave respondents the opportunity to provide comments, and these have been grouped into categories reflecting the key point of the comment.

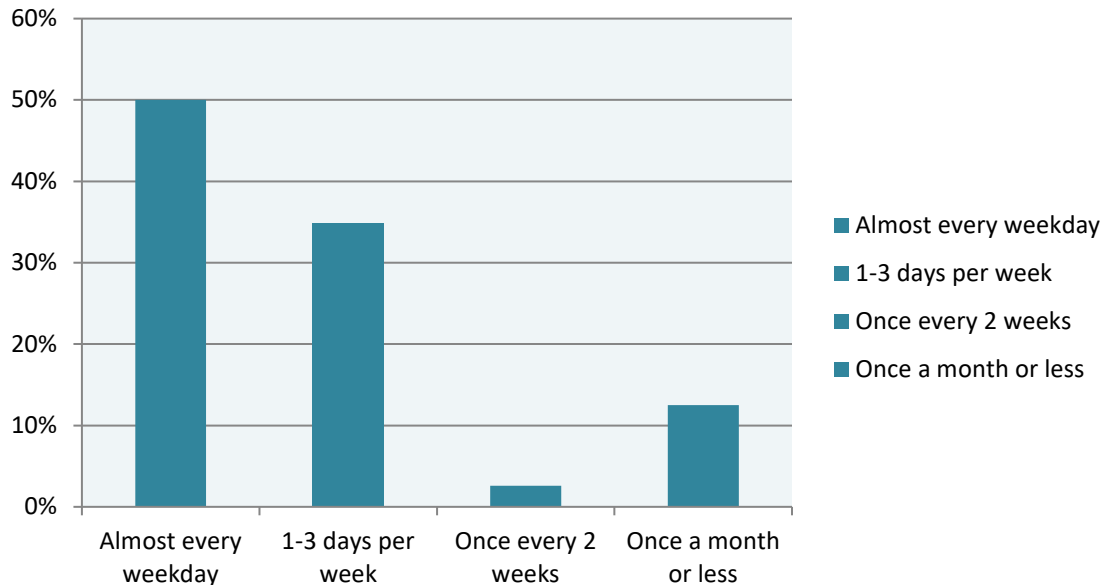
Exhibit D summarizes the key findings from the survey.

### Question 1: About how often do you ride Open Door?

Half of respondents (50%) are frequent riders, indicating that they ride Open Door almost every weekday. Somewhat more than one-third (35%) reported riding one to three days per week.

Less frequent riders include the 3% who reported using Open Door once every two weeks and the remaining 13% replied that they use the service once a month or less.

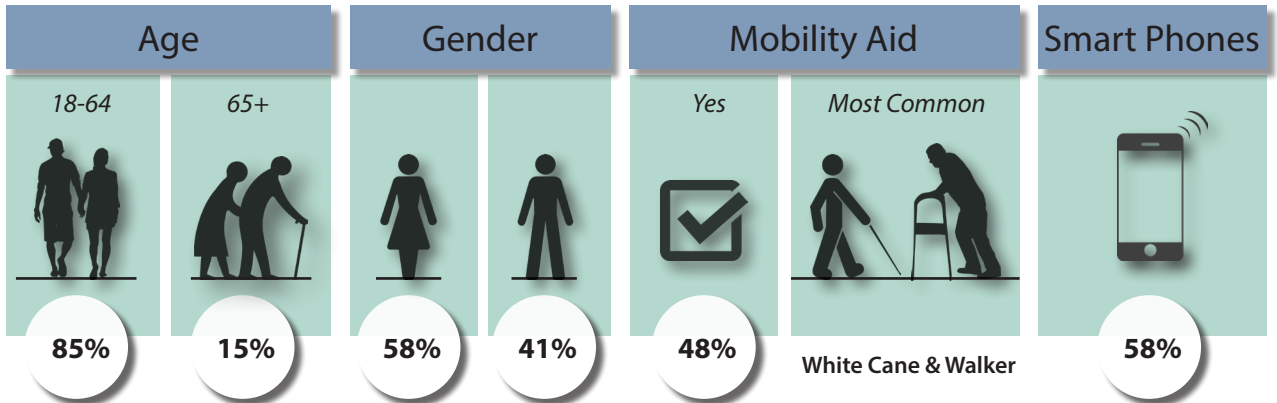
**Figure 1: "About how often do you ride Open Door?" N= 192**



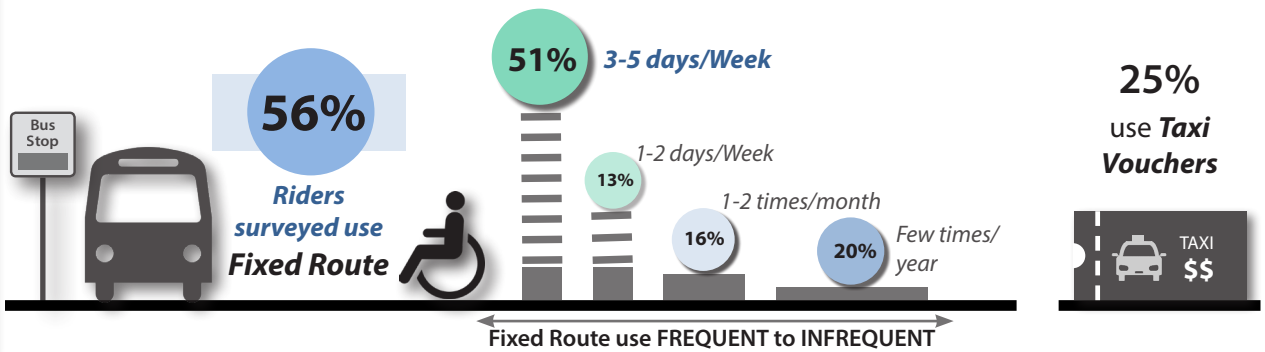
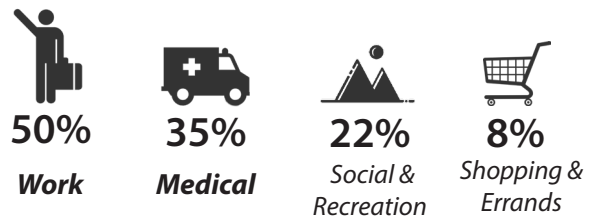
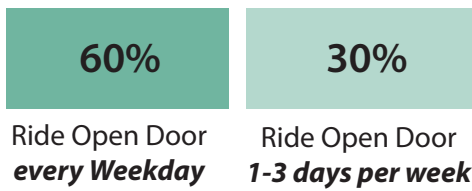


# Exhibit D: Open Door Rider Survey

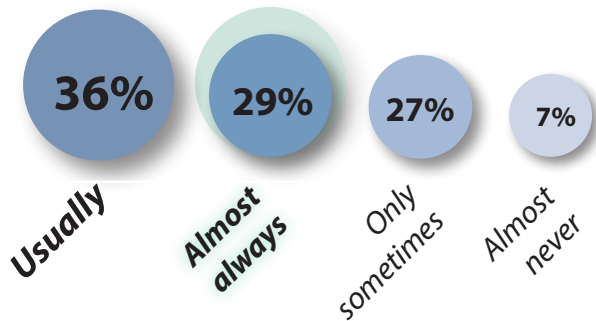
## Riders Characteristics



## Trip Making



Open Door meets riders transportation needs & expectations





# Open Door Rider Survey

## Attributes generating

Satisfaction



Safety and Comfort of Vehicles  
Driver Courtesy  
Driver Assistance  
Trip Scheduling Process

Dissatisfaction



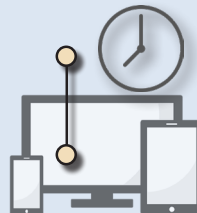
On-Time Performance  
Travel Time on the Vehicles  
Telephone Customer Service

## Top Things Riders Want



Ability to track location of Open Door vehicle using smart phone or computer

69%



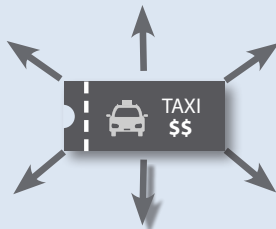
Ability to schedule trip with Indygo's automated information system using a computer or smartphone

55%



Include Uber or Lyft as options for Open Door trips

52%



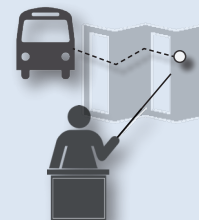
Expand the Taxi Voucher Program so more riders can use Taxis

51%



Better access to bus stops

35%



Help and instruction to use accessible fixed route bus service

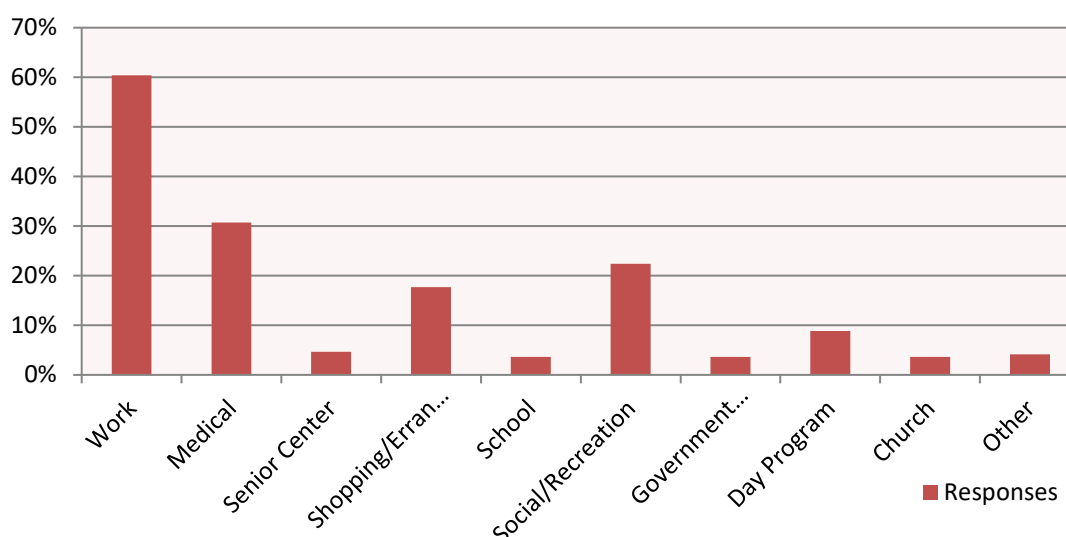
23%

## Question 2: What are your purposes for riding Open Door today? (Check all that apply.)

The most frequent purpose cited for using Open Door is work trips, at 60% of responses, with the next most frequent purpose reported as medical, at 30%. The third and fourth most common trip purpose include social and recreation purposes (22%) and shopping and errands at 18%.

Regarding the option for “Other” trip purpose, some respondents checked that option but did not fill in the space to specify the specific trip purpose; and a number of others did not check the option for “Other” but then added a trip purpose into the field to specify what that other trip purpose was. Among the “Other” trip purposes identified, day program and church were the two common purposes reported, as shown on Figure 2.

**Figure 2: What are your purposes for riding Open Door today? Check all that apply. N=92**



## Questions 3 and 4: IndyGo's Taxi Voucher Program for Open Door Riders: Are you aware of the program and do you use the program?

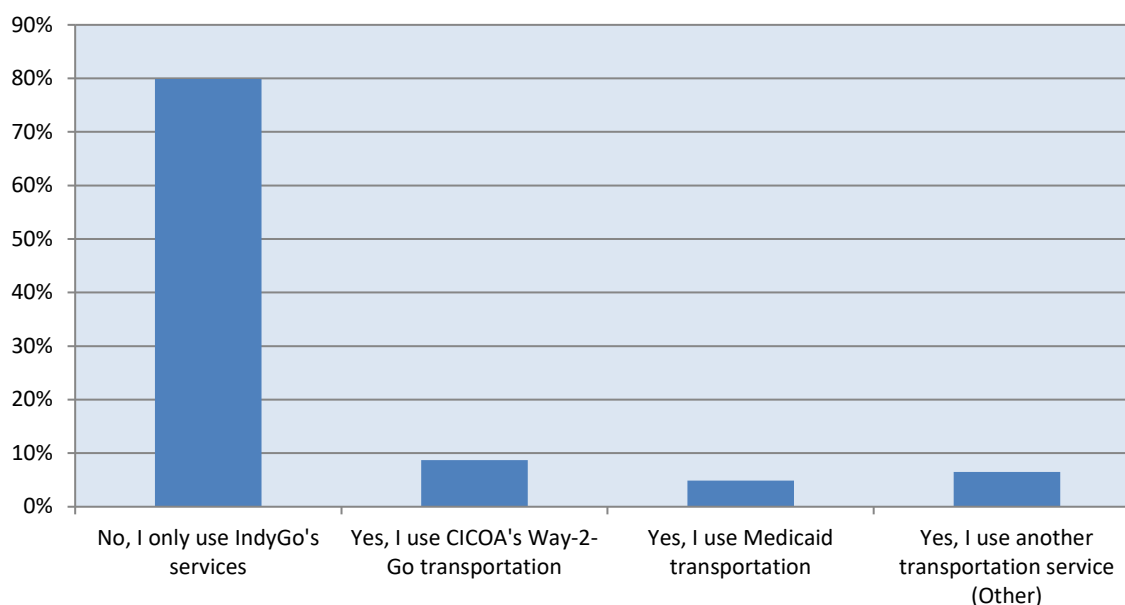
Question 3 (N= 186) asked survey respondents if they were aware that IndyGo has a taxi voucher program. Somewhat more than half (55%) of respondents indicated "yes," they did know about the taxi program and the remaining 45% reported being unaware of the program.

Question 4 followed up, asking if respondents (N= 187) used the taxi voucher program: 25% replied "yes," with the majority (75%) replying that they do not use the program.

### Question 5: Do you also use other transportation services for people with disabilities in Marion County? (Check all that apply)

Respondents to this question reported that they primarily use only IndyGo's services, with 80% of responses. CICOA's Way-2-Go transportation is also used to some extent, with 9% of responses. Just 5% of responses indicated use of Medicaid transportation services. And 7% of the responses were for "other" transportation services. Among the "other" were several for rides from parents and Lyft and Uber.

**Figure 3: Do you also use other transportation services for people with disabilities in Marion County? Check all that apply. N=180**



### Questions 6 and 7: Use of IndyGo's regular bus route service: Do you use regular buses (Q #6) and, if so, how often (Q #7)?

More than one-third (67 respondents or 36%) of respondents to question #6 (N= 185) reported that they use IndyGo's regular bus service, with the remaining respondents reporting, "no," they do not use regular bus service.

This is a surprising finding, as we would not expect to find this high a percentage of ADA-eligible riders using fixed route. By definition, individuals who are ADA eligible are prevented from using regular accessible bus service due to disability. The result suggests that these riders who use fixed route should be categorized as *conditionally eligible*, which, by definition, means they are able to use fixed route some of the time or for some of their trips.

We would expect that the same 67 respondents who answered that they use IndyGo's fixed route service in question #6 to answer question #7 regarding frequency of that use; however, considerably more respondents—N=111—answered the question on frequency.

Of the 111 responses, half (51%) reported frequent use of fixed route (3 to 5 days per week), 13% reported use one or two days per week, 16% reported infrequent use at once or twice a month, and 20% indicated very infrequent use at just a few times per year.

The survey suggests that it may be a relatively large proportion of Open Door riders who use fixed route service—some very infrequently but others quite frequently (3 to 5 times per week). It's important to point out that the survey results reflect the responses of those riders who chose to reply and is not statistically valid. But it is certainly noteworthy that so many of the responding riders indicated that they use fixed route for some of their trips.

The free fare on fixed route for ADA riders likely encourages the riders' use of fixed route. The fare structure change that will require ADA riders to pay half fare when they ride fixed route may affect their continued use of fixed route.

### **Question 8: Do you travel with any mobility aid?**

The survey asked about use of a mobility device when traveling on Open Door. Respondents (N=184) were about equally divided between those who do use a mobility device (48%) and those who do not (52%).

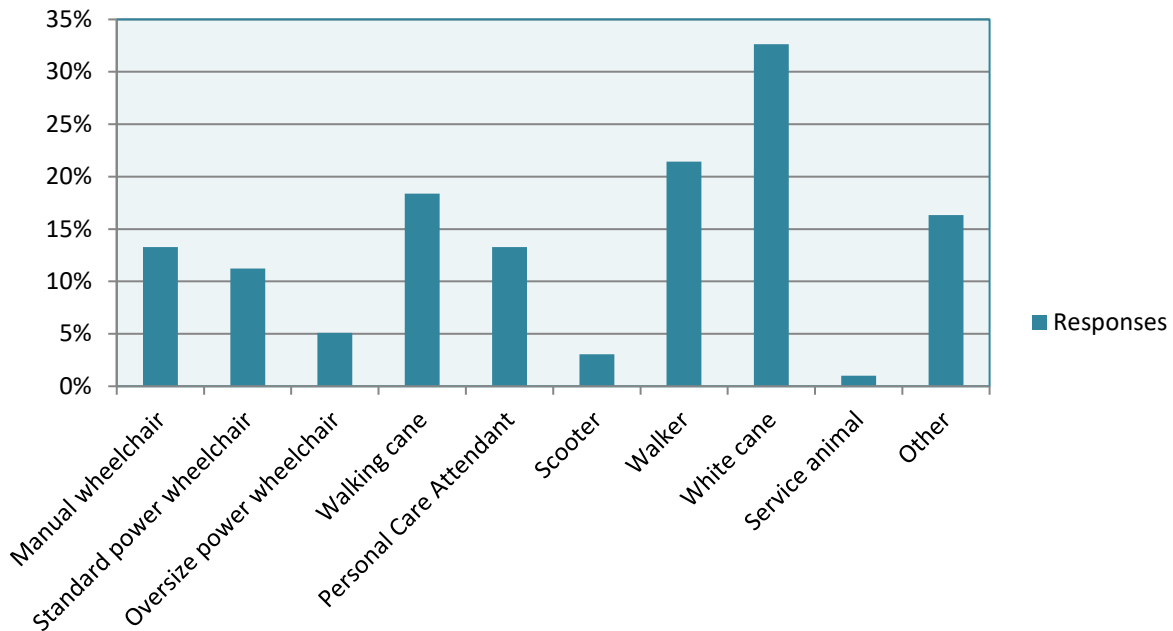
### **Question 9: If "yes" (travel with any mobility aid), which type of aid?**

Those respondents indicating use of a mobility aid were then asked which mobility aid(s) they use when traveling. The most frequently reported aid was a white cane at 33%, likely including responses from ADA eligible riders who travel to and from Bosma. The second more frequently reported aid was a walker at 21%.

A walking cane was the third most common aid indicated at 18% of responses. And the fourth most common response at 16% was "other." Half of the "other" aids were reported as a sighted guide.

While use of an oversize wheelchair was a small percent—5%—it is worth noting that riders who travel with such a wheelchair cannot typically be accommodated on an accessible taxi or one of Open Door's accessible mini-vans due to the size of the wheelchair.

The large majority (76%) of respondents to this question reported use of just one mobility aid, while the remaining 24% reported that they used two and, in several cases, more than two mobility aids.

**Figure 4: If yes, which type of aid? Check all that apply. N=98**

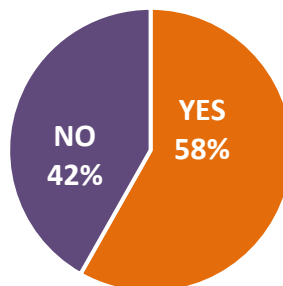
### Question 10: Do you have a smartphone?

Respondents were asked if they have a smartphone. The majority (58%) replied "yes," they do have a smartphone and the remaining respondents (42%) do not.

Gauging the extent to which the ADA riders have a smartphone and its associated technology is useful should IndyGo consider involving the use of transportation network companies (TNCs) such as Uber or Lyft to serve ADA riders. Should TNCs be part of IndyGo's services for ADA riders, some sort of work-around for those riders who do not have a smartphone will be mandatory, such as the use of a concierge service or a third party that functions as a call center for TNC trips.

**Figure 5: Do you have a smartphone?**

N=189





## Question 11: Do you have Medicaid health insurance?

Respondents were asked to indicate if they have Medicaid health insurance. Of total respondents to this question (N= 183), two-thirds (68%) indicated that they do, while 32% indicated that they do not have Medicaid health insurance.

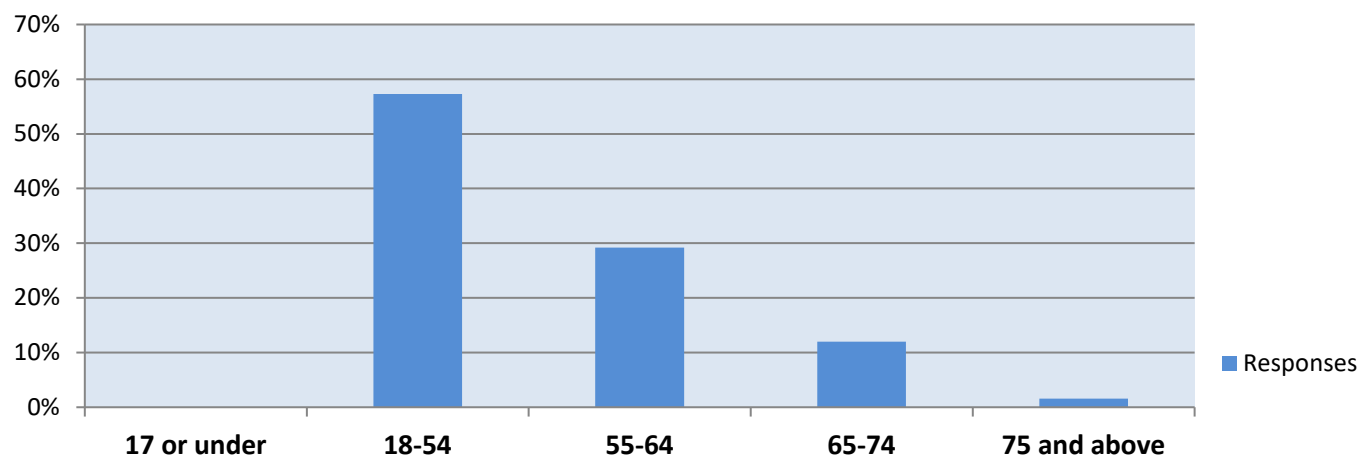
Given the large proportion of Open Door eligible riders who have Medicaid insurance, it is interesting to note that only 5% of respondents reported use of Medicaid non-emergency medical transportation (NEMT) in question #5. In some communities, ADA eligible riders use the ADA paratransit service instead of Medicaid NEMT for their medical trips, even though the Medicaid transportation is free for Medicaid-eligible medical trips and the ADA service requires a fare.

In states where private brokers manage Medicaid's NEMT, such as in Indiana, it is not uncommon for the private broker to shift Medicaid trips to ADA paratransit when the Medicaid beneficiary has a disability and ADA certification. The survey responses do not provide definitive answers as to whether Medicaid trips are being shifted to ADA paratransit. But given that the state uses private brokers and given the large proportion of Open Door eligible riders who are also Medicaid eligible, it is possible that some of Open Door's medical trips are eligible for Medicaid.

## Question 12: Please indicate your age group.

More than half of respondents (58%) are adults ages 18 to 54. More than one-fourth (27%) are ages 55 to 64. Only 14% of the riders are over the age of 65: 12% are ages 65 to 75 and 2% are age 75 and older.

**Figure 6: Please indicate your age group. N=192**



### Question 13: What is your gender?

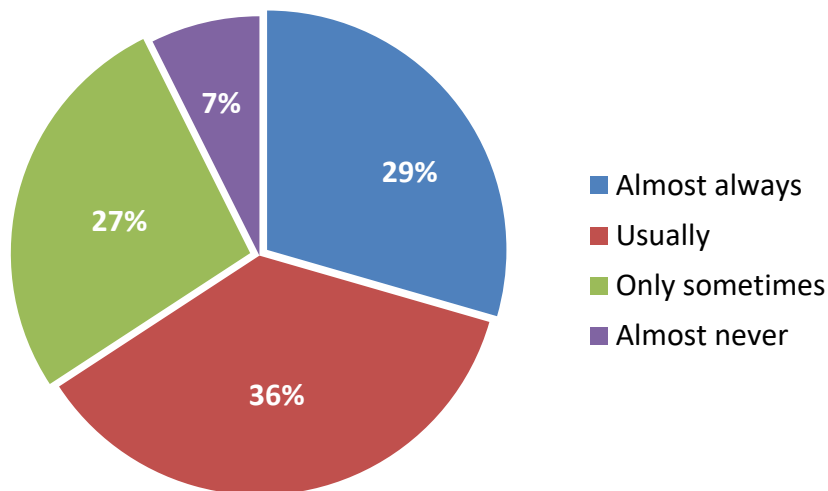
Of respondents to this question (N=190), more than half (58%) are female, 41% are male and a very small 1% preferred not to answer the question.

### Question 14: Does Open Door meet your transportation needs and expectations?

To assess Open Door riders' opinions regarding whether the ADA service meets their needs and expectations for transportation, question #14 provided a range of answer options from "Almost always" to "Almost never;" see Figure 7. Almost two-thirds of the survey respondents provided a relatively positive response: the service "Almost always" (29%) and "Usually" (36%) meets the responding riders' needs and expectations.

On the less positive side, 27% of respondents said that the Open Door "Only sometimes" meets their needs. Another 7% (14 responses) indicated that Open Door almost never meets needs and expectations.

**Figure 7: Does Open Door meet your transportation needs and expectations? N=190**



### Question 15: If you answered “almost never” to question 14, please tell us why.

Question #15 was a follow-up question that asked respondents who answered in question #14 that Open Door “almost never” meets their transportation need to report the reason for their response.

This open-ended question elicited responses from 30 riders, considerably more than the 7% (14 riders) who had indicated in question #14 that Open Door “almost never” meets their needs.

Responses from the 30 respondents include:

- 13 comments about late trips.
- 4 comments about long ride times.
- 7 “other” comments, for example, regarding a desire to travel to locations that are outside the county service area, difficulty getting information from dispatch, and driver assistance on the vehicle.
- 6 comments that were positive or neutral, such as *service is getting better, drivers are appreciated, service is better than a cab.*

### Question 16: Please rate your satisfaction with Open Door in the following areas.

A total of 194 respondents indicated their satisfaction with a range of attributes of Open Door—from the usefulness of the IndyGo online information to the trip scheduling process. Figure 8 shows the level of satisfaction by attribute from very satisfied to very unsatisfied.

Attributes that were rated most positively include *driver courtesy, driver assistance, and safety and comfort of the trips*, while the attributes reported as least positive include *on-time performance and travel time on the vehicles*.

Levels of satisfaction can also be assessed by whether the survey was completed by a rider or by a caregiver.

Figure 9 shows the responses from riders while Figure 10 shows responses from caregivers. Generally, riders report a higher level of satisfaction with Open Door than do caregivers.

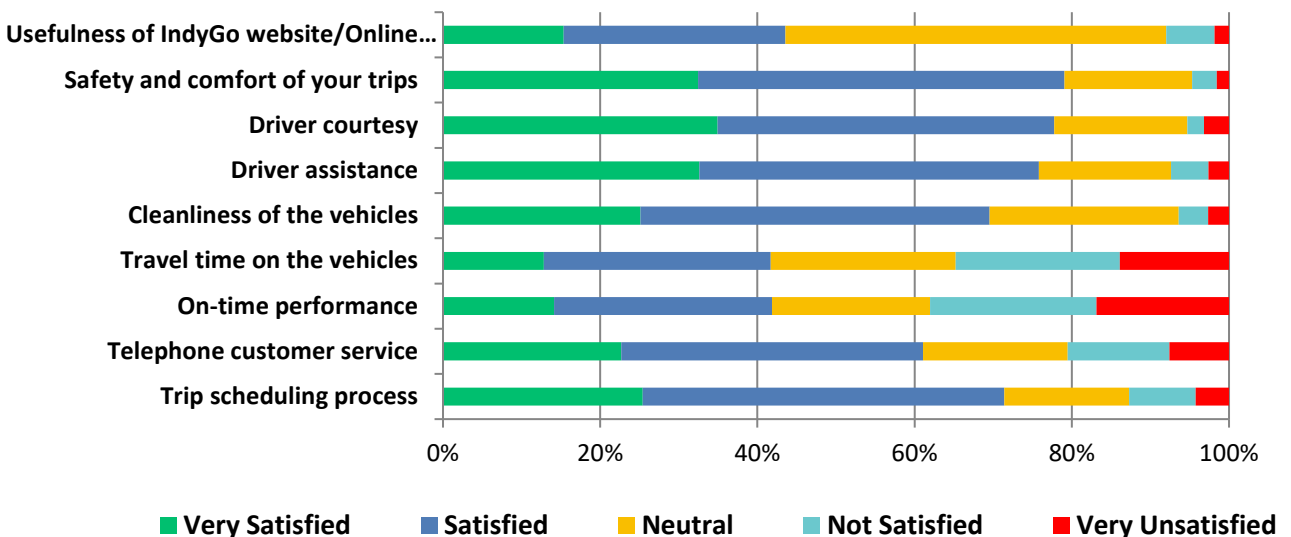
The majority of both riders and caregivers report they are satisfied or very satisfied with the *safety and comfort of vehicles, driver courtesy, driver assistance, and the trip scheduling process*, although caregivers are slightly less satisfied on each of these attributes. The majority of riders and caregivers also agree they are satisfied or very satisfied with *vehicle cleanliness*, though there is a somewhat larger difference of opinion, with riders providing a somewhat higher level of satisfaction.

For both riders and caregivers, the attributes generating the highest level of dissatisfaction are *on-time performance*, *travel time on the vehicles*, and *telephone customer service*, with caregivers reporting a distinctly greater level of dissatisfaction. Half of caregivers indicate they are dissatisfied with on-time performance and close to half are similarly unsatisfied with travel time on the vehicles.

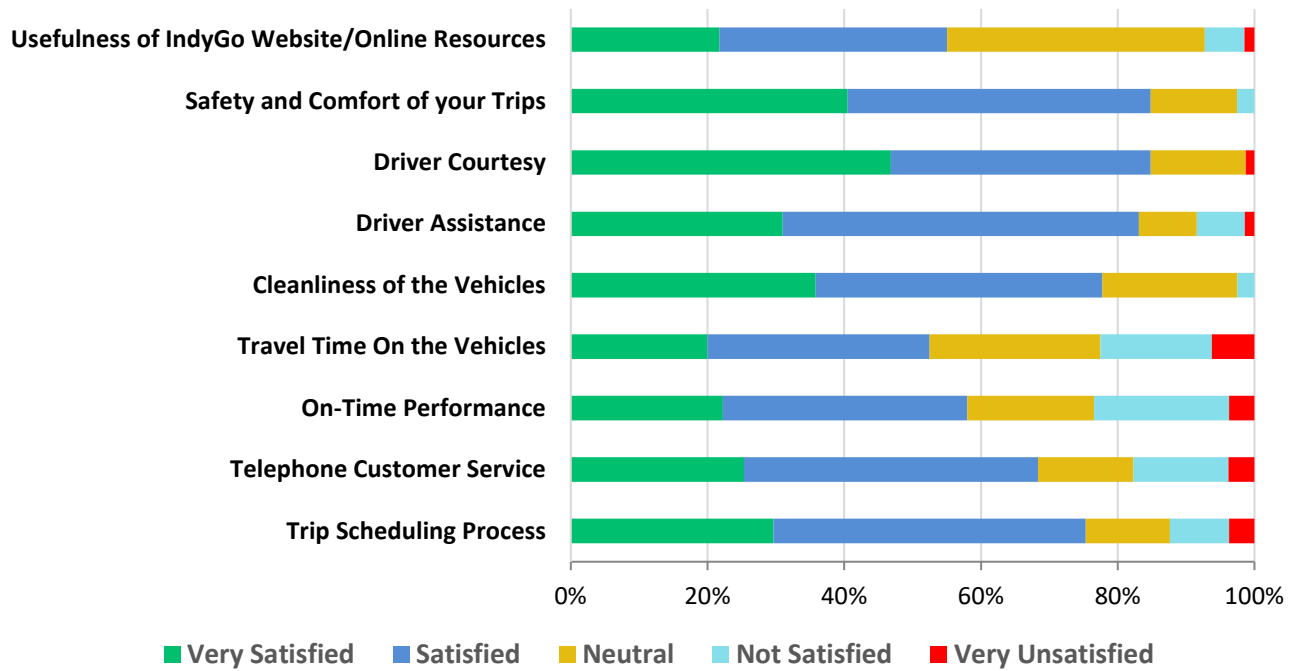
Riders are also dissatisfied with *on-time performance* and *travel time on the vehicles* but not to the extent of the caregivers: about 25% of riders said they are not satisfied or very unsatisfied with these two attributes.

Riders and caregivers are roughly equally dissatisfied with telephone customer service: 18% of riders and 23% of caregivers expressed that they are either not satisfied or very unsatisfied.

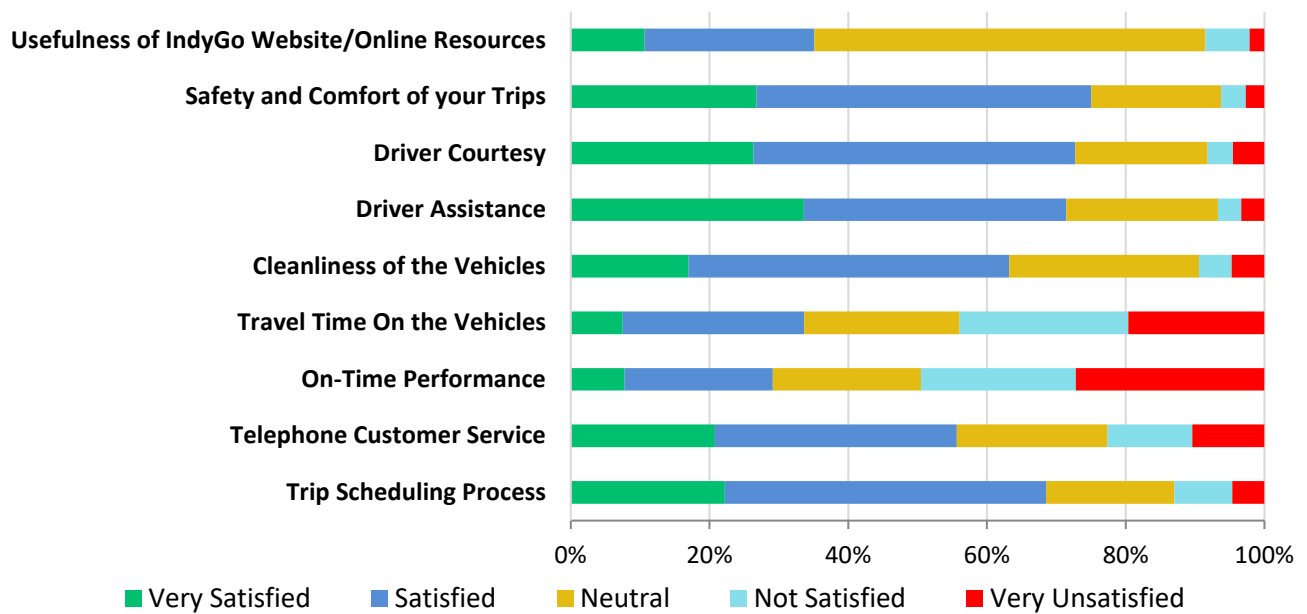
**Figure 8: Please rate your satisfaction with Open Door in the following areas**  
N=194



**Figure 9: Riders' Satisfaction Ratings With Open Door N=114**



**Figure 10: Caregivers' Satisfaction Ratings With Open Door N=60**



## Question 17: What service enhancements to Open Door would you like in the future? (Check all that apply)

Respondents were asked to check which of six possible service enhancements that they would like to see for the future of Open Door. Respondents could also add an enhancement.

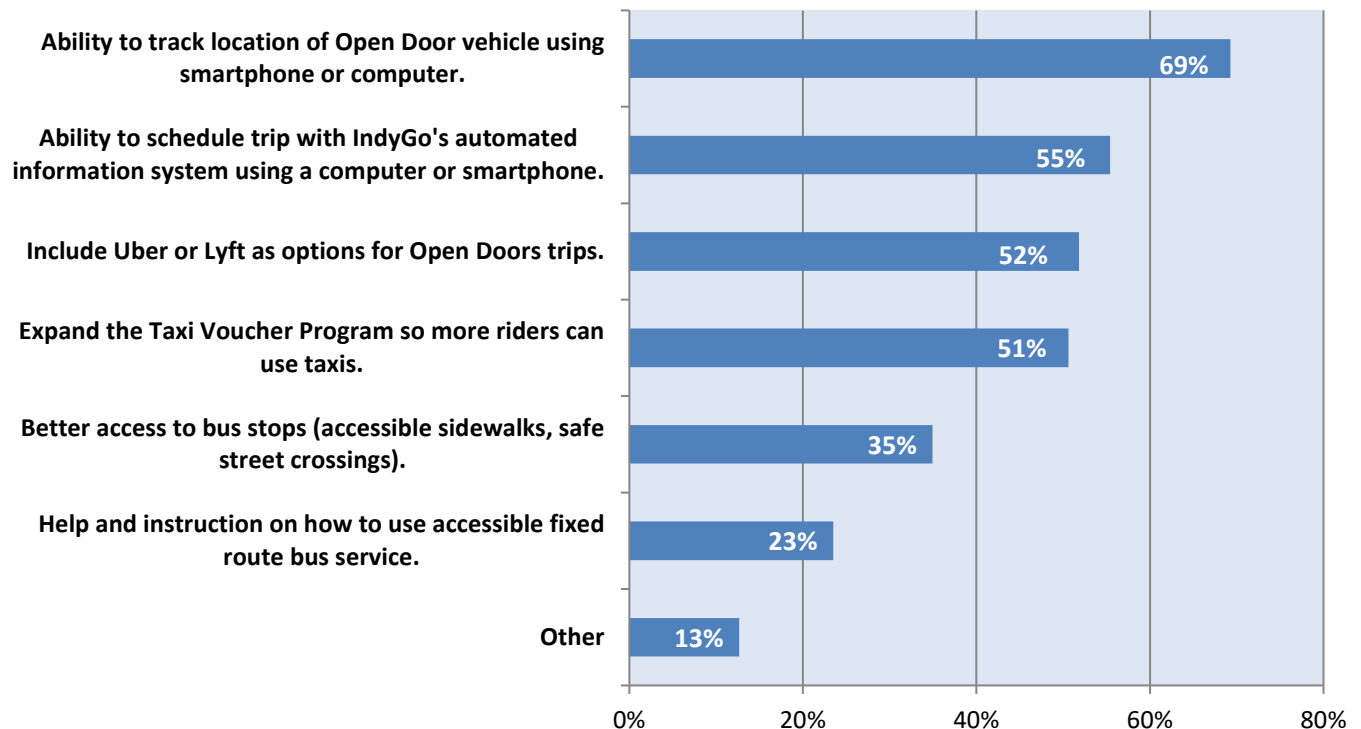
The enhancement that is most favored is the ability to track the location of the Door vehicle, at 69% of responses. Following this, the second most frequently identified enhancement is the ability to schedule a trip with IndyGo's automated information system using a computer, with 55% of responses.

The third and four most favored future enhancements relate to the IndyGo's same-day service for riders: 52% of responses identified an inclusion of Uber and Lyft for the service; and 51% of responses indicated expansion of the taxi voucher program.

Interestingly, somewhat more than one-third of responses identified a desire for better access to bus stops (accessible sidewalks, safe street crossing). This is likely related to the relatively significant number of Open Door riders who indicate current use of IndyGo's fixed route service.

When examining the comments for the "Other" category with 13% of responses, a number of the comments referred to a need for better communication between drivers, staff, and riders.

**Figure 13: Desired Service Enhancements for Open Door N=166**



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## Question 18: Please provide any comments you have about Open Door or the Taxi Voucher Program.

Close to half of the survey respondents provided comments to the last question (N=94), with some of the comments touching on more than one issue.

The comments have been categorized within common themes below. Within each category, we include a phrase paraphrasing a small sample of respondents' comments.

- Compliments – 29 comments.
  - *Nice drivers. Appreciate the service. Taxi program is great.*
- Open Door is late – 24 comments.
  - *Late to work. Always late, never on-time. Late trips cause stress.*
- Scheduling is a problem – 15 comments.
  - *Need more direct routes. Should not be on bus for more than one hour. Riders living in same part of town should be grouped together.*
- Complaints about drivers - 12 comments.
  - *Should provide more assistance to riders. Some drive too fast. Sometimes they are on their phones.*
- Dispatchers' customer service – 11 comments.
  - *Dispatchers are not helpful, sometimes rude. Need better training. Dispatch should provide accurate information regarding "where's my ride."*
- Condition of buses needs improvement – 2 comments.
  - *Buses get hot. Need better air conditioning. Riders have varying needs for heat vs. AC.*
- Other – 27 comments.
  - *Please improve Open Door. Need more buses. Want more taxi vouchers each month. Inability to use a smartphone. Not in favor of fare change for ADA riders on fixed route.*

## ATTACHMENT E: INVITED STAKEHOLDER MEETINGS TO DISCUSS ADA PARATRANSIT ALTERNATIVES

The consultants planned and held two small group meetings with invited representatives of agencies serving clients who use Open Door. The agencies were selected as they are among the top destinations for Open Door service and are key stakeholders for the study.

To accommodate varying schedules, we offered two meeting dates: February 26 and February 28 which were both held at the Indianapolis Central Library. Representatives from eight of the ten invited agencies attended and participated in the discussions.

Results of discussions at the two meetings follow, with identification of the attending agencies. Following the summary information from the two meetings, at the end of this Attachment, is a copy of the handouts provided at the meetings to focus the discussions; the handouts are labeled as Exhibit E.

### IndyGo Paratransit-Open Door Alternatives Discussion Meeting 1

#### *Discussion Minutes*

Project: IndyGo Paratransit Study Discussion Group

Subject: Discussion Meeting Group I

Date/Time: Wednesday, February 26, 2020  
2:30 pm to 4:00 pm EST

Location: Indianapolis Central Library  
40 E. St. Clair St.  
Indianapolis, IN 46204  
Goodrich Houk Meeting Room

#### *Participating Organizations*

Organization
Noble
St. Vincent New Hope
BOSMA Enterprises
Dialysis Clinic, Inc.



**Moderator:** Matti McCormick, President, The McCormick Group, local consultant to KFH.

## I. INTRODUCTION

Participants were asked and then provided self-introductions.

Matti stated that she serves as the local consultant to KFH which has been contracted to conduct a paratransit study for IndyGo. She indicated that her background represents 30+ years of service to the State of Indiana providing Public Outreach Services, specifically to listen well and share the input of group participants. She encouraged all attendees to fully share their thoughts and experiences relative to the alternatives to be discussed. Matti stated that today's meeting would discuss four alternatives for IndyGo's paratransit service and its service area coverage. The four alternatives were introduced as follows.

- Alternative #1:** Continue to provide ADA paratransit service countywide—the Status Quo.
- Alternative #2:** Provide ADA paratransit service only in the required ADA paratransit service area—Required ADA Service Only.
- Alternative #3:** Provide ADA paratransit service in the required ADA service area, as in the second alternative, but continue to serve all currently ADA eligible riders who live outside the required ADA service area, providing their trips to destinations both inside and outside the required ADA service area through a “grandfathering” arrangement—Required ADA Service and Grandfathered Service.
- Alternative #4:** Continue to provide ADA paratransit service countywide but separate the county into two areas—the required ADA service area and the rest of the county. For trips with an origin or destination outside the required ADA service area, a higher fare will be charged. Service in the non-ADA service area is a premium service and does not have to meet ADA requirements—Required ADA and Non-ADA Service. In addition to a higher fare for the non-ADA area, other policies can be adopted such as fewer service hours and trip purpose priorities.

Matti stated that today's discussion would follow a moderator-led format. The objective of which is to fully understand participant feedback on each of the four alternatives being considered. Participants were distributed handouts which Matti reviewed to clearly define the alternatives being considered.

The discussion follows.

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## II. DISCUSSION OF ALTERNATIVES

### Alternative #1: Continue to provide ADA paratransit service countywide—Status Quo

#### Discussion Comments:

- Ideally, it would be great to maintain the status quo.
- Usage has increased resulting in increased costs for IndyGo.
- Participants recognize that IndyGo has provided complementary paratransit/Open Door service beyond the area required, although the typical rider does not recognize ADA mandated and non-mandated coverage.
- For many residents, Open Door is their only means of transportation.
- Disabled persons do not have many options for transit needs.
- Open Door allows accessibility to work, medical needs, quality of life requirements and entertainment opportunities for the disabled community.
- Although rate increases may become a factor, it is recommended that any fare increases be implemented incrementally, recognizing the lower income of many riders.
- Current set-up is good, has service faults but does work.
- Lack of sidewalks hinders the ability of the disabled to utilize fixed route transit.
- Open Door ensures the ability for everyone to get to work.

#### Summary of Alternative #1:

- Four out of four participants agreed that Alternative #1 is the best option.
- Participants referenced the importance of Open Door to mobility for these riders.
- Participants believe that Alternative #1 covers everyone.
- Participants understand that cost and demand are increasing.
- These increases should be managed by IndyGo without changing service coverage.
- Riders and human service agencies serving riders already understand this service coverage, requiring no new explanations.

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**Alternative #2: Provide ADA paratransit service only in the required ADA paratransit service area—Required ADA Service Only.**

Individuals with disabilities currently eligible for Open Door can use Open Door as long as their trips (origins and destinations) are inside the required ADA service area. Individuals with disabilities who move to Marion County in the future but to homes outside the required ADA service area can apply for ADA paratransit eligibility and, if certified, can use Open Door as long as their trips (origins and destinations) are inside the required ADA service area.

**Discussion Comments:**

- No. Reducing service would do a disservice to Indianapolis as an inclusive city.
- This alternative should not be an option.
- People would feel disenfranchised with this alternative.
- Current riders do not understand that only a segment of the current service area is mandated for coverage by ADA.

**Summary of Alternative #2:**

- Participants do not consider Alternative #2 as a viable option.
- Participants felt that any reduction in service would adversely affect the disabled community.
- Strong sentiment that this option is discriminatory, eliminating coverage that riders expect to receive,

**Alternative #3: Required ADA Service and Grandfathered Service.**

Provide ADA paratransit service in the required ADA service area, as in the second alternative, but continue to serve all currently ADA eligible riders who live outside the required ADA service area, providing their trips to destinations both inside and outside the required ADA service area through a “grandfathering” arrangement. Individuals with disabilities who move to Marion County in the future but to homes outside the required ADA service area can apply for ADA paratransit eligibility and, if determined eligible and certified, can use Open Door as long as their trips (origins and destinations) are inside the required ADA service area. They are not eligible for the grandfathered arrangement.

**Discussion Comments:**

- Alternative #3 sends the wrong message. It places one rider who is grandfathered against another who is not.
- Don't move to Indianapolis if you have a disability, is this the message we are sending?
- This option eliminates people who were not “grandfathered,”
- Persons with already limited income will be directed to where they can live based on transportation options.
- Open Door is necessary for many to get to medical appointments.

**Summary of Alternative #3:**

- Alternative #3 was rejected by participants.
- Human service agencies will find it difficult to explain.
- Everyone should be accommodated. No one should be excluded based on pick-up location.
- People who move to Marion County outside of the ADA area should not be excluded.

**Alternative #4: Required ADA and Non-ADA Service**

Continue to provide ADA paratransit service countywide but separate the county into two areas—the required ADA service area and the rest of the county. For trips with an origin or destination outside the required ADA service area, a higher fare will be charged. Service in the non-ADA service area is a premium service and does not have to meet ADA requirements. In addition to a higher fare for the non-ADA area, other policies can be adopted such as fewer service hours and trip purpose priorities.

**Discussion Comments:**

- No one wants to pay more.
- Provider should increase awareness of costs for new riders.
- Participants recognize the cost of providing this level of transportation.

- Transit options such as Open Door are necessary for this vulnerable population.
- Other options are not affordable---taxis, private transportation companies.
- Participants strongly disagree with reducing services.
- Alternative #4 is best if Alternative #1 is not available, if the fare increase reflects the lower income of riders.
- As our communities age and need paratransit services, we must accommodate them, not exclude them.
- Utilize technology to increase service. When contracts changed, service regressed.
- Electronic tracking of arrivals would be extremely helpful.

#### **Summary of Alternative #4:**

- Open Door is very important for disabled individuals and our community should accommodate their transportation needs.
- If current Open Door service cannot be maintained, this alternative would be a second choice, as long as the fare was affordable for the riders.

### **III. SUMMARY OF MEETING DISCUSSION**

- Four of the four participants recommended Alternative #4 as their second choice, if Alternative #1 cannot be continued.
- It is recommended that the provider communicate changes in service and costs “early and often.”
- Work with human service agencies to plan for the change and inform the riders.
- Any changes in cost should be presented to the public and implemented incrementally.
- Open Door is a great service and is of critical value to the disabled community.
- The service should remain available and affordable and not exclude any riders.
- Service improvements must occur, independent of service area coverage; dispatch errors, long on board wait times should not exist.

- Fare cost increases would adversely affect riders in different ways at each human service organization. For example, Medicaid waivers cover transportation fees at Noble centers but not at BOSMA Enterprises.
- Participants agreed that the paratransit public places unreasonable demands on the system.
- An education campaign is recommended.
- Participants felt IndyGo should find the funds necessary to continue Alternative 1. If this is not feasible, Alternative 4 is recommended, only if incremental costs and comparable service can be provided.

Matti McCormick asked if there were any additional comments. If so, participants were requested to provide via email within 5 days of the discussion group session. Attendees were thanked for their participation and the session was concluded.

## IndyGo Paratransit-Open Door Alternatives Discussion Meeting 2

### *Discussion Minutes*

Project: IndyGo Paratransit Study Discussion Group

Subject: Discussion Meeting Group 2

Date/Time: Friday, February 28, 2020  
1:00 pm to 3:30 pm EST

Location: Indianapolis Central Library  
40 E. St. Clair St.  
Indianapolis, IN 46204  
Goodrich Houk Meeting Room

### *Participating Organizations*

Organization
DaVita Dialysis – Marion County
Way2Go Transportation, CICOA Aging & In-Home Solutions
Easterseals Crossroads
Fresenius Dialysis Center

**Moderator:** Matti McCormick, President, The McCormick Group, local consultant to KFH.

## I. INTRODUCTION

Participants were asked and then provided self-introductions.

Matti stated that she serves as the local consultant to KFH which has been contracted to conduct a paratransit study for IndyGo. She indicated that her background represents 30+ years of service to the State of Indiana providing Public Outreach Services, specifically to listen well and share the input of group participants. She encouraged all attendees to fully share their thoughts and experiences relative to the discussion alternatives. Matti stated that today's meeting would discuss four alternatives for IndyGo's paratransit service and its service area coverage. The four alternatives were introduced as follows.

- Alternative #1:** Continue to provide ADA paratransit service countywide—the Status Quo.
- Alternative #2:** Provide ADA paratransit service only in the required ADA paratransit service area—Required ADA Service Only.
- Alternative #3:** Provide ADA paratransit service in the required ADA service area, as in the second alternative, but continue to serve all currently ADA eligible riders who live outside the required ADA service area, providing their trips to destinations both inside and outside the required ADA service area through a “grandfathering” arrangement—Required ADA Service and Grandfathered Service.
- Alternative #4:** Continue to provide ADA paratransit service countywide but separate the county into two areas—the required ADA service area and the rest of the county. For trips with an origin or destination outside the required ADA service area, a higher fare will be charged. Service in the non-ADA service area is a premium service and does not have to meet ADA requirements—Required ADA and Non-ADA Service. In addition to a higher fare for the non-ADA area, other policies can be adopted such as fewer service hours and trip purpose priorities.

Matti stated that today's discussion would follow a moderator-led format. The objective of which is to fully understand participant feedback on each of the four alternatives being considered. Participants were distributed handouts which Matti reviewed to clearly define the alternatives being considered.

The discussion follows.

## II. DISCUSSION OF ALTERNATIVES

### Alternative #1: Continue to provide ADA paratransit service countywide—Status Quo.

#### Discussion Comments:

- Four of the four participants indicated that the status quo, Alternative 1 is their preference of the alternatives presented
- This reflects the perception that all current Open Door participants should continue to receive service, in the current defined service area.
- Current riders since Open Door has been in operation expect that all of Marion County is legally covered. It is not understood that inside and outside coverage areas exist.
- Currently, it is expected that independent of where a person lives or trip originates (within Marion County), Open Door eligible riders will have access to the service.
- Participants felt that any change would be difficult to explain to disabled riders, many of whom find it difficult to understand and are averse to change.
- Participants made the comment that if cost is a consideration that IndyGo should find the funds and improve the service in the current service coverage area.

#### Summary of Alternative #1:

- Four of four participants agreed that Alternative #1 is the best service coverage option.
- Participants felt that any changes would be difficult to communicate to riders.
- Although not the subject of the meeting, improving service was referenced as important.
- Respecting individuals who depend on this service should be important to improving and maintaining it.
- Participants recognized that service demand and operating costs are increasing. The trade off to reducing service coverage was not viewed as an acceptable alternative.



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**Alternative #2: Provide ADA paratransit service only in the required ADA paratransit service area—Required ADA Service Only.**

Individuals with disabilities currently eligible for Open Door can use Open Door as long as their trips (origins and destinations) are inside the required ADA service area. Individuals with disabilities who move to Marion County in the future but to homes outside the required ADA service area can apply for ADA paratransit eligibility and, if certified, can use Open Door as long as their trips (origins and destinations) are inside the required ADA service area.

**Discussion Comments:**

- Any reduction of service coverage is viewed as discriminatory against disabled riders.
- Quality of life concerns should be considered.
- Ten of the 25 top destinations (cited in the handout material) are special needs centers, indicating the importance of these centers to current riders.
- As the required ADA coverage and premium area coverage are the expected norm, reducing this coverage area would be viewed as eliminating services, that riders feel they are entitled to.
- Participants emphasized that IndyGo is the primary and for many, the only source of transportation to work or healthcare. Reducing the service area coverage would create health concerns as riders may not make it to these appointments and work against these riders having mobility access, for their self-sustainability.
- This option was viewed as being too restrictive and discriminatory.
- People who move to Marion County and receive ADA eligibility should not be excluded if they move outside of the ADA area. How would this be fairly communicated before a housing decision by potential riders is made?
- Changing service area coverage is not a simple topic to explain to riders when this has been in place for 15+ years and is the expected norm.

**Summary of Alternative #2:**

- Four of the four participants did not support this option.

- Participants stated that current riders would be confused. Even the 11% referenced who live outside the required ADA area, although a minority, are still people that deserve to be served.
- This option is viewed as discriminatory.

### **Alternative #3: Required ADA Service and Grandfathered Service.**

Provide ADA paratransit service in the required ADA service area, as in the second alternative, but continue to serve all currently ADA eligible riders who live outside the required ADA service area, providing their trips to destinations both inside and outside the required ADA service area through a “grandfathering” arrangement. Individuals with disabilities who move to Marion County in the future but to homes outside the required ADA service area can apply for ADA paratransit eligibility and, if determined eligible and certified, can use Open Door as long as their trips (origins and destinations) are inside the required ADA service area. They are not eligible for the grandfathered arrangement.

### **Discussion Comments:**

- Participants stated that this alternative would be difficult to communicate to riders and was exclusionary.
- The concept of “grandfathering in” for current riders in the premium areas but not new residents in the premium area was viewed as unfair and discriminatory.
- Lack of transportation prevents people from seeking medical care and from reaching their jobs.
- Many medical providers are currently outside of the service area which presents challenges, only Eskenazi has remained within Marion County.
- Regentrification within Marion County impacts ridership as the “vulnerable” population is being relocated to the outskirts of the city.
- Segmenting the riding public into grandfathered in and non-grandfathered groups is exclusionary and confusing.
- Paratransit service should not discriminate against new residents.

- It is not feasible for riders to have alternate modes of transport to get inside the covered ADA area

### Summary of Alternative #3:

- Alternative #3 was not viewed as acceptable by any of the participants.
- Alternative #3 will be difficult to explain to riders.
- IndyGo should not consider options that exclude riders.
- Since IndyGo established broader coverage than ADA required, it now should honor that commitment.

### Alternative #4: Required ADA and Non-ADA Service

Continue to provide ADA paratransit service countywide but separate the county into two areas—the required ADA service area and the rest of the county. For trips with an origin or destination outside the required ADA service area, a higher fare will be charged. Service in the non-ADA service area is a premium service and does not have to meet ADA requirements. In addition to a higher fare for the non-ADA area, other policies can be adopted such as fewer service hours and trip purpose priorities.

### Discussion Comments:

- Participants agreed that should Alternative #1 not be available, Alternative #4 would be the preferred compromise.
- Travel distance (mileage-based) cost is understood and riders would be willing to pay more for regional service (outside the ADA required area).
- IndyGo Open Door is preferred from a safety standpoint to other modes of transportation because it is visually recognizable; drivers are trained and seasoned in customer service.
- Additional safety for this “vulnerable” population is an expressed concern due to insurance requirements and proper training of drivers in the event of a medical emergency which alternate transit sources (e.g. Yellow Cab, Uber, Lyft) are ill-prepared to manage.

- A clear plan for implementation is required, indicating what the fare increase and revision in service would be.
- Helping people maintain self-sufficiency should be the goal.
- Do not exclude anyone.
- Improve the system (routing, scheduling). Create a transit pool, central dispatch and central tracking so that transport timing for arrivals and drop offs can be monitored via an app.
- The use of color-coded travel passes by users could be used to identify existing vs. new users for the grandfathered option.
- IndyGo should analyze service usage and associated operating costs to provide regional and local service.
- Regional communities should consider offering transportation services for cross county travel services.
- Accommodate people who are currently receiving services
- Participants agreed that IndyGo is doing the best it can to provide quality service.
- Consider the expansion of specialized programs (e.g. Taxi, Uber, etc.) which helps to build a sense of community as the same drivers service the same clients; frequency builds familiarity.

#### **Summary of Alternative #4:**

- Service should be available to all.
- Open Door provides a level of service and safety that is needed for ADA riders.
- Riders could understand a somewhat higher fare for non-ADA service since trips are longer.

### **III. SUMMARY OF MEETING DISCUSSION**

- Four of the four participants recommended Alternative #4 as their second recommendation after Alternative #1.

- The caveat to the Alternative #4 recommendation is that small incremental fare increases versus large price jumps be provided.
- Fare increases should recognize the low income of many riders.
- Proactive early communication of any changes is needed.
- Recognition that service improvements to wait times, on board travel times and reduction in dispatch errors will be needed to accompany any change in service area coverage.

Matti McCormick asked if there were any additional comments. If so, participants were requested to provide via email within 5 days of the discussion group session. Attendees were thanked for their participation and the session was concluded.

## Exhibit E: IndyGo Stakeholder Meeting on ADA Paratransit—Open Door

### Background: The ADA Law

The Americans with Disabilities Act (ADA) is a comprehensive civil rights law granting the same rights and responsibilities to individuals with disabilities as are available to all individuals. The overarching requirement is that entities cannot discriminate against individuals with disabilities.

# ADA

Americans with  
Disabilities Act

The ADA includes specific requirements for public transit agencies, including, among others:

- **Accessible vehicles** for fixed route service.
- Public transit agencies providing fixed route service must also provide complementary **ADA paratransit service** to individuals with disabilities who cannot use the accessible fixed route service due to their disability.

### ADA Paratransit

ADA paratransit is intended to be “**safety net**” for individuals with disabilities to ensure that those individuals with disabilities who cannot use accessible fixed route have transportation. It is **not intended to be a comprehensive system of transportation** that meets all of the travel needs of individuals with disabilities.

### ADA Paratransit Required to Meet Six Service Criteria

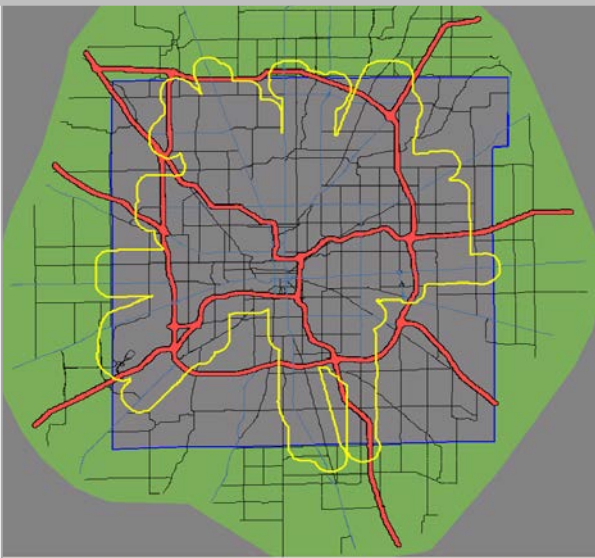
1. Operate in the same service area as the fixed route system: 3/4 -mile corridors on either side of bus routes and around rail stations.
2. Have a comparable response time as fixed route: accept trip requests for a particular day during normal business hours on the previous day (i.e., next-day service).
3. Have comparable fares to fixed-route: no more than twice the regular fare for fixed route service.
4. Meet requests for any trip purpose: no trip purpose restrictions or no trip priorities.
5. Operate during the same days and hours as the fixed route service.
6. Operate without capacity constraints: no waiting lists, trip caps, or a pattern of substantial number of trip denials, late pick-ups, or excessively long trips.

## IndyGo's ADA Paratransit Service—Open Door

IndyGo has commissioned a Paratransit Study of Open Door, requesting that the study, among other elements, identify options that focus Open Door service within the area required by the ADA.



Open Door now provides service countywide, exceeding the required ADA service area (outlined in yellow) by almost 50%.



### Current Open Door Service Area

The current Open Door service area includes all of Marion County and small parts of neighboring counties, which is referred to as countywide service for purposes of discussion. Service beyond what the ADA requires is referred to as premium service by the Federal Transit Administration (FTA). Providing premium service is a local decision; the FTA cautions that doing so should not adversely impact service within the required ADA service area.

### Open Door Riders

- **Active riders: 2,624<sup>1</sup>**
- **89% live inside** the required ADA service area<sup>1</sup>
  - **95%** of their trips are **inside** the required ADA service area
  - **5%** of their trips **cross the required ADA service area boundary**
- **11% live outside** the required ADA service area<sup>1</sup>
  - **8%** of their trips are **inside** the required ADA service area
  - **92%** of trips **cross the required ADA service area boundary**



<sup>1</sup> Source: Paratransit Operational Analysis Study. Active riders are those who took more than 2 trips during the baseline study year.

## Alternatives for Open Door Service

**Alternative #1:** Continue to provide ADA paratransit service countywide—the **Status Quo**.

**Alternative #2:** Provide ADA paratransit service only in the required ADA paratransit service area—**Required ADA Service Only**.

- Individuals with disabilities currently eligible for Open Door can use Open Door as long as their trips (origins and destinations) are inside the required ADA service area.
- Individuals with disabilities who move to Marion County in the future but to homes outside the required ADA service area can apply for ADA paratransit eligibility and, if certified, can use Open Door as long as their trips (origins and destinations) are inside the required ADA service area.

**Alternative #3:** Provide ADA paratransit service in the required ADA service area, as in the second alternative, but continue to serve all currently ADA eligible riders who live outside the required ADA service area, providing their trips to destinations both inside and outside the required ADA service area through a “grandfathering” arrangement—**Required ADA Service and Grandfathered Service**.

- Individuals with disabilities who move to Marion County in the future but to homes outside the required ADA service area can apply for ADA paratransit eligibility and, if determined eligible and certified, can use Open Door as long as their trips (origins and destinations) are inside the required ADA service area. They are not eligible for the grandfathered arrangement.

**Alternative #4:** Continue to provide ADA paratransit service countywide, but separate the county into two areas—the required ADA service area and the rest of the county. For trips with an origin or destination outside the required ADA service area, a higher fare will be charged. Service in the non-ADA service area is a premium service and does not have to meet ADA requirements—**Required ADA and Non-ADA Service**.

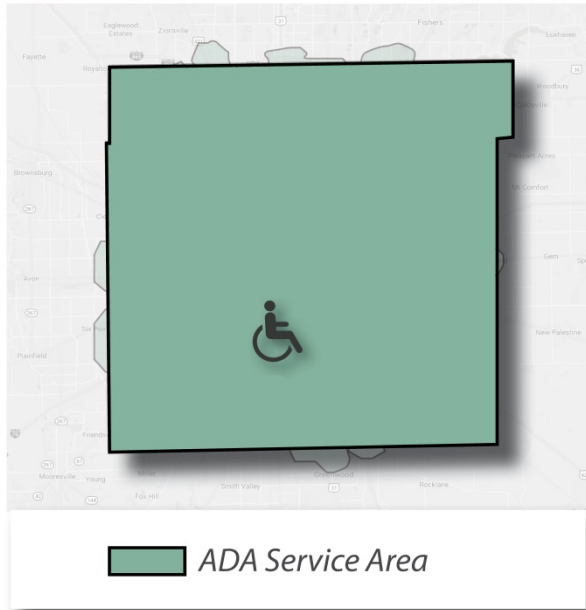
- In addition to a higher fare for the non-ADA area, other policies can be adopted such as fewer service hours and trip purpose priorities.

### Estimated Costs

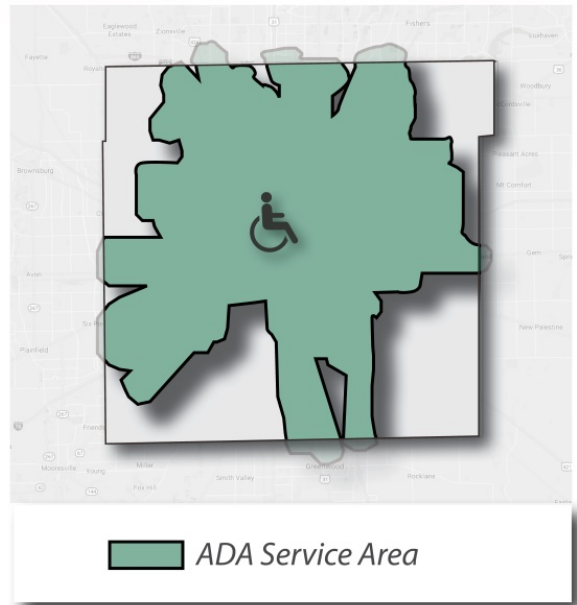
	Estimated Operating Costs <sup>2</sup>	
	2021	2025
Alt. #1 Status Quo-Countywide Service	\$11.1 M	\$13.3 M
Alt. #2 Required ADA Service Only	\$9.1 M	\$10.9 M

<sup>2</sup> Source: Paratransit Operational Analysis Study. Alternatives #3 and #4 have cost estimates in between those of #1 and #2.

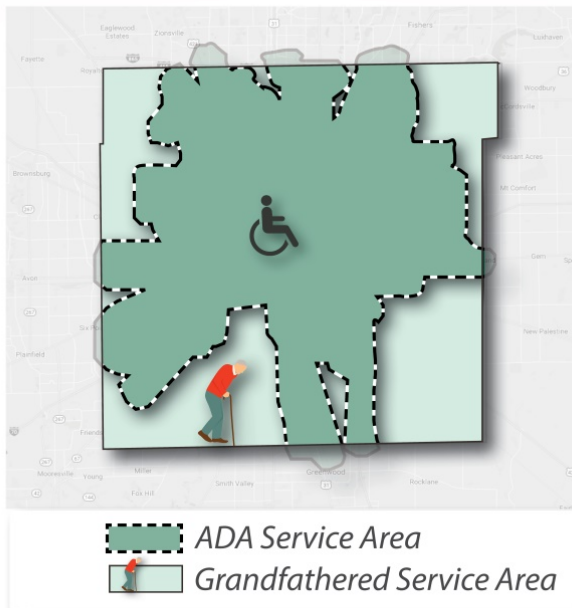




**Alternative #1: Status Quo—**  
Countywide ADA Paratransit Service



**Alternative #2: Required ADA**  
Paratransit Service



**Alternative #3: Required ADA Paratransit**  
and Grandfathered Service



**Alternative #4: Required ADA Paratransit**  
and Non-ADA Service