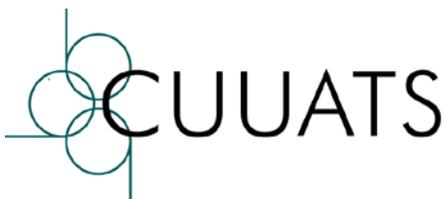


2012 Champaign-Urbana Urbanized Area Human Services Transportation Plan (HSTP)



Developed & Adopted: January 23rd, 2008

Updated & Adopted: December 12th, 2012



Prepared by staff of:

Champaign Urbana Urbanized Area Transportation Study (CUUATS)
A Program of the Champaign County Regional Planning Commission (CCRPC)





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**RESOLUTION TO ADOPT
THE UPDATED CHAMPAIGN-URBANA URBANIZED AREA
HUMAN SERVICE TRANSPORTATION PLAN (HSTP) 2012**

WHEREAS, the Champaign-Urbana Urbanized Area Transportation Study, in cooperation with the Illinois Department of Transportation, has a continuing, comprehensive, and cooperative (3C) planning process for transportation planning in compliance with Federal regulations for the urbanized area;

NOW, THEREFORE, BE IT HEREBY RESOLVED, that the Technical Committee of the Champaign-Urbana Urbanized Area Transportation Study adopts the Updated Champaign-Urbana Urbanized Area Human Service Transportation Plan (HSTP) 2012 to meet coordination mandate stipulated by Illinois Department of Transportation, Division of Public and Intermodal Transportation under MAP-21's Sections 5310 and 5307.

Passed and approved this 12th day of December 2012.

ATTEST:



Ron Peters
Chairperson, CUUATS Policy Committee



CUUATS

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Passed and approved this 5th day of December 2012.

ATTEST:

Roland White
Chairperson, CUUATS Technical Committee

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***Transportation Directory can be found at this link: <http://www.cuats.org/hstp/service-provider-database>*



***All maps contained in this document utilized the Champaign County’s GIS Consortium.*

I. INTRODUCTION

A. History

SAFETEA-LU (the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users) mandated by 2007 and beyond all grantees of: the Elderly Individuals and Individuals with Disabilities (Section 5310); Job Access and Reverse Commute (JARC) (Section 5316); and New Freedom Initiative (Section 5317) be part of a “locally developed coordinated public transit-human service transportation plan.” This planning process involved the local as well as representatives of public, private, non-profit, and human service agency transportation.

The Federal Transit Administration (FTA) passes through grant programs subject to this mandate to individual Departments of Transportation (DOTs) to select and determine how to meet coordination requirements. Therefore, to meet the mandate, the Illinois Department of Transportation – Division of Public and Intermodal Transportation (IDOT-DPIT) established regional Coordinators to locally develop Human Service Transportation Plans (HSTPs) and to facilitate coordination activities. The Champaign County Regional Planning Commission’s (CCRPC) staff for the Champaign-Urbana Urbanized Area Transportation Study (CUUATS) was identified to house the HSTP Coordinator for both the Champaign-Urbana Urban Area (C-U HSTP) and East Central Illinois HSTP Region 8 (twelve surrounding rural counties).

In 2007, the C-U HSTP development brought together service providers, transportation funders, riders, and the community at-large to address barriers to - and improve efficiency and equity of - urban area transportation services. CUUATS Policy and Technical Committees adopted the C-U HSTP on January 23rd, 2008. IDOT-DPIT continued to use the C-U HSTP and the Region 8 HSTP as a framework for prioritizing local grant applications under FTA’s Section 5316, Section 5317, and Section 5310 (described further below).

Elderly Individuals and Individuals with Disabilities (Section 5310) - *commonly referred to as Consolidated Vehicle Procurement (CVP)*, funds is used to purchase small buses and vans for local programs throughout the state. The goals of the program are to maintain a safe fleet of vehicles to service transportation needs of elderly persons and persons with disabilities and to support the continuation of existing services as well as the growth of existing or new services. CVP Program - Through the CVP Program, IDOT-DPIT makes grant applications for eligible municipalities, mass transit districts, counties, and private, non-profit organizations for ramp and lift equipped Paratransit vehicles. CVP application was developed to allow agencies to submit a single application for vehicles and/or vehicle funding available under the different grant programs.

Job Access and Reverse Commute (JARC) (Section 5316) – were available for capital, planning, and operating expenses that support the development and maintenance of transportation services designed to transport low-income individuals to and from jobs and activities related to their employment and to support reverse commute projects.

New Freedom Program (Section 5317) - were available for capital and operating expenses that support new transportation services and/or alternatives beyond those required by the Americans with Disabilities Act of 1990 (ADA), including transportation to and from jobs and employment support services. "New" is defined as any service not operational or having an identified funding source as of August 10, 2005.

B. Plan Development

The Champaign-Urbana HSTP is designed to outline:

- A comprehensive review of existing public transportation and human services coordination;
- A context for continuing and broadening communication between human service agencies and transportation providers;
- A platform to enhance transportation access for older adults, people with disabilities, and those with low-incomes through identification of unmet needs and strategies to address them;
- A tool for human service agencies and transportation providers to identify coordination opportunities; and
- An educational tool for human service agencies and transportation providers to identify coordination opportunities.

C. Components

The Champaign-Urbana HSTP has three major components:

- **Background** on special needs transportation coordination in the urbanized area and a demographic profile of each community inside the urbanized area.
- A view of **mobility today**, analyzing transportation resources, regional origins and destinations, existing transportation services, needs, gaps, and what is currently happening to coordinate services.
- A **vision of mobility in the future**, examining anticipated demand for service, and laying out strategic goals and objectives for the next five years.

D. Moving Ahead for Progress in the 21st Century (MAP 21) Implications

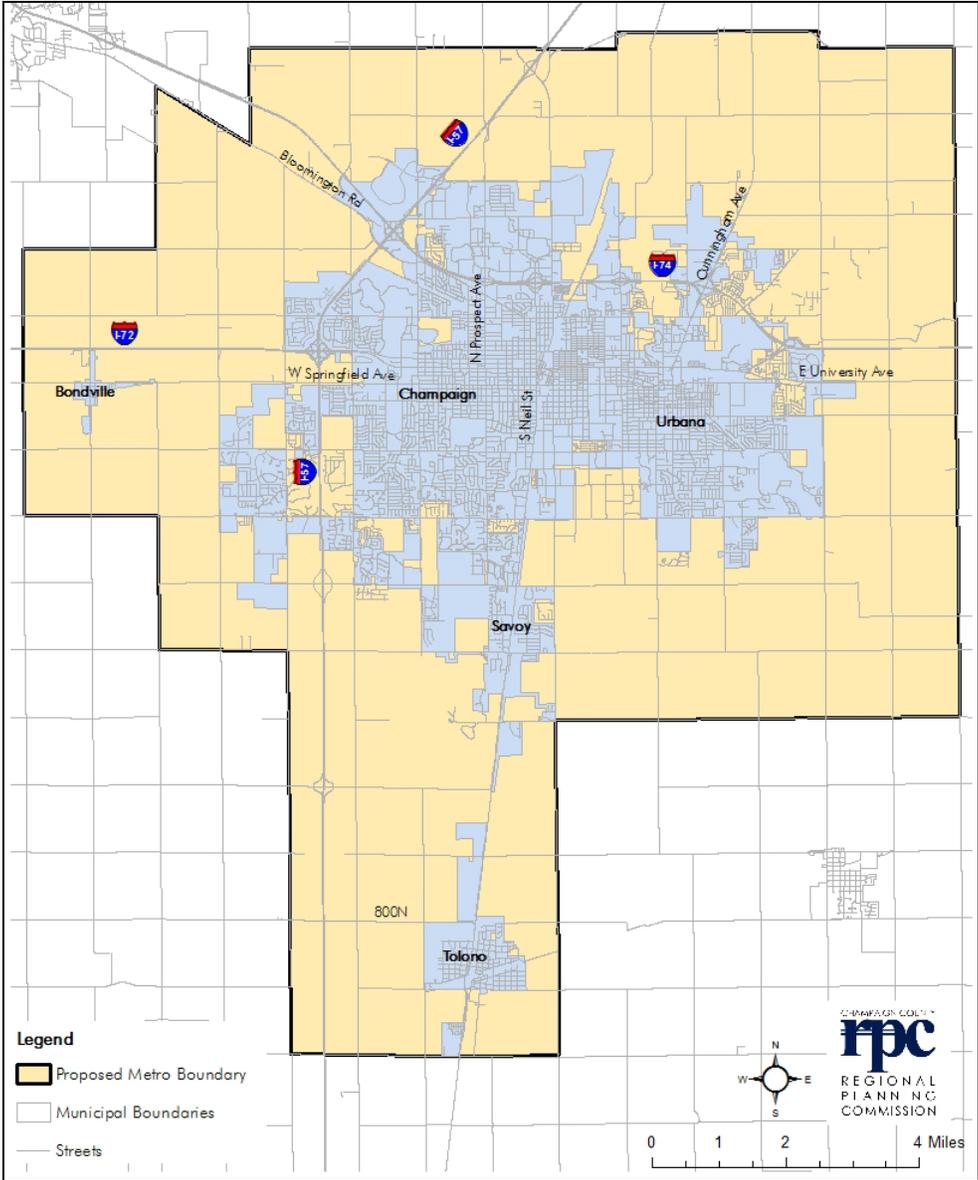
On July 6th, 2012, a two-year public transportation bill was authorized, entitled *Moving Ahead for Progress in the 21st Century* (MAP-21), for federal Fiscal Years 2013-2014. In March 2012, the U.S. Census did a full release of 2010 data. Therefore, the Urban Areas HSTP was scheduled to be updated as part of the Long Range Transportation Plan (LRTP) document. Additionally, IDOT-DPIT requested coordination progress to be including in the plans' updates. While MAP-21's authorization re-affirmed the statute mandating local coordination of transportation services, it also consolidated many funding programs by folding New Freedom into Section 5310 and the JARC program into both Sections 5311 (Rural Transit) and 5309 (Urban Transit). As a result, the coordination mandate expanded to cover both Sections 5311 and 5309.

E. 2012 Champaign-Urbana Urbanized Area HSTP

This iteration of the Champaign-Urbana Urban Area HSTP fulfills IDOT-DPIT’s request for a coordination progress update, as well as completes the necessary five year update using new, available U.S. Census and American Community Survey (ACS) data. Measures of Effectiveness (MOEs) are proposed within this document to evaluate progress toward goals and objectives within the plan. Data for MOEs will be collected annually from January through March.

II. STUDY AREA DEMOGRAPHICS

The study area for this plan is the Champaign-Urbana Urban Area, which includes the Cities of Champaign and Urbana, and the Villages of Savoy, Tolono and Bondville in Champaign County, Illinois. Map 1 illustrates the Human Services Transportation Plan study area.



Map 1: Human Services Transportation Plan Study Area

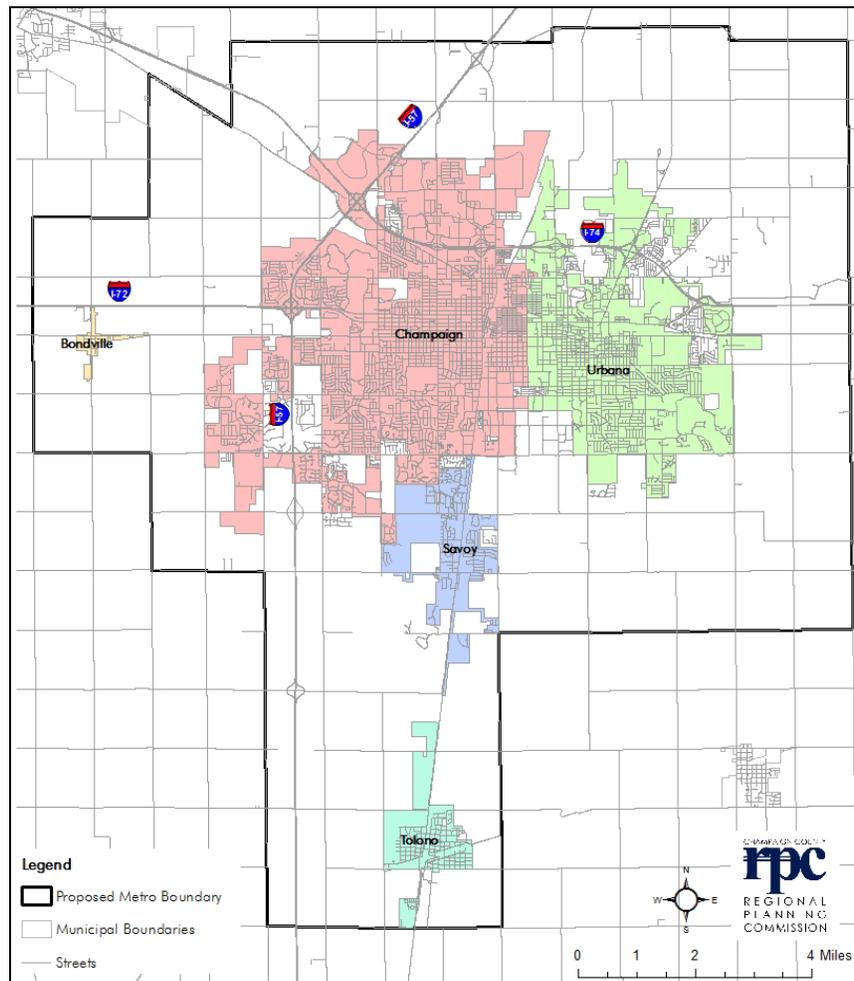
A key step in developing and evaluating transit plans is a careful analysis of the mobility needs of various segments of the population and the potential ridership of transit services. As part of the plan development process, an effort was undertaken to identify any concentrations of the targeted population groups, including:

- Elderly individuals and individuals with disabilities
- Persons and families with low-income(s)
- Individuals with disabilities

Transit demand analysis is a basic demand projection for transportation needs in a given area. Several factors affect demand, not all of which can be forecasted. However, as demand estimation is an important task in developing any transportation plan, several methods have been developed. The analysis makes intensive use of several demographic data and trends, as seen below. The most detailed and reliable population data comes from the 2010 Census and is available at the block group level. This data is discussed in detail below with a focus on the general distribution of transit-dependent populations including youth, elderly, persons with mobility limitations, below-poverty persons, and persons in households with zero vehicles available.

The Champaign-Urbana-Savoy-Tolono-Bondville area has a 2010 population of 133,475 consisting of 53,994 households comprising over 39.4 square miles of Champaign County in east central Illinois. Map 2 shows the locations of the different municipalities within the urbanized area.

** Once new ACS or U.S. Census data is available, the maps below will be updated accordingly.*



Map 2: Champaign-Urbana Urbanized Area

A. Transit-Dependent Population Characteristics

This section provides information on individuals transportation research describes as more commonly relying on public transit due to mobility limitations. **Four types of limitations** that preclude people from driving are:

- (1) **Physical** – anything from permanent disabilities due to age, blindness, paralysis, or developmental disabilities, to temporary disabilities such as acute illnesses and head injuries;
- (2) **Financial** – People who unable to purchase or rent their own vehicle;
- (3) **Legal** – persons who are either too young (generally under age 16) or have lost or have not obtained a license; and
- (4) **Self-imposed** – people who choose not to own or drive a vehicle, some or all of the time, for reasons other than those listed in the first three categories (relatively small proportion of transit ridership).

The Census is generally capable of providing information about the first three categories of limitation. Table 1 shows the total counts of youth, elders, people with disabilities, and individuals below poverty. It also shows the regional census statistics for zero vehicle households. Because these categories overlap, they cannot be totaled to capture a count of the urban area's entire special needs population as this would yield too high a number.

Table 1: Basic Socio-Economic Data for Urban Area Municipalities

Data Source	Census			ACS 5 Yr. Est.	ACS 3 Yr. Est.	ACS 5 Yr. Est.		Census
Municipalities	Total Pop.	Youth Age 0-17	Elderly >65	Below Poverty Population	Disabled Pop. Age > 5	Zero Vehicle Households	One Vehicle Households	Total Households
City of Champaign	81,055	14,035	6,154	18,382	5,412	3,900	12,818	32,207
City of Urbana	41,250	5,218	3,594	9,898	3,125	2,653	7,630	16,961
Village of Savoy	7,280	1,473	1,074	644	480*	214	1,167	3,257
Village of Tolono	3,447	964	335	258	251*	19	530	1,328
Village of Bondville	443	89	64	104	39*	9	90	191
Urbanized Area Total	133,475	21,779	11,221	29,286	9,307	6,795	22,235	53,944

Census = 2010 U.S. Census; ACS 3 Yr/Est = 2010 Census, American Community Survey 2009-2011 Estimates; ACS 5 Yr/Est = 2010 Census, American Community Survey 2005-2009 Estimates

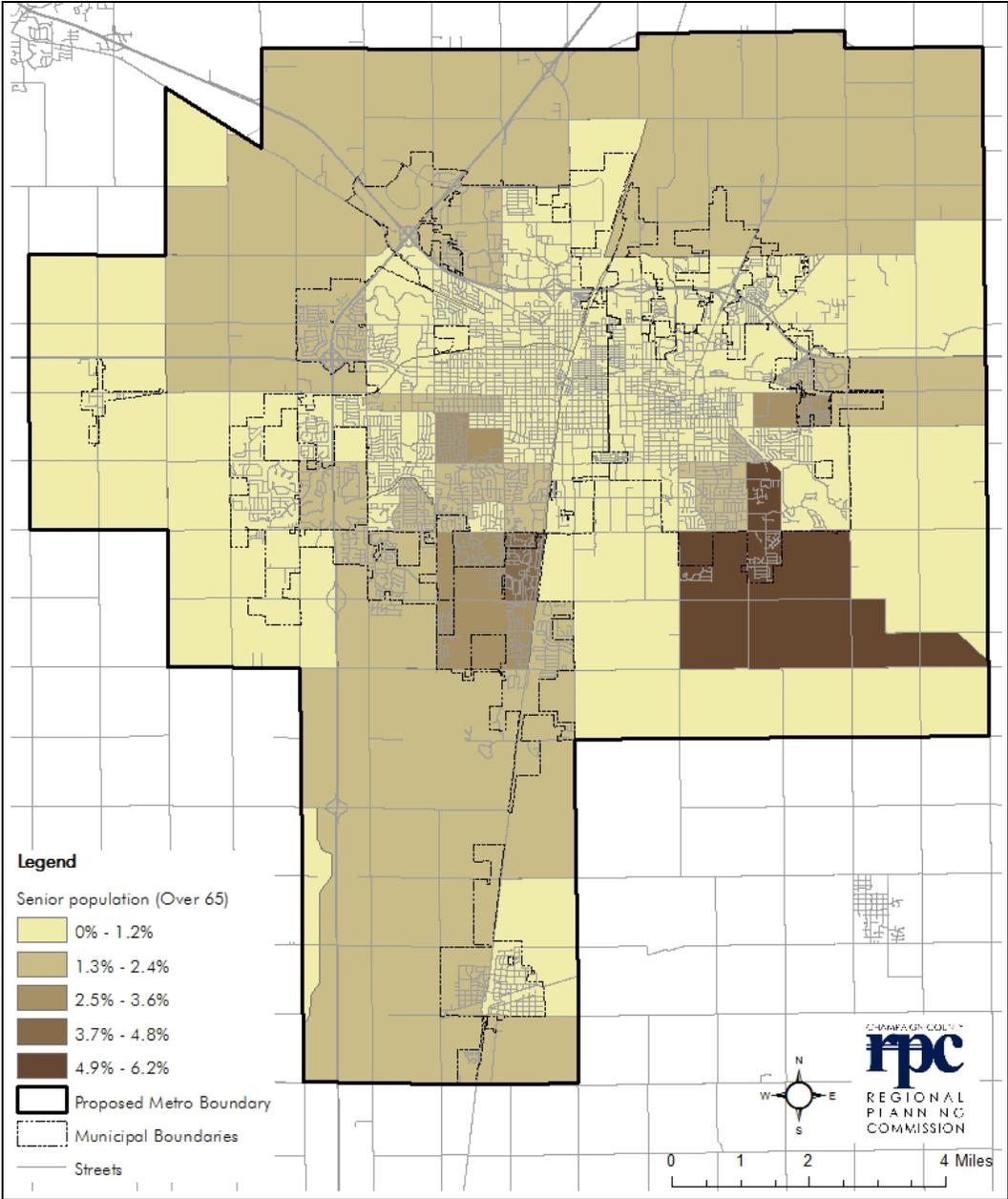
Note: Some people are in multiple population groups; e.g., a senior with a disability.

**These numbers are projections as data was not available, once released this table will be updated.*

1. Age

The total population of youth aged one to seventeen years in the City of Champaign was 14,035 persons in 2010, representing 17.3% of the total population. The City of Urbana reported 5,218 youth, or 12.6% of the population. The Villages of Savoy, Tolono and Bondville reported 20.2%, 28.0% and 20.1% of youth aged one to seventeen years, respectively.

Elderly persons (age 65+) represent 7.6% (6,154) of the total population in the City of Champaign. The City of Urbana reported 8.7% (3,594) of the population age 65 and over. The Villages of Savoy, Tolono and Bondville reported 14.8%, 9.7% and 14.4% of the population 65 years old and over. Map 3 graphically illustrates the distribution of elderly persons by block group across all municipalities. Not surprisingly, the block groups within the urbanized area have the highest number of elderly persons.

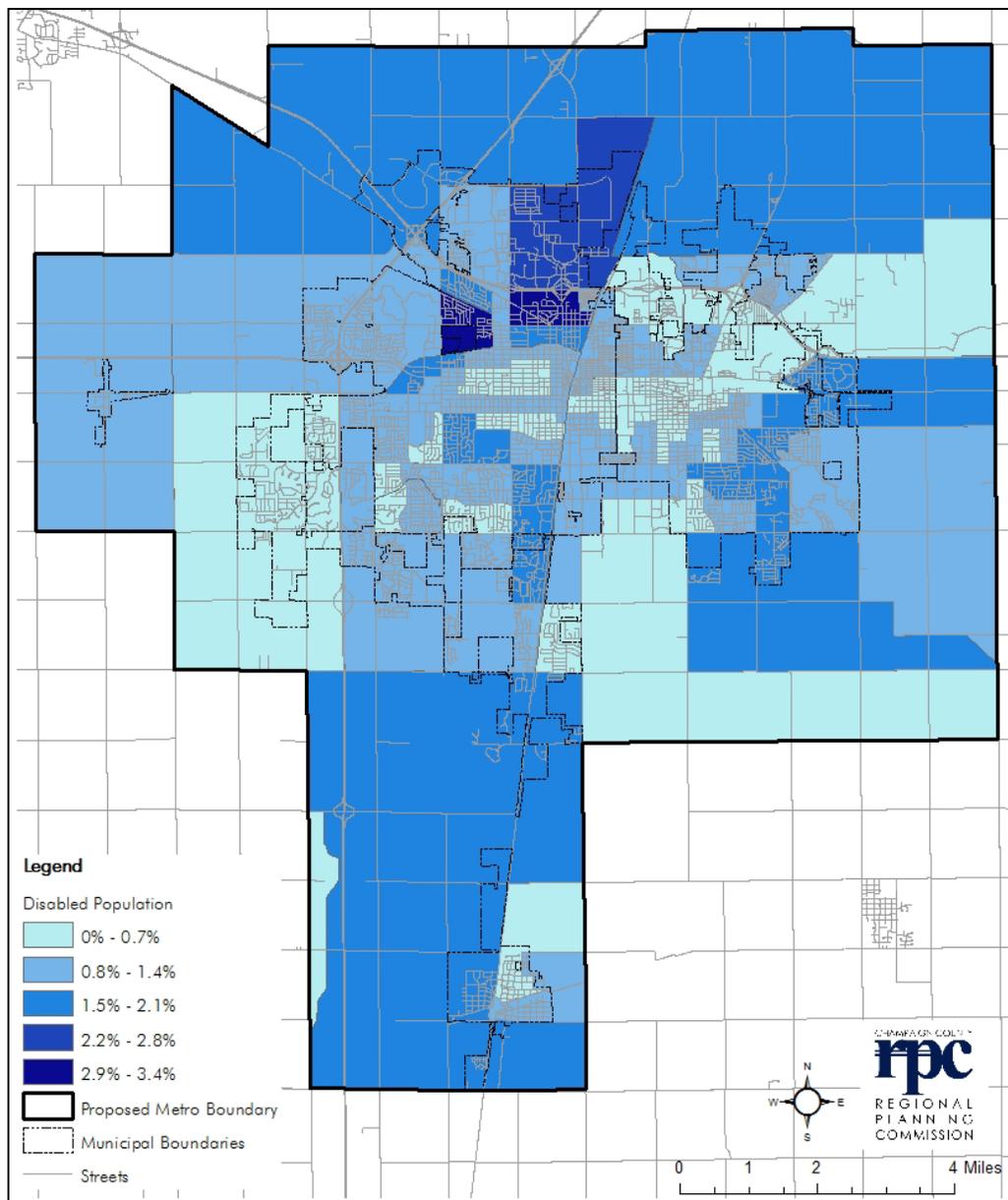


Map 3: Seniors by Block Group

2. Populations with Disabilities

The population with disabilities over 5 years old, as a whole, represents over 7% of the urbanized area. Map 4 shows the spatial distribution of the disabled population in the study area. The census block group with the highest density is located in Champaign, with the area roughly bounded by Market Street, Bradley Avenue, Prospect Avenue and I-74 having 21% of persons with a disability. These figures are presented previously in Table 1. Figure 1 graphically illustrates the distribution of persons with disabilities across all municipalities.

This data was obtained by applying the same proportion of disabled person's distribution between the block groups as the 2000 Census. Total disability for the urbanized area was obtained from the 2010 Census and distributed in the above mentioned proportion. Once 2010 ACS data for disability at block group level is released, the map will be updated.



Map 4: Disabled Population by Block Group

According to the 2010 U.S. Census, in the CUSBT area, there are over 10,592 people over 5 years old with at least one disability. This represents over 8% of the urbanized area population. 36% of the area's senior (over 65 years) population has at least one disability. A much higher proportion of the senior population has a disability than the proportion of the youth and total populations with disabilities, for both the total area and each geographic area as can be seen in the graph below.

Figure 1: Persons with Disabilities (above 5) by Municipality

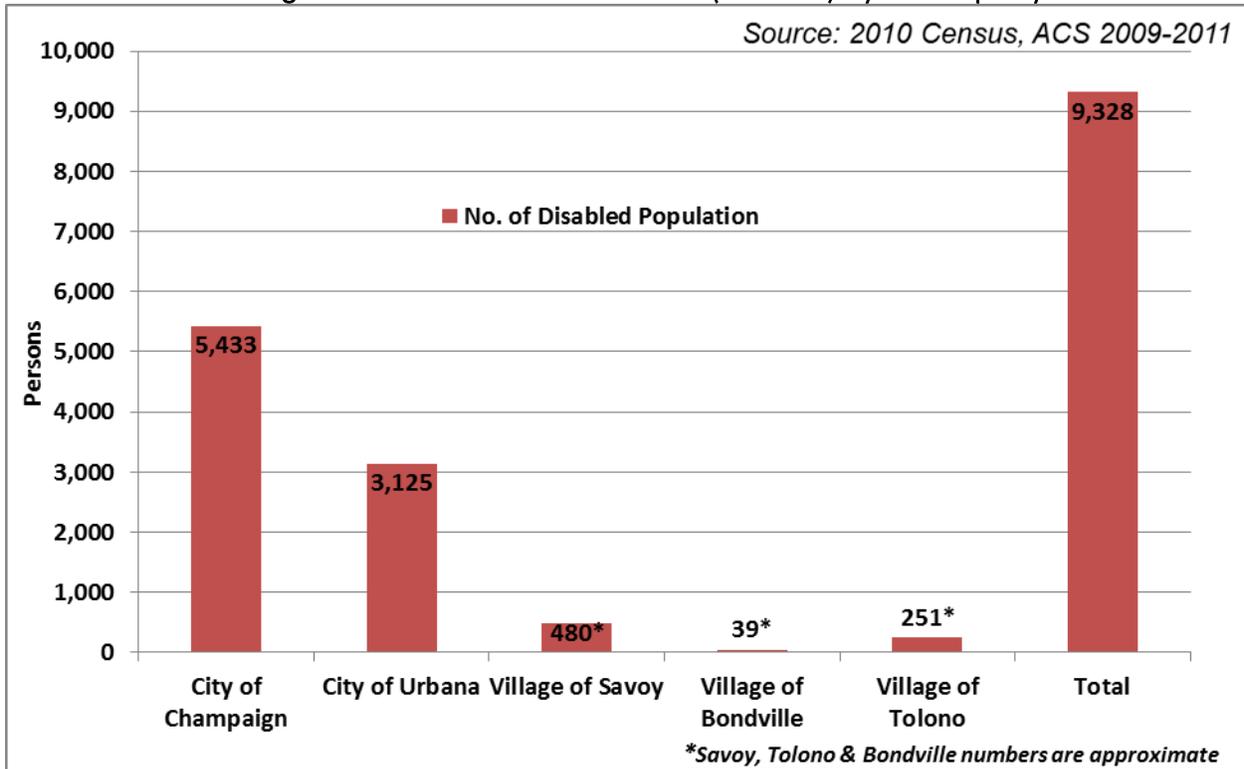
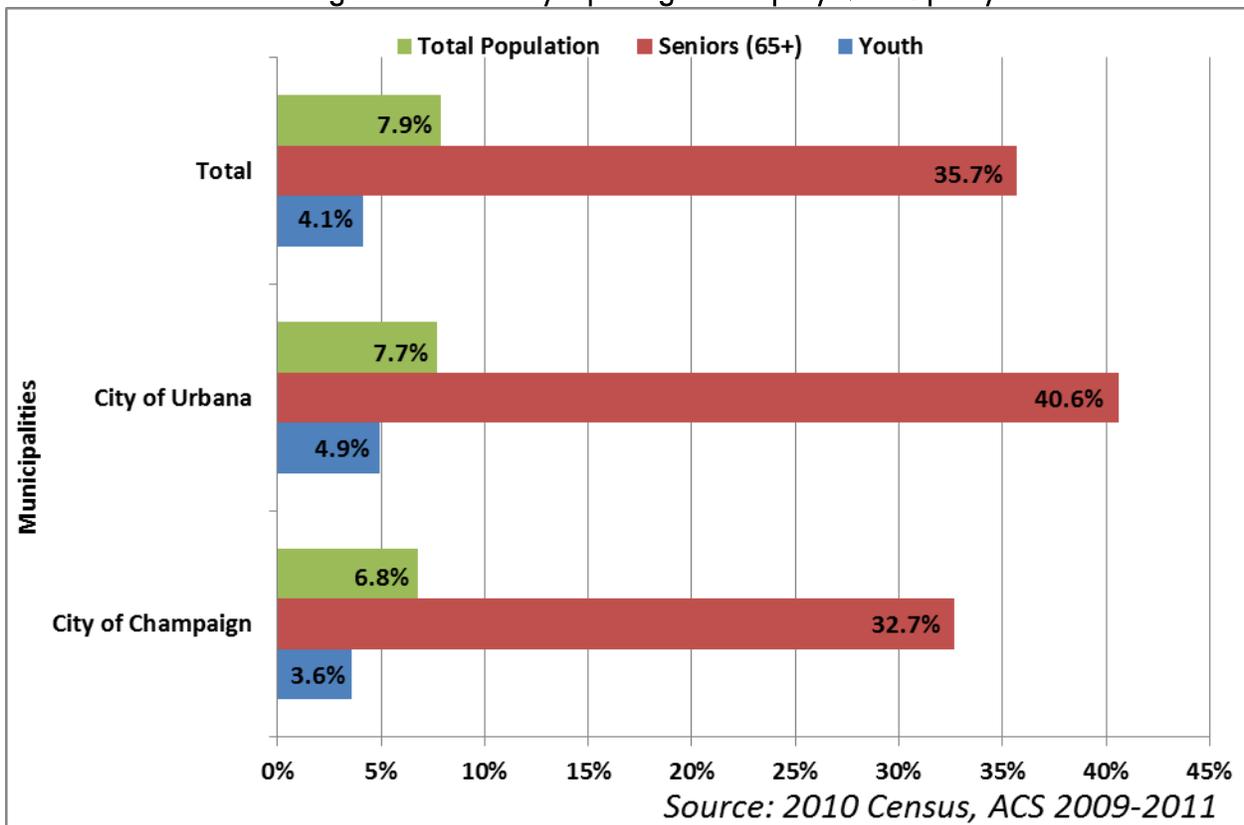


Figure 2: Disability% per Age Group By Municipality

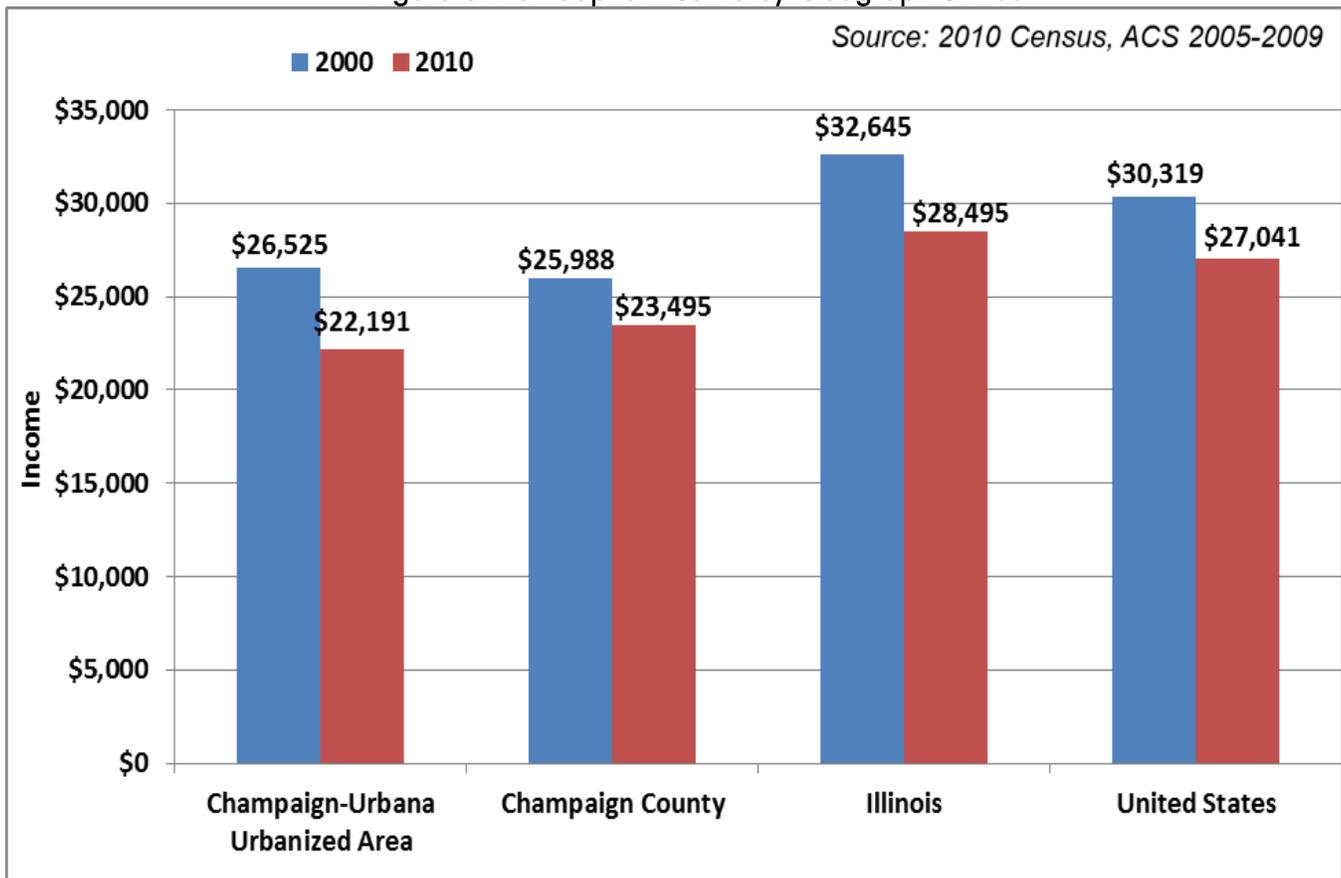


3. Populations with Low Income(s)

Low-income persons tend to depend on transit to a greater extent than persons with a high level of disposable income. According to the 2010 American Community Survey, the average poverty threshold for a family of four persons was \$22,314 in 2010.

The 2010 per capita income for the urbanized area was \$22,786 according to the Census. This figure is lower than the per capita income for Champaign County (\$24,553), and is even lower than the state and national figures, which are \$28,782 and \$27,334 respectively (see Figure 3).

Figure 3: Per Capita Income by Geographic Area



As can be seen in Figure 4, according to Census 2010, over 26% of the population in the area is considered to be living below the poverty level. This contrasts with 20% for the county, 12% for the state, and 14% for the nation.

Disaggregating the low income population by geographical area as shown in Figure 5, it can be seen that 30% of Urbana's population is low-income residents, followed by 26% of Champaign, 19% of Bondville, 10% of Savoy, and 7% of Tolono.

Figure 4: Population% below Poverty Line by Geographic Area

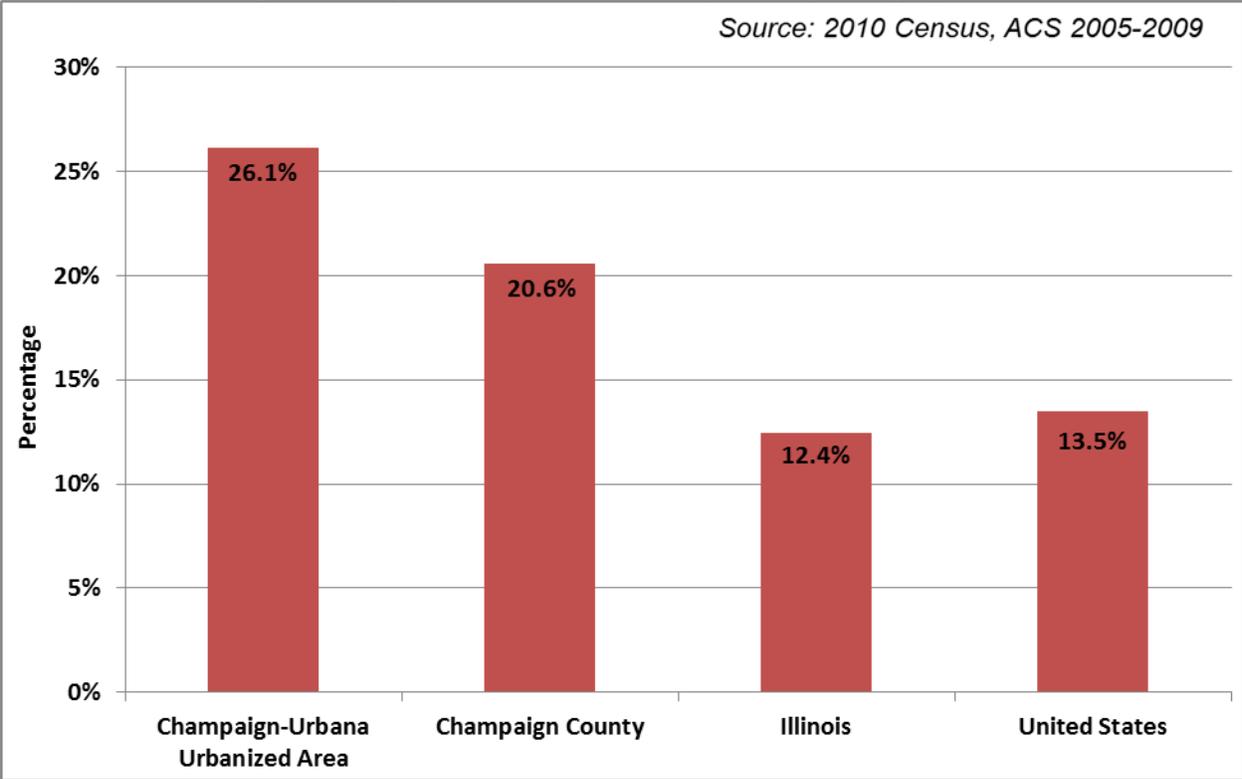
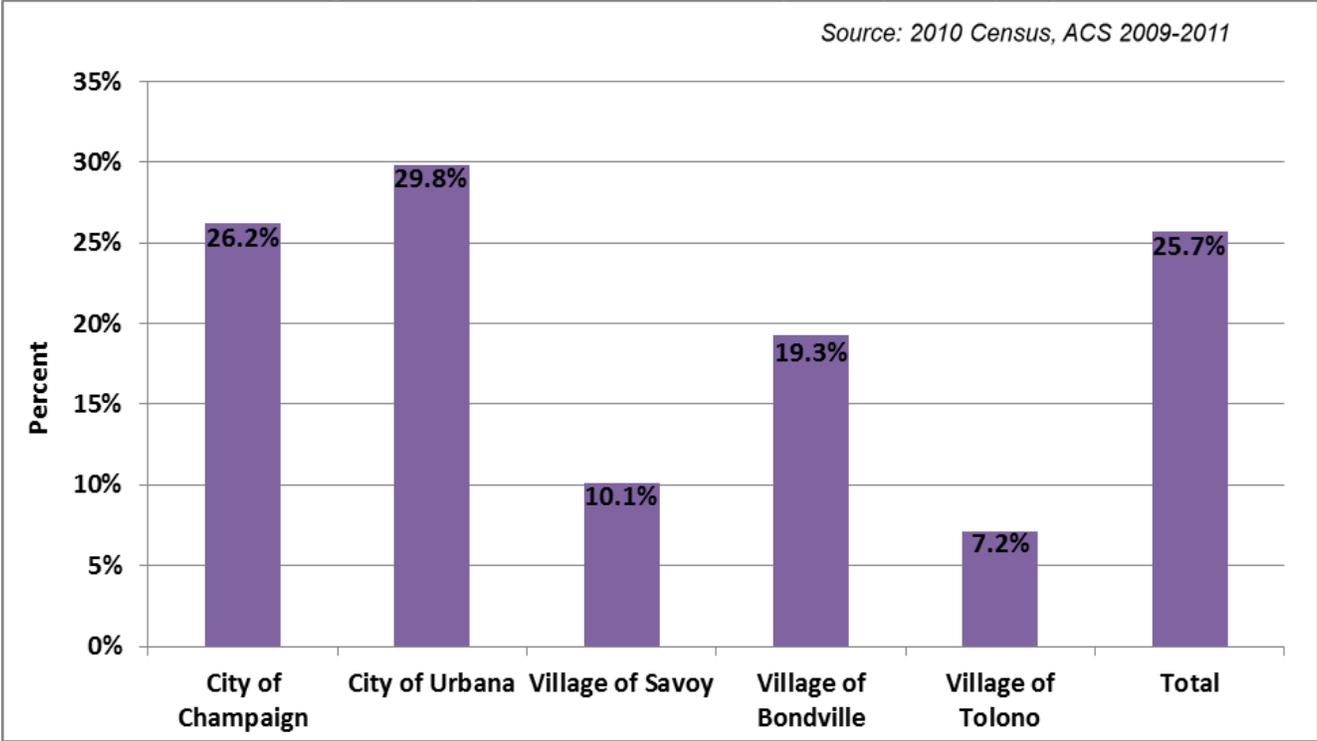


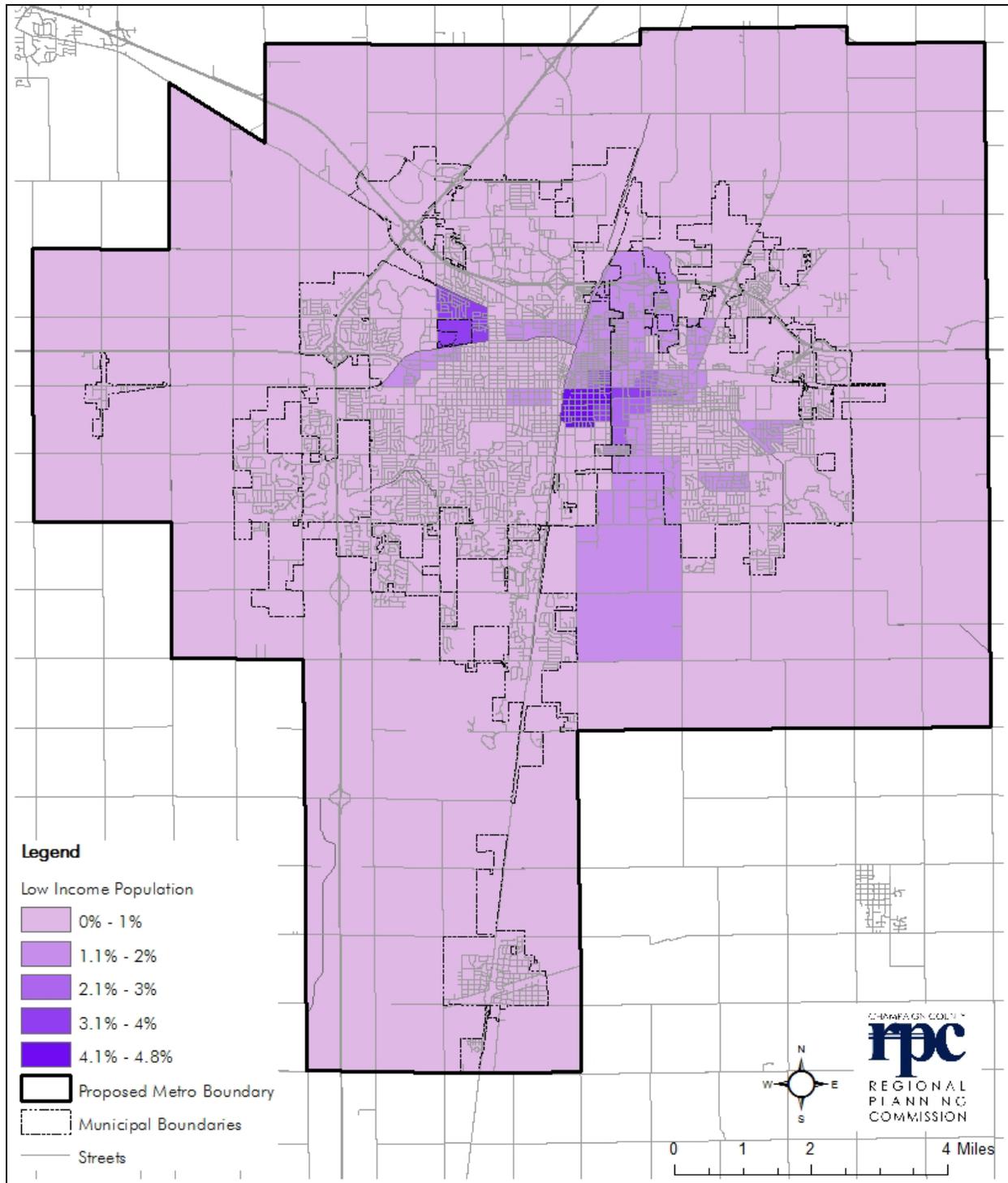
Figure 5: Population% below Poverty Line by Municipality



In 2010, the census block group with the highest percentage of persons below poverty was located in the Campustown area of Champaign, with 88.2% of the population below poverty level. However, this is most likely a result of the high number of students living in that area.

Outside of Campustown the area the south side of the Garden Hills neighborhood and the Northwood neighborhood addition are areas with the highest concentration of persons with low income. Map 5 presents the geographical distribution of below-poverty persons within the study area.

This data was obtained by applying the same proportion of low income population distribution between the block groups as the 2000 Census. The total number of people living below poverty for the urbanized area was obtained from the 2010 Census and distributed in the above mentioned proportion. Once 2010 ACS data for poverty at block group level is released, the map will be updated.

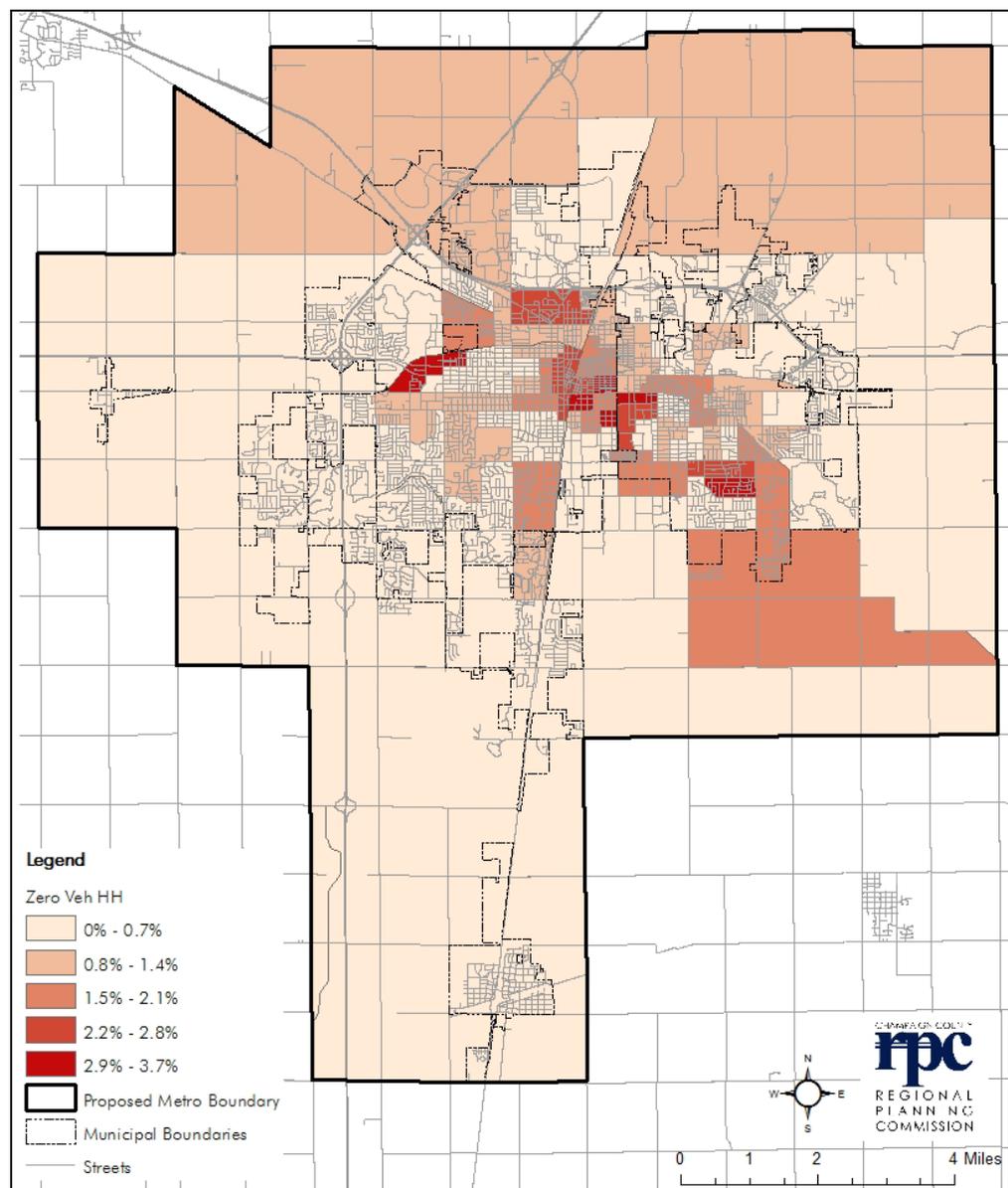


Map 5: Low Income(s) Population by Block Group

4. Zero-Vehicle Households

The final census information related to the “transit-dependent” population is the distribution of households without their own vehicle. That distribution is shown for the study area in Map 6. The census indicates that 3,900 of the City of Champaign’s 30,712 households did not have a vehicle in 2010, representing about 13% of the total. The City of Urbana reported that 17% (2,653) of their 15,666 households are without vehicles. The highest number of zero-vehicle households was located on the University of Illinois campus in Urbana, bounded by Wright Street, Green Street, Springfield Avenue, and Busey Avenue. The distribution of zero-vehicle households is similar to that for low-income households.

The data for this map was obtained by applying the same proportion of zero vehicle household distribution between the block groups as the 2000 Census. Total zero vehicle households for the urbanized area was obtained from the 2010 Census and distributed in the above mentioned proportion; however, once 2010 ACS block group level data is released, the map will be updated.



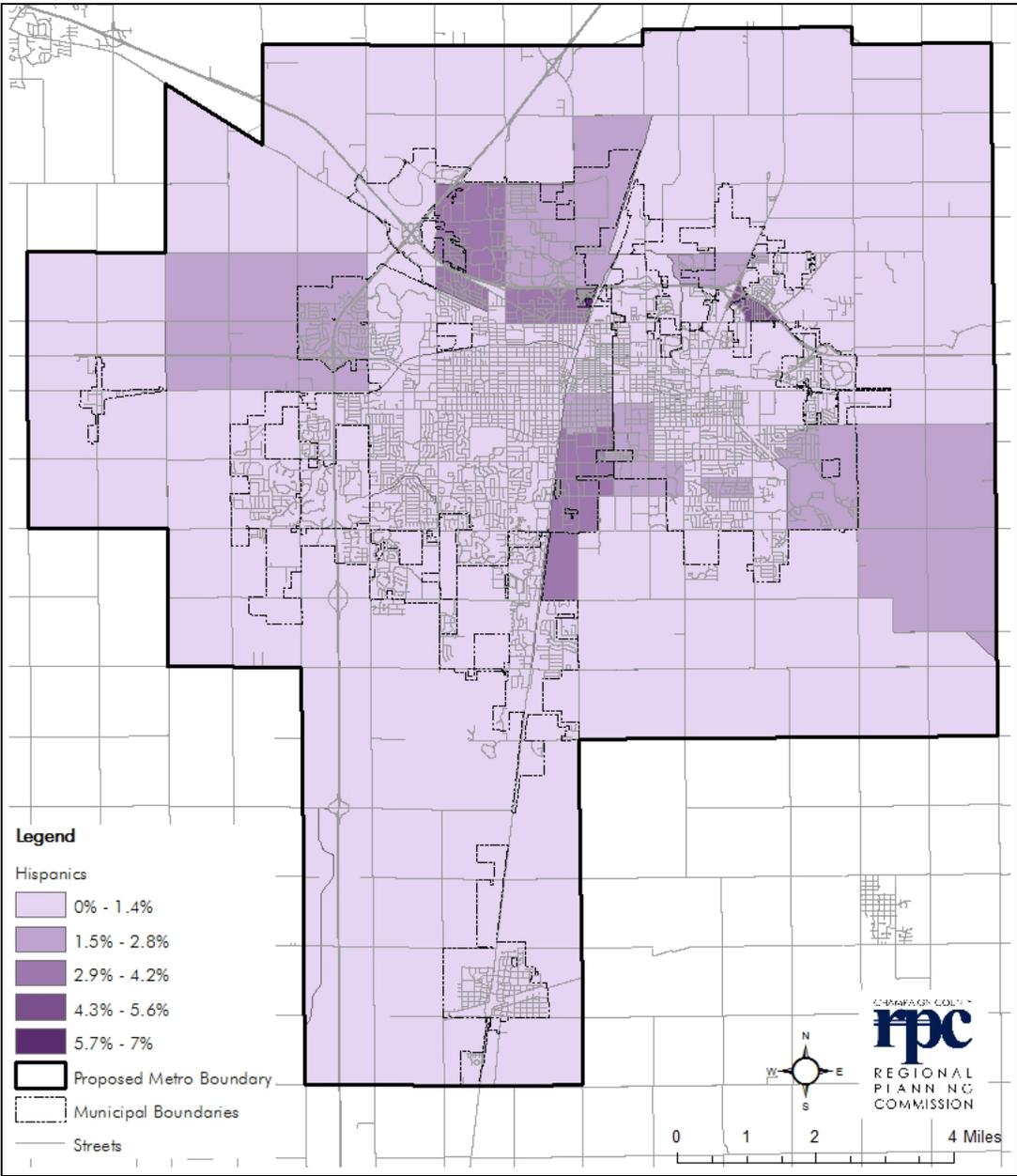
Map 6: Zero Vehicle Households by Block Group

5. *Minority Communities*

a) **Hispanics**

The total population of Hispanics in the City of Champaign was 5,111 persons in 2010, representing 6.3% of the total population. The City of Urbana reported 3,165 Hispanics, or 7.7% of the population. The Villages of Savoy, Tolono and Bondville reported 2.7%, 1.3% and 1.4% are Hispanics, respectively. Map 7 graphically illustrates the distribution of Hispanics by block group across all municipalities.

The largest densities of Hispanics are in the block group at the junction of Market Street and I-74 in the City of Champaign and Cunningham Avenue and I-74 in the City of Urbana.

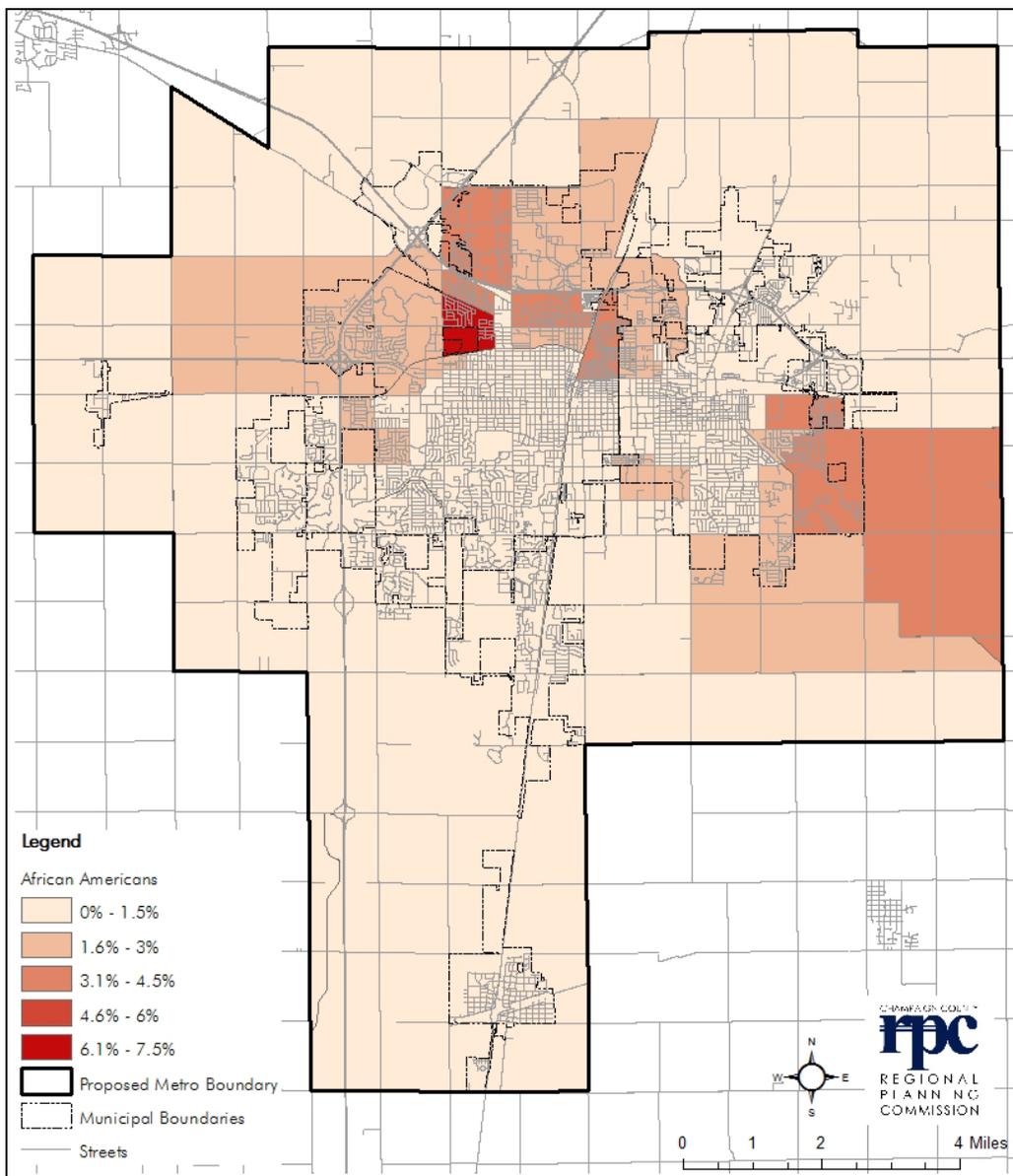


Map 7: Distribution of Hispanics by Block Group

b) African Americans

According to the 2010 Census, a large percentage of African Americans reside in the southeast part of Urbana. The highest percentage of African Americans in the Urban Area resides in Champaign along Bradley Avenue, between Mattis Avenue and McKinley Avenue.

The City of Champaign reported 15.4% (12,474) of its population were African Americans in 2010, and the total population of African Americans in the City of Urbana was 6,651, representing 16.1% of the total population. The Villages of Savoy, Tolono and Bondville reported 6.6%, 0.8% and 0.2% of its populations being African American, respectively. Map 8 graphically demonstrates the distribution of African Americans by block group across all municipalities.



Map 8: Distribution of African Americans by Block Group

V. MOBILITY TODAY

A. Travel Characteristics

The majority of urbanized area residents have access to at least one vehicle per household. As can be seen in Table 2, the number of vehicles available per household for people over 65 years is significant, whereas those residents who are classified as “low income” have the least access to a vehicle. Twenty five percent (25%) of the total number of persons in poverty in the urbanized area has no vehicle available. There are 1,240 households in the urbanized area headed by seniors who have no vehicle available for use.

Table 2: Vehicle Availability Per Household in Urban Areas

Vehicles per Household	Total	Youth (5-17 years)	Youth (18-64 years)	Seniors (65 years and over)	Low-Income (Persons in Poverty)
No vehicle available	6,776	175	4,280	1,240	2,490
1 or more vehicles available	42,641	195	37,440	6,375	7,515

Source: CTPP 2003

B. Transportation Services

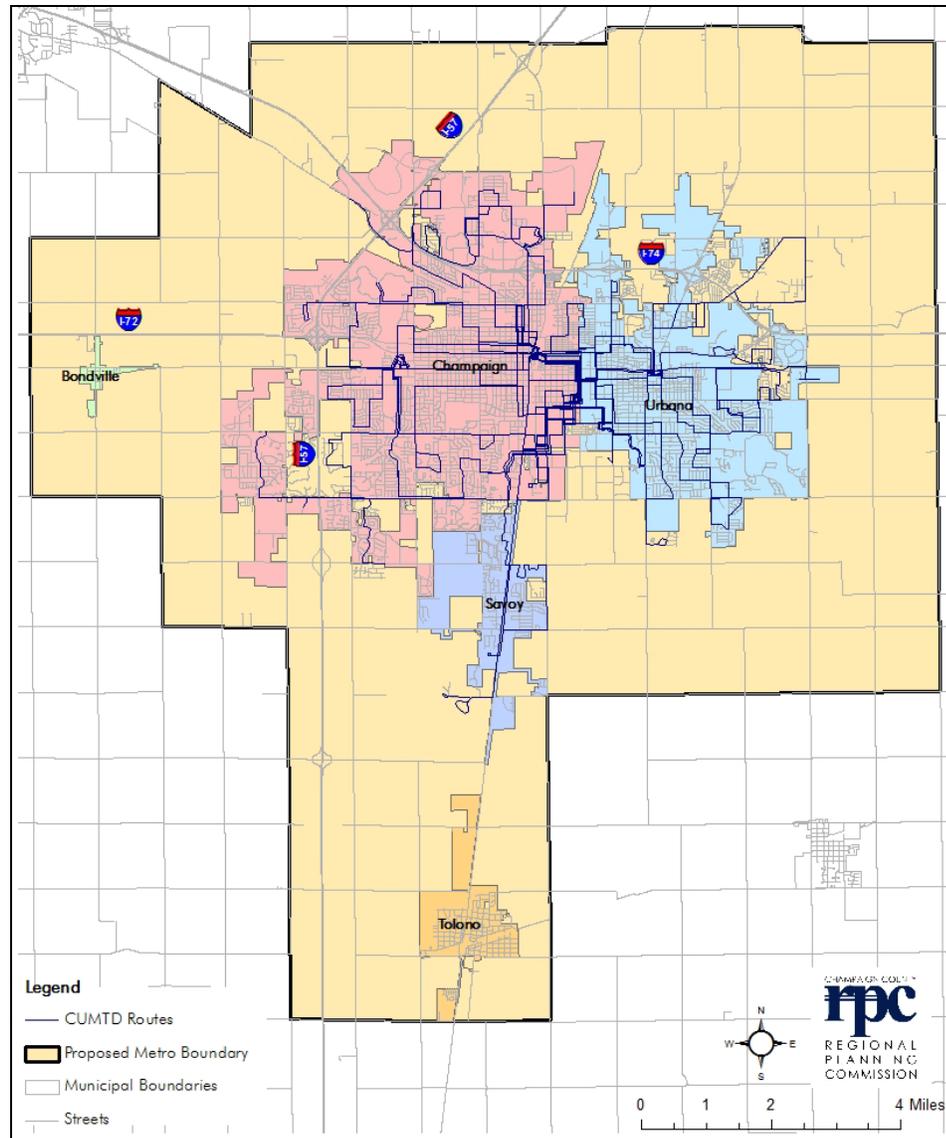
Below you will find a general description of types of transportation services (1-4) there are within the Champaign-Urbana HSTP Urbanized Area. Please refer to table 3 below for a list of existing transportation areas, and refer to the transportation directory for a more comprehensive listing of services provided by each transportation provider, online: www.ecihstp.org/

1. **Public Transportation** – Agencies whose primary mission is the provision of transportation and use federal and/or state resources:
 - Urban Transit –
 - Fixed Route, Express and Direct Service;
 - Special Services; and
 - Half Fare Cab Program.
 - Rural Transit – Demand Response or another type of flexible transit service.
2. **Human Services Transportation** – Agencies whose mission is the provision of transportation:
 - Medical Vans;
 - Specialized Transit;
 - Senior Transportation; and
 - Other Specialized Transportation Providers.
3. **Student Transportation** – Agencies who provide transportation services to students:
 - School Districts; and
 - Public Transportation.
4. **Private Transportation** – Companies providing private transportation services:
 - Inter-City and Shuttle Service; and
 - Taxis.

Table 3: Champaign-Urbana Transportation Providers

Type	Services	Organization
General Public	Urban Transit	Champaign-Urbana Mass Transit District (CUMTD)
	Rural Transit	CRIS Rural Mass Transit District (CRIS)
Human Services	Medical-Vans	Carle Arrow Ambulance PRO Ambulance Rantoul UC Express – A Precious Cargo Carrier
	Specialized	Provena Covenant Medical Center / Faith in Action Champaign-Urbana Rehabilitation Center Carle Hospital American Cancer Society
	Persons with Disabilities	Developmental Services Center (DSC) Disability Resources & Educational Services Pace, Inc.
	Senior	Circle of Friends Adult Day Center Champaign County Nursing Home Adult Day Care Inman Place Shuttles Canterbury Ridge Retirement & Assisted Living
	Other	American Legion Post 88
Student	School Districts	First Student (contracted) Various Districts (Individual Yellow Bus Programs) Head Start (Savoy & Rantoul Only)
	Public Transportation	CUMTD (contract with Champaign CUSD 4, Urbana SD 116 & University Student/Faculty Passes)
Private	Inter-City	Amtrak
	Taxis	Numerous Taxis (See Transportation Directory)
	Other	American Airlines

Regular transit service within the urbanized area is covered by the Champaign-Urbana Mass Transit District (CUMTD). Total ridership in 2011 was 10,819,308. This fixed-route transit service is generally regularly scheduled bus service. The service is available to the general public with the payment of the appropriate fare. The fixed route refers to the fact that the service is consistently provided on a daily or weekly basis and at set hours along the same route. Map 9 illustrates the existing fixed-route transit lines and service that are provided by the CUMTD in the Champaign-Urbana urban area. CUMTD also provides Paratransit ADA service within $\frac{3}{4}$ mile of the existing fixed route transit service boundary.



Map 9: C-U MTD Fixed Route Service

While the backbone of the public transportation system is the fixed-route public transit system, it is not always available or may not meet all the special transportation needs. Consequently, the community transportation providers fill in the gaps, including; taxi and ambulance companies, non-profit agencies, volunteer programs, human service agencies, etc. These agencies, in coordination with CUMTD, make up the special needs transportation landscape for the region. The greatest proportion of these trips is for medical services and daily needs.

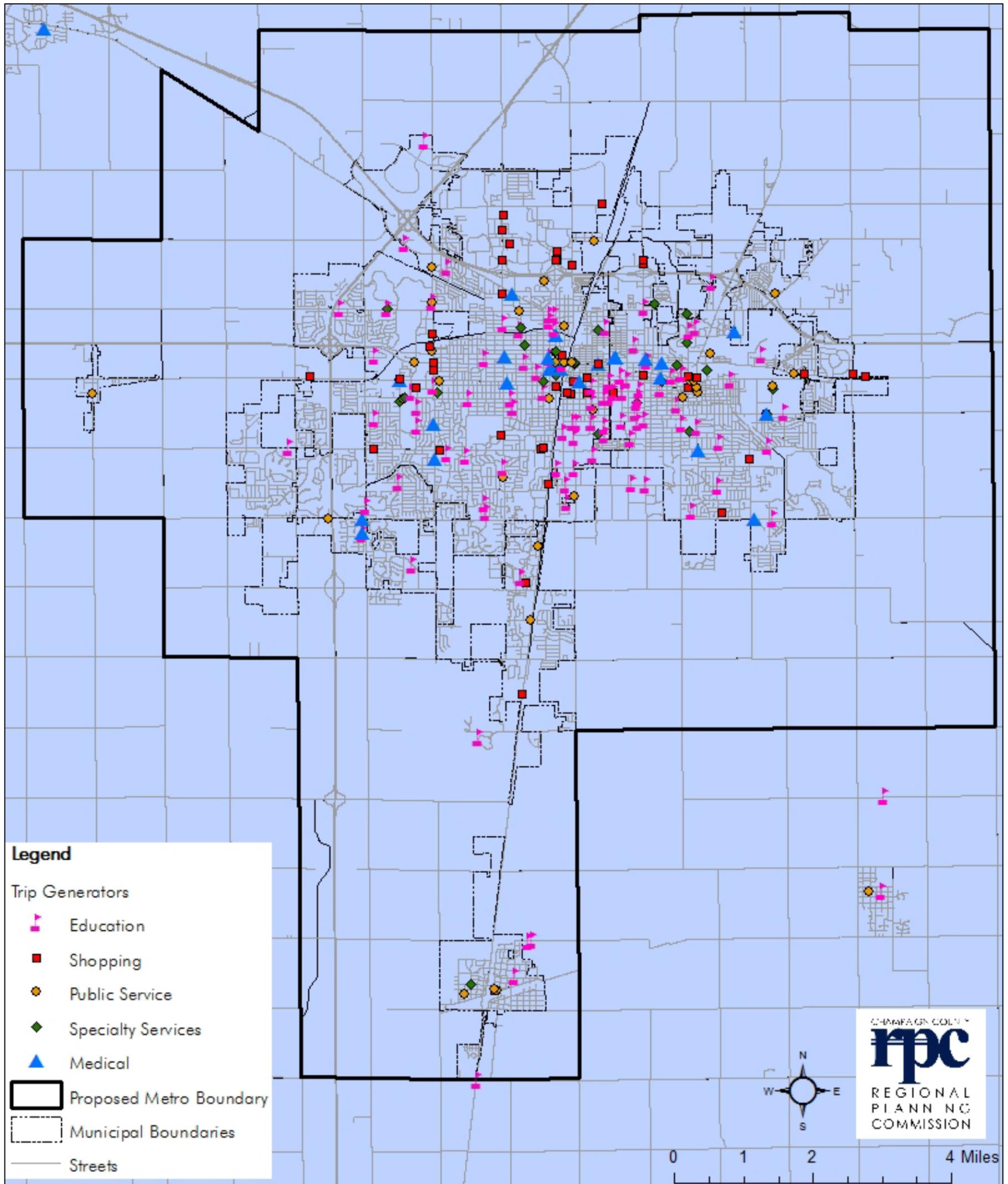
The network of human service and transportation providers along with the public transit agency within the urbanized area are generally associated by formal contractual and funding relationships. In addition, there are many agencies that are more loosely connected by the sharing of program goals and work together for the common good of their respective patrons. The inventory to follow is an attempt to list all of the public transit and human services transportation providers. The list identifies the agency, a brief description of the transportation service, information about who is eligible, and the area served.

C. Transportation Coordination

Coordination takes time, effort, and flexibility. Having public transit providers and human services agencies that understand the value of working together and are invested in making improvements is critical. In the case of the Champaign-Urbana urban area, transportation coordination is currently being done mostly at the county level considering that the majority of the trips for services in the urban area are provided by CUMTD. Several of the agencies located in Champaign-Urbana work closely to maximize the number of trips provided. For instance, the Community Services Division of the Champaign County Regional Planning Commission and the Family Service Senior Resource Center (FSSRC) in Rantoul coordinate most of the trips for older adults in the urban area. Also, the Council of Congregations of Champaign-Urbana works closely with the hospitals, the Family Service Senior Resource Center, Faith in Action and the American Cancer Society coordinating medical trips.

D. Major Trip Generators

Most trips performed by transportation providers are for medical purposes, followed by shopping. Many of these locations are in the Champaign-Urbana area, but clients are picked up out-of-urban areas for many of the transit providers.



Map 10: Trip Generators



Downtown Champaign



Downtown Urbana

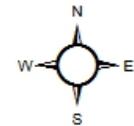
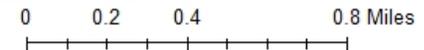


University of Illinois

Trip Generators

-  Education
-  Shopping
-  Public Service
-  Speciality Services
-  Medical

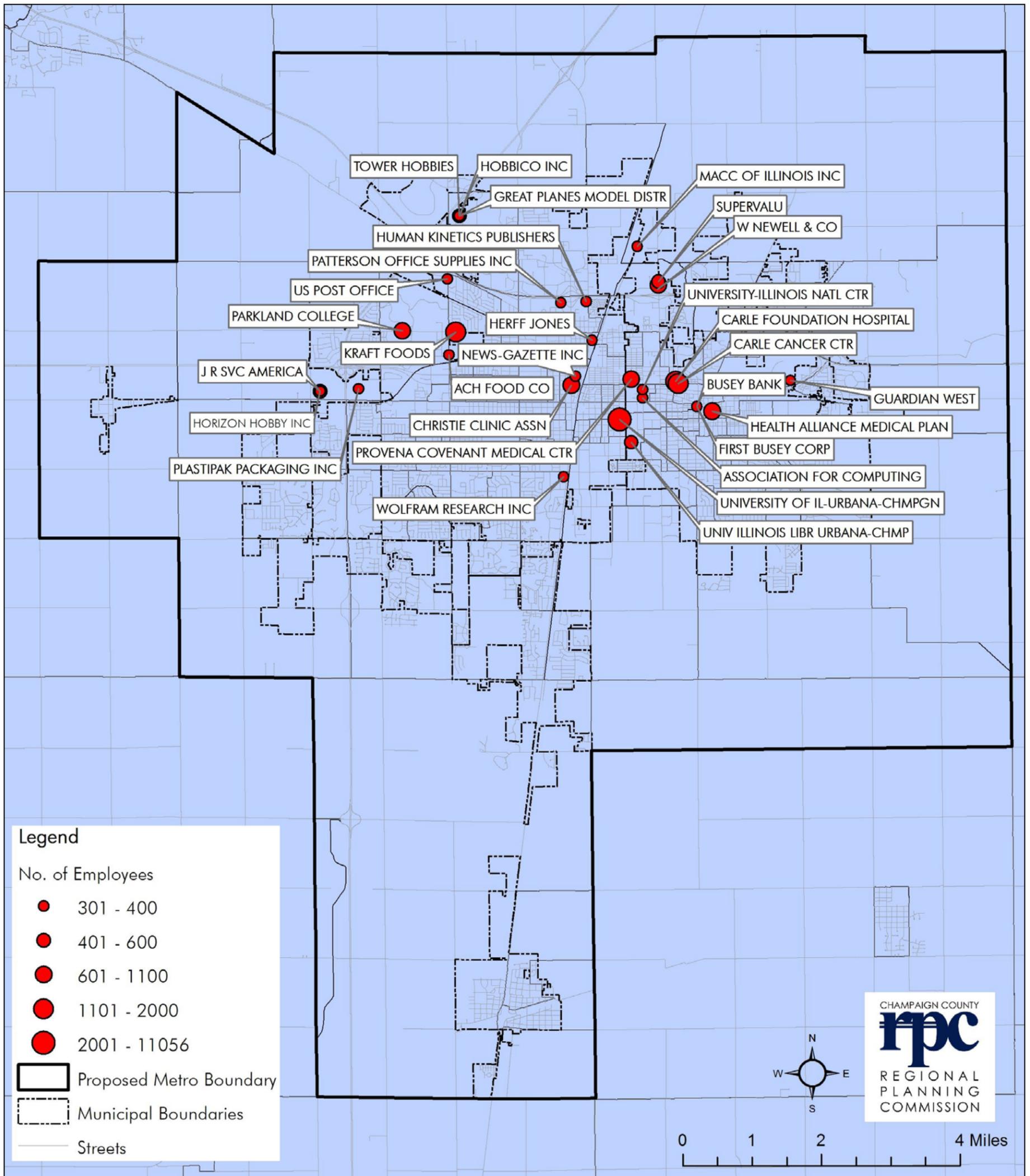
-  Streets
-  Champaign County



Map 11: Trip Generators

E. Top Employers

Approximately 90% of the County's top 25 employers are in the Urban Area. Twenty three companies/institutions employ more than 31,200 employees. The University of Illinois is the biggest employer (employing 11,676 people), followed by Carle Foundation Hospital (5,668 employees). Other top employers include Champaign Unit #4 School District (1,351), Kraft Foods, Inc. (1,300) and Parkland College (1,200).



Map 12: Top Employers

VI. OUTREACH EFFORTS

A. Stakeholders

A list of potential stakeholders was developed based on information provided by the Community Services Division at the Champaign County Regional Planning Commission. The mailing list included all agencies within the Champaign County area of Illinois who currently provide any type of transportation service or who may have clients needing transportation services. Also included were agencies listed in the local phone directory including child care centers, mental health facilities, hospitals, nursing homes and assisted living facilities as well as home health agencies. A list of the agencies including the name, address and contact person is shown in Appendix 1.

B. Surveys

On April 10, 2007, a survey was sent to all stakeholders listed in Appendix C and were asked to complete and return the survey to the Champaign County Regional Planning Commission by April 30, 2007. A total of 55 surveys were sent to multiple agencies within Champaign County. A list of agencies that returned a survey is included in Appendix 3.

C. Meetings

A public meeting with agencies that provide transportation from/to the Champaign-Urbana urbanized area was held in December 19th, 2007. At this meeting, CCRPC staff provided an assessment of the existing human transportation services in the urban area based on the data provided in the surveys. A draft of the HSTP was discussed with all the stakeholders and the different agencies had the opportunity to explain the services that they provide, their needs, and what their interest is in transportation services. Finally, possible recommendations were discussed for improving the provision of transportation to/from the urbanized area.

A workshop to update the C-U HSTP's goals, strategies, and objectives as well as adding MOEs was held on September 18th, 2012 at the Brookens Administrative Building. To see a list of those of who attended and discussions held, visit our website (<http://www.ecihstp.org/>) and click on the link "Workshop Notes & Summary of Discussions."

VII. NEEDS, GAPS, BARRIERS, & DUPLICATION

Service gaps and unmet needs persist despite on-going efforts to improve the quality of community transportation services by transportation and human service providers. This section identifies specific needs and challenges addressed by survey respondents.

All the agencies surveyed identified transportation needs within the Champaign-Urbana urban area. The general areas of destination needs fall in these categories:

- Medical Facilities/Appointments/Pharmacies
- Grocery Store/Shopping
- Social/Recreation

People living outside of transit service areas typically have more transportation difficulties due to their limited options. The transportation needs of people living inside transit service areas typically are service-related (e.g., same day reservations and eligibility restrictions). In addition to this data and references to national research, the following transportation gaps and needs were also identified based on professional and personal experience. These needs were classified into two categories based on the way that the service is provided: Client Related Needs and Operational Needs.

Client Related Needs	Operational Needs
<ul style="list-style-type: none"> • Accessibility • Availability • Frequency & Reliability • Restrictions 	<ul style="list-style-type: none"> • Funding • Insurance • Payment • Staff • Vehicles • Affordability

A. Client Related Needs

1. *Accessibility*

Lack of centralized information - There is no single source for individuals seeking to find transportation options, eligibility requirements, fares, and service hours. PACE Inc. suggests that an overall lack of transportation services advertising exists and should be addressed.

Ease of Use - Once a person figures out how to use “the system,” whichever transportation system works for them, transportation becomes less challenging. However, learning how to use the system can be difficult for several reasons.

- The transit systems and the transportation providers have different fare schedules, which can be confusing and difficult for riders.
- Riders eligible for multiple transportation programs must make multiple trip arrangements depending on their transportation need, not with a single provider.
- Riders may need help getting on and off the vehicle, but there is often no one available to help them.
- Paratransit systems generally do not provide same day service, which means riders must always plan trips in advance and cannot be spontaneous about travel. In Champaign-Urbana, five agencies provide same day service.

Un-served or Underserved Areas - People often live in the more rural areas or the edges of cities due to lower cost housing options. To provide cost efficient service, CUMTD typically provides more frequent service in more densely populated areas. Consequently, many people outside these areas are without transit service. Even within transit service areas, however, the service levels in some areas may not meet people’s travel needs. For example, the ADA Paratransit services boundary typically extends only $\frac{3}{4}$ of a mile beyond the fixed-route transit system, so those people who live inside but at the edge of the urban area may still be outside of the transit service area.

There are not enough affordable accessible or lift-equipped vehicles for those people who are disabled but ineligible for Medicaid or ADA Paratransit services. Some of these people could ride the fixed-route bus, but are unable to access it for a variety of reasons such as: difficulty accessing the bus stop, bus stops that are too far from the accessible path of travel, residue on the boarding surface, cracked pavement, uneven joints, and pebbles or other rough surfaces that make boarding difficult. On the other hand, there are people who are eligible for ADA Paratransit services but need a higher level of service than the transit agency provides (e.g., door to door). Human service agencies typically provide a higher level of service, but are often designated for a specific target population (e.g. seniors) or specific destination type (medical trips). Health Alliance and PACE note that rural clients often have difficulty accessing services traditionally offered in urbanized areas.

2. *Affordability*

Cost limitations - Cost of service is an issue for some customers, especially those who need to use these services regularly. Nearly 33% of agencies surveyed charge a fare for service, and 27% accept donations in return for providing transportation service to clients. For Health Alliance, affordability along with availability are the two enhancements most needed to improve provision of human service transportation in the urbanized area.

3. *Availability*

Scheduling limitations - Demand for transportation services exceeds the supply and capacity of local providers, making it difficult for users to schedule trips. Also, same-day service requests typically cannot be accommodated.

Temporal limitations - Transportation needs typically are spread throughout the day, but timeframes with the most transportation difficulty (although less traveled) are evening hours and weekends. People living outside of the CUMTD transit service area typically had more transportation difficulties due to their limited mobility options. Service hours on most transportation services are limited to weekdays during normal business hours in most cases, with the exception of CUMTD, which serves passengers on many routes from 6:00 am to 5:00 am.

4. *Reliability*

The frequency of transportation difficulty varied depending on the target population and destination type. Low-income people who are employed need transportation more frequently than people who have other types of transportation needs.

Also, the service provided needs to be reliable to assure customers they will be picked up and dropped off on time. Provena Covenant Medical Center expressed that what is most needed is a dependable, reliable small bus or van service for disabled and elderly people.

5. *Restrictions*

Program eligibility and trip purpose restrictions - Many of the existing services are available to subsets of the three target populations (seniors, people with disabilities and low income individuals). Fifty percent of the agencies responding had programs restricted only to clients. Other transportation programs are limited to taking people to/from medical appointments, or only to specific activities.

B. Operational Needs

1. *Funding*

Limited funding - The amount of funding available for transportation is limited and more is needed to provide additional services. Lack of funding is the most recurring concern for agencies responding to the survey. Particularly, Champaign County Community Services expressed that all providers are struggling for funding to cover their services.

2. *Insurance*

Restrictions on service - Several agencies are willing to coordinate services, but doing so requires a change in insurance and/or an increase in insurance costs. It is believed that providing additional services will require more expensive rates and licenses. Some respondents replied that liability was a concern for coordinating transportation services. For instance, PACE Inc. expressed that they have encountered problems with adequate and appropriate vehicles for people with disabilities when they have needed them. In most of the cases, agencies are concerned with insurance issues.

3. *Payment*

Slow payment - Champaign County Nursing Home notes that VA and Title XX are generally several months delayed in paying for their client services. This could put a strain on agencies as they attempt to carry the deficit during payment processing.

4. *Staff*

Lack of drivers - Many agencies, such as Provena Covenant Medical Center, express difficulty in recruiting enough volunteers to maintain their services. Additionally, coordination between agencies could be more difficult when dealing with volunteers.

Driver training - Not all drivers are aware of laws regarding transporting special populations. Drivers must know the laws as well as the different levels of service and be trained to provide these courses. PACE Inc. stresses importance of having transportation volunteers take disability awareness and anti-discrimination training.

5. *Vehicles*

Lack of reliable vehicles - Agencies expressed frustration over the maintenance needs of vehicles. Another agency expressed concerns about lack of ambulance services and lack of appropriate vehicles for people with disabilities.

C. Vehicle Duplication and Redundancy

Various sources of funding restrict transportation service to specific populations for specific purposes. This results in service duplication and redundancy in multiple areas, including:

- Vehicles from different agencies may be traveling in the same corridor at the same time, but offer different services and thus do not pick up additional riders.
- Schools, the public transit system, and the Medicaid agencies operate their own training programs for drivers.
- Schools, the public transit system, and other transportation providers have their own in-house maintenance programs for vehicles.
- Schools, the public transit system, and community providers purchase vehicles and equipment independently.
- Each transportation system has different eligibility requirements. A person who may qualify for more than one type of service may need to apply for several different programs with each having different requirements and processes. For example, some applications accept self-reported disabilities while others require a doctor's verification, and others require an evaluation.

D. Recommendations for Solving Client & Operational Related Needs

Emerging issues often lead to new programs and reorganization of the transportation business for older adults, people with disabilities and people with limited incomes in the Champaign-Urbana Urban Areas. The chart below describes rider needs and recommendations per pressing issue.

1. Client Related Needs

Need	Description	Recommendations
Accessibility	<u>Lack of centralized information</u> Providing a single source for transportation information	Develop a regional directory providing information on transportation services available in the area. Start working in a project that simplifies how to plan, reserve and pay for trips with a single phone call or one website visit
	<u>Ease of Use</u> Making transportation system easy to understand	Provide transportation users with a simple, easily understood routes map, available electronically and/or in paper format, in combination with the solution for need #1
	<u>Un-served/Underserved Areas</u> Providing service in areas not served by public transit	Connect rural underserved areas via rural transit services to local transit service routes at connection points
Availability	<u>Scheduling limitations</u> Scheduling rides with greater flexibility	Merge scheduling functions and possibly some service delivery functions under one entity to be able to provide more flexibility when scheduling a trip
	<u>Temporal limitations</u> Providing transportation outside normal business hours for low-income workers, persons with disabilities, and seniors	Extend time of service for commuter routes and/or provide other means of transportation, other than public transit, to low-income workers
		Introduce tripper services to major trip generators at key times during the day
Reliability	<u>Frequency</u> Making more available travel accommodations outside of existing service areas	Expand CUMTD service area & route frequency for other transportation providers as possible for pick-ups and drop-offs and/or add destinations
Restrictions	<u>Program Eligibility & Trip Purpose Restrictions</u> Providing a service without limitations regarding program eligibility and trip purposes	Use smart technology that leverages existing taxpayer investments
		Contract similar providers to co-mingle trips

2. Operational Related Needs

Need	Description	Recommendations
Funding	<u>Limited funding</u> Providing more funding to transportation and service providers	Joint purchasing to achieve greater cost efficiency and eliminate redundant activities
		Share resources - vehicles, maintenance functions, storage and support functions
Insurance	<u>Restrictions on service</u> Providing services to others without having to do changes in insurance policies resulting in different rates and licenses.	Standardize policies (so transit providers can pick up insurance from a state or federal agency to enable better transit coordination)
Payment	<u>Slow payment</u> Increasing funding sources for payment	Accelerate reimbursement of Medicaid through a perpetual short-term loan to cover lag period
Staff	<u>Lack of drivers</u> Finding drivers	Recruit more volunteer drivers
	<u>Driver training</u> Training drivers	Combine driver training sessions in the region
Vehicles	<u>Lack of reliable vehicles</u> Keeping and maintaining vehicles for reliability purposes	Utilize the Regional Maintenance Centers for non-routine service
Affordability	<u>Cost limitations</u> Providing low cost service for some customers, especially regular customers	Provide vouchers, tickets, etc. to agencies serving the elderly, disabled, and individuals with low incomes.

VIII. MOBILITY TOMORROW

A. Goals

1. Improve accessibility, availability, and reliability of transportation services for people with disabilities, seniors and low-income individuals within existing budget constraints in the Champaign-Urbana urban area.
2. Maximize the resources available for affordability of special needs transportation through coordination in planning, service delivery, & reporting.

B. Objectives, Strategies, & Measurements of Effectiveness

Emerging issues often lead to new programs and new ways of organizing the business of providing transportation to older adults, people with disabilities and people with limited incomes in the Champaign Urbana urban area. Overall, the primary strategy and priority for this plan is to create a Human Services Transportation working group to implement recommendations of the Champaign-Urbana Urban Area Human Services Transportation Plan, which is being overseen by the CUUATS Policy and Technical Committees and is being facilitated by the HSTP Coordinator.

C. Potential Sources of Funding

Sources	
<ul style="list-style-type: none"> ▪ Section 5307 ▪ Section 5310 ▪ Healthy Communities Access Program ▪ Community Mental Health Services Block Grant ▪ Community Development Block Grant ▪ Community Health Centers ▪ Maternal & Child Services Grants ▪ Medicaid 	<ul style="list-style-type: none"> ▪ Supportive Housing Program ▪ Social Services Block Grants ▪ State Councils on Developmental Disabilities, Protections, & Advocacy Systems ▪ Substance Abuse Prevention & Treatment Block Grant ▪ Various Health & Human Service Programs ▪ Welfare-to-Work Grants ▪ Work Incentive Grants

APPENDICES

APPENDIX A

Short & Long Term

Goals, Objectives, & Measurements of Effectiveness (MOEs)

Short Term - Solving Client Related Needs

Goal #1	Improve accessibility, availability, affordability & reliability of transportation for people with disabilities, seniors & low-income individuals within existing budget constraints in the Champaign-Urbana area.					
Objective	Accessibility: Increase people’s accessibility to transportation options in the urbanized area <u>by 15% by 2014.</u>			Availability: Increase transportation service’s availability particularly for low income workers, people with disabilities & seniors <u>by 15% by 2014.</u>		Affordability: Limit the provider’s increasing transportation service costs per rider by <u>no more than 15% by 2014</u> to insure affordability of services.
Strategy	Directory: Develop a specific Champaign-Urbana directory to provide information on available transportation options in the Urban Areas.	Accessible Taxis: Increase the overall number of ADA accessible taxis.	Personal Assistant Program: Research & investigate how to establish a personal assistant program for riders with mobility door-through-door needs in homes &/or at destinations.	Employer Surveys: Survey employers’ transportation needs & level of demand for extended service hours or routes.	Trip Generator Surveys: Survey demand for tripper services to major trip generators at key times during the day.	Costs: Identify sources of increasing costs & implement coordination methods to address costs.
Measure of Effectiveness	<ul style="list-style-type: none"> ▪ Number of directory clicks ▪ Number of hard copies distributed ▪ Number of presentations ▪ Number of referrals 	<ul style="list-style-type: none"> ▪ Number of accessible taxi vehicles operating within the area. 	<ul style="list-style-type: none"> ▪ Program established ▪ Updates on success of program 	<ul style="list-style-type: none"> ▪ Survey results 	<ul style="list-style-type: none"> ▪ Survey results 	<ul style="list-style-type: none"> ▪ Annual survey results of provider transportation costs per rider
Parties Responsible	<ul style="list-style-type: none"> ▪ HSPT Coordinator (CCRPC) 	<ul style="list-style-type: none"> ▪ HSPT Coordinator (CCRPC) ▪ PACE, Inc. ▪ Other working group members a necessary 	<ul style="list-style-type: none"> ▪ CCRPC (research & initiate) ▪ Family Services (administer program) ▪ PACE 	<ul style="list-style-type: none"> ▪ CUMTD ▪ Transportation Operators 	<ul style="list-style-type: none"> ▪ CUMTD ▪ Transportation Operators 	<ul style="list-style-type: none"> ▪ HSPT Coordinator (CCRPC) ▪ CU MTD ▪ Human Service Agencies
Obstacles	<ul style="list-style-type: none"> ▪ Developing & updating information from multiple agencies to one source ▪ Information requires on-going maintenance ▪ Multiple directories existing when varying information leads to confusion of transportation that are available 	<ul style="list-style-type: none"> ▪ Currently Zero exists ▪ Level of insurance required to provide such a program ▪ Easy to start service but often there are - no inspections; little regulation; no drug and alcohol testing; no record checks 	<ul style="list-style-type: none"> ▪ Insurance cost of door-through-door programs due to liability ▪ Costs of running a PA program ▪ Qualified employment pool ▪ Coordinating schedules between transportation operators & the PA program 	<ul style="list-style-type: none"> ▪ Commute strategies may require partnerships with employers ▪ Expanding service convenience requires additional financial resources 	<ul style="list-style-type: none"> ▪ Requires multi-agency agreement on service characteristics, cost sharing, etc. ▪ Other obstacles may arise depending on time & distance associated with service change 	<ul style="list-style-type: none"> ▪ Numerous factors involved ▪ Possible future cuts in funding (state or federal) ▪ Unforeseen costs ▪ Possible demand increases to the point of out pacing funding levels
Benefits & Rider Impact	<ul style="list-style-type: none"> ▪ Improve access to transportation ▪ Support & facilitate travel in the urban area ▪ Benefit clients, operators & human service organizations ▪ Enhance rider mobility & convenience ▪ Increase ridership ▪ Provide more options 			<ul style="list-style-type: none"> ▪ Opens job markets to transit-dependent individuals ▪ Partnerships with employers may provide opportunities to reduce costs ▪ Consistent ridership ▪ Enhance rider accessibility & mobility ▪ Increase ridership ▪ Increase employment transportation for low-income workers 	<ul style="list-style-type: none"> ▪ Reduce demand for Paratransit service & lower system costs ▪ Increase service options ▪ Enhance rider mobility ▪ Improves service delivery & rider satisfaction ▪ Increase ridership 	<ul style="list-style-type: none"> ▪ Keeps price of transportation service down for individual riders ▪ Lower the cost of transportation the increase in use resulting in increase in possible routes/services ▪ Coordination strategies implemented could change travel patters & behaviors

Updated November 14th, 2012

Short Term - Solving Operational Related Needs

Goal #2	Maximize the resources available for special needs transportation through coordination in planning, service delivery, & reporting.						
Objective	Medicaid: Increase efficiency of Medicaid funded trips <u>by at least 10% by 2014.</u>			Staff: Increase the number of drivers by <u>10%</u> & training events provided to the drivers <u>by at least 1 training a year by 2014.</u>		Vehicles: Decrease public providers' & human service providers' vehicle maintenance costs <u>by 10% by 2014.</u>	
Strategy	Coordination: Model demand of current & future demand for Medicaid transportation & coordinate trips & resources.	Certified Providers: Recruit providers to become Medicaid certified & offer incentives due to slow state reimbursement rates.	Diversify Funding Sources: Channel possible private funding per rider for all providers to utilize other sources.	Volunteers: Recruit new volunteer drivers, encourage providers to make referrals of identified drivers to Faith In Action (FIA) or other volunteer programs (if exists).	Trainings: Hold regionalized training sessions (annually or semi-annually, varying levels).	Training & Expertise: Utilizing IDOT resources for major & routine maintenance programs.	Maintenance Center: Set up regional maintenance center locally (include loaner program similar to SMTD).
Measure of Effectiveness	<ul style="list-style-type: none"> ▪ Average cost of Medicaid funded transportation per trip as reported by DHS 	<ul style="list-style-type: none"> ▪ Total Number of certified providers 	<ul style="list-style-type: none"> ▪ Number of identified sources ▪ Number of providers able to utilize source 	<ul style="list-style-type: none"> ▪ Number of new volunteer drivers identified 	<ul style="list-style-type: none"> ▪ Number of drivers' training sessions provided by year 	<ul style="list-style-type: none"> ▪ Amount of service provided by the Regional Maintenance Centers ▪ Number of providers attending IDOT maintenance training sessions ▪ Length of vehicle's useful life 	<ul style="list-style-type: none"> ▪ Amount (\$) maintenance costs ▪ Capacity inventory ▪ Number of vehicles locally
Parties Responsible	<ul style="list-style-type: none"> ▪ Transportation providers making medical & Medicaid (non-emergency) trips, see directory list* 			<ul style="list-style-type: none"> ▪ Transportation providers utilizing volunteer drivers (Faith In Action only volunteer program currently) 	<ul style="list-style-type: none"> ▪ HSTP Coordinator organize regional training session ▪ CU MTD/Others provide venue space ▪ RTAC trainings utilized 	<ul style="list-style-type: none"> ▪ DSC ▪ CCNH ▪ SWANN 	<ul style="list-style-type: none"> ▪ CCRPC (research & contact) ▪ Possible others – <ul style="list-style-type: none"> ○ CUMTD ○ Parkland ○ Other agencies
Obstacles	<ul style="list-style-type: none"> ▪ Lack of funding ▪ Administrative obstacles associated with being a Medicaid provider (payment services, vehicle inspections & insurance requirements) ▪ IL DHS certification programs & funding requirements ▪ First transit reimbursement process ▪ Passengers' understanding of approval & spend down of program eligibility 			<ul style="list-style-type: none"> ▪ Difficulties recruiting qualified & available volunteer drivers 	<ul style="list-style-type: none"> ▪ Schedule conflicts ▪ Current RTAC scheduling process ▪ Making the trainings meaningful to all human service agency needs 	<ul style="list-style-type: none"> ▪ Difficulties scheduling vehicles' maintenance 	<ul style="list-style-type: none"> ▪ Funding ▪ Proving benefit & necessity ▪ IDOT approval ▪ Qualified mechanics locally ▪ Facility able to house ▪ Needed vehicles for loaner program
Benefits	<ul style="list-style-type: none"> ▪ Provides statewide Medicaid call center with more, less expensive options ▪ Allows local service providers another funding source ▪ Encourages ridesharing ▪ Improves system cost efficiency 			<ul style="list-style-type: none"> ▪ Lower per trip costs ▪ Enhances rider accessibility, mobility & convenience ▪ Increases regional capacity 	<ul style="list-style-type: none"> ▪ Lower cost of providing training ▪ All drivers in the region will have the same training ▪ Improves service delivery & rider satisfaction 	<ul style="list-style-type: none"> ▪ Developed for agencies operating Section 5310 transportation programs ▪ Improves service quality ▪ Increases vehicle productivity 	<ul style="list-style-type: none"> ▪ Keeps more vehicles on the road, & increases frequency, & reliability of transportation ▪ Keeps transportation's cost low, preventing costs being forwarded onto the rider/community

Updated November 14th, 2012

Goal #1	Improve accessibility, availability, affordability & reliability of transportation for people with disabilities, seniors & low-income individuals within existing budget constraints in the Champaign-Urbana Urban Areas.				
Objective	Availability: Increase availability of transportation options in the urbanized area <u>by 15% by 2020</u> .	Accessibility: Limit the increase of transportation costs (for providers) <u>by 20% by 2020</u> .	Reliability: Increase frequency of CU-MTD's job access routes, & increase independent living transportation by all providers, including CU-MTD <u>by 10% by 2020</u> .	Restrictions: Implement the use of smart technologies to increase ridership <u>by 15% by 2020</u> .	
Strategy	Underserved Areas: Connect rural underserved transit areas by linking rural transit services to local transit service routes at connecting points.	One Call-One Click Center: Merge scheduling functions & possibly some service delivery functions under one entity (scheduling center) to be able to provide more flexibility when scheduling a trip.	Routes: Expand service areas & the routes frequency for other transportation operators as possible for pick-ups & drop-offs &/or add destinations related to employment access.	Technology: Make use of smart technology that leverages existing taxpayer investments, such as smart cards which can provide a service without limitations regarding program eligibility & trip purposes.	Trips: Contract with common providers to co-mingle trips.
Measure of Effectiveness	<ul style="list-style-type: none"> ▪ Number of new rural transit riders using local services 	<ul style="list-style-type: none"> ▪ Number of rides scheduled using the scheduling center 	<ul style="list-style-type: none"> ▪ Number of rides provided outside of existing service areas 	<ul style="list-style-type: none"> ▪ Number of riders using smart technology to pay for their trips 	<ul style="list-style-type: none"> ▪ Number of trips provided as co-mingle trips
Parties Responsible	<ul style="list-style-type: none"> ▪ CU MTD ▪ CRIS Rural MTD ▪ CCRPC 	<ul style="list-style-type: none"> ▪ CUMTD - Lead agency running scheduling center ▪ All human service agencies ▪ Transportation operators willing to schedule trips through the scheduling center 	<ul style="list-style-type: none"> ▪ Transportation providers offering services needed by individuals beyond current boundaries 	<ul style="list-style-type: none"> ▪ Transportation providers offering services 	<ul style="list-style-type: none"> ▪ Transportation providers with clients starting or ending their trip in the same area
Obstacles	<ul style="list-style-type: none"> ▪ Coordinating routes for general public ▪ Varying scheduling processes 	<ul style="list-style-type: none"> ▪ Requires consolidation & agency support ▪ Needed leadership, attention, & committed staff ▪ Turf issues over service quality, loss of control & "place" in community ▪ Requires project governance, cost allocation/reimbursement models & service delivery standards ▪ Potential complaints from existing operators about competition ▪ Requires administrative oversight, performance monitoring & fraud control efforts ▪ Requires multi-agency agreement on service characteristics, cost sharing, etc. 	<ul style="list-style-type: none"> ▪ Requires additional financial resources for expanding service convenience 	<ul style="list-style-type: none"> ▪ Implementation of new technologies usually requires additional initial financial resources 	<ul style="list-style-type: none"> ▪ Requires strict policy directive from administering agency & adoption of policy by participating agencies ▪ Requires administrative oversight, performance monitoring & fraud control efforts
Benefits	<ul style="list-style-type: none"> ▪ Improves access for the targeted population to regional medical facilities, employment centers, & social activities ▪ Increases ridership ▪ Improves mobility for the targeted population 	<ul style="list-style-type: none"> ▪ Maximizes cost-efficiencies by consolidated trip reservations & scheduling staff ▪ Maximizes opportunities for ride sharing ▪ Improves service delivery & rider satisfaction ▪ Potentially provides leverage to securing additional federal funding ▪ Cost savings translate into increased service ▪ Enhances rider accessibility, mobility & convenience ▪ Increases service options 	<ul style="list-style-type: none"> ▪ Enhances rider mobility & convenience ▪ Increases ridership ▪ Improves service delivery & rider satisfaction ▪ Increases service options 	<ul style="list-style-type: none"> ▪ Enhances rider mobility & convenience ▪ Increases ridership ▪ Improves service delivery & rider satisfaction ▪ Increases service options 	<ul style="list-style-type: none"> ▪ Adjusting to travel patters & behaviors ▪ Getting accustomed to new interactions with varying riders

Goal #2	Maximize the resources available for special needs transportation through coordination in planning, service delivery, & reporting.		
Objective	Funding: Implement <u>at least two cost</u> saving strategies to address the barriers of limited funding & increasing demand <u>by 2020.</u>		Insurance: Implement standardize insurance policies among service providers in the Champaign-Urbana area <u>by 2020.</u>
Strategy	Joint Purchases: Joint purchasing to achieve greater cost efficiency & eliminate redundant activities.	Resource Sharing: Share resources such as vehicles, vehicle maintenance functions, storage, & support functions.	Policies: Investigate the possibility of a group insurance pool/policy to address restrictions that service insurance poses on transportation resources statewide.
Measure of Effectiveness	<ul style="list-style-type: none"> ▪ Number of joint contracting by year 	<ul style="list-style-type: none"> ▪ Number of agencies coordinating physical resources 	<ul style="list-style-type: none"> ▪ Research results ▪ Reduction of insurance restrictions and/or costs
Parties Responsible	<ul style="list-style-type: none"> ▪ Lead agency to acquire bids 	<ul style="list-style-type: none"> ▪ Transportation providers with resources not being fully used that can be shared 	<ul style="list-style-type: none"> ▪ Transportation providers
Obstacles	<ul style="list-style-type: none"> ▪ Requires lead agency to champion ▪ Administrative costs to lead agency may be prohibitive ▪ Some agencies may have entrenched procurement/purchasing requirements ▪ Joint purchase of some items may require large initial expenditure 	<ul style="list-style-type: none"> ▪ Requires lead agency to champion ▪ Turf issues associated with sharing vehicles due to high costs of purchasing, operating & maintaining vehicles ▪ Reluctance to share agency funded vehicles ▪ Requires quality control, monitoring & cost allocation systems 	<ul style="list-style-type: none"> ▪ Revising policies can be difficult ▪ Numerous factors, including the bid process & various type of policies involved (liability coverage, workmen’s compensations etc.) will impact an individual agencies cost of insurance coverage
Benefits	<ul style="list-style-type: none"> ▪ Agency level cost savings ▪ More consistent operating procedures ▪ Shares administrative functions rather than resources or services, therefore, may be more easily implemented ▪ Opportunity to build & develop trust across agencies 	<ul style="list-style-type: none"> ▪ Lower per trip costs ▪ Increases vehicle productivity ▪ Improves service quality ▪ Encourages ridesharing 	<ul style="list-style-type: none"> ▪ Increases ridership ▪ Agencies can provide rides for other populations ▪ Consistent operating procedures

Updated November 14th, 2012

APPENDIX B

Urbanized Area

Program of Projects (POP)

Appendix B

Urbanized Areas Programs of Projects (POP): Champaign-Urbana-Savoy-Bondville-Tolono

Date: 12-12-12

Agency Name: Champaign County Regional Planning Commission

TRC = Total Revenue Credits

General Public
 People with Disabilities
 Seniors (60+)
 People with Low Income (150% of poverty level)
 Student

Agency Name	Application Mo - Year	Federal Fiscal Year(s)	5307	CVP / 5310	JARC / 5316	NF / 5317	DOAP	ARRA	DTIF	Federal	State	Local Match	Project Total	TRC	Service Area or Trip Destination	Population Served	Brief description of the project or service/Additional notes
Champaign County Nursing Home	June 2008	2008		X						\$68,800	\$17,200	\$0	\$86,000	\$0	Champaign County	Seniors	Adult Day Care & Medical trips
Developmental Services Center	June 2008	2008		X						\$100,800	\$25,200	\$0	\$126,000	\$0	Champaign & Ford Counties	People with Disabilities	Day program, medical, employment trips
Swann Special Care Center	June 2008	2008		X						\$100,800	\$25,200	\$0	\$126,000	\$0	Champaign-Urbana & Chicago, St. Louis, Indianapolis	People with Disabilities	School and day training trips for residents
Champaign Urbana Mass Transit District (CUMTD)	Jul-08	2009 - 2013	X				X	X		N/A	N/A	N/A	N/A	N/A	Urbanized Areas	General Public & Student	General Operating Dollars
Swann Special Care Center	June 2009	2009		X						\$41,600	\$10,400	\$0	\$52,000	\$0	Champaign-Urbana & Chicago, St. Louis, Indianapolis	People with Disabilities	School and day training trips for residents
Champaign County Nursing Home	February 2011	2011		X						\$41,728	\$10,432	\$0	\$52,160	\$0	Champaign County	Seniors	Adult Day Care & Medical trips
CUMTD [Champaign County Regional Planning Commission]	Mar-13	2012				X				\$205,600	\$51,400	\$0	\$257,000	\$0	C-U Urbanized Areas	People with Disabilities	Curb to doorway ramps & accessible sidewalk (mobility management capital)
Total Awarded	7		1	5		1	1	1		\$559,328	\$139,832	\$0	\$699,160	\$0			
Urban League of Champaign County	Dec-07	2006-2007			X					\$353,728	\$88,432	\$480,000	\$442,160	\$0	Champaign County	People with Low Income	Operating - Money used to provide loans to low-income individuals to purchase vehicles
Denied	1				1					\$353,728	\$88,432	\$480,000	\$442,160	\$0			

APPENDIX C

Plan Development (Past) Outreach, Surveys, & Other Documents

**Champaign-Urbana Urban Area
Human Services Transportation Plan
Stakeholders Inventory**

Organization/Program	Operating Agency	Organization Address	Telephone	Contact Person
Airport Shuttle Service	Bluebird Charter Coach	IL, 61820	800-400-5500	William McCreary, President
American Cancer Society	American Cancer Society	2509 S. Neil Street, Champaign, IL, 61820	217-356-9076	Amber Marks, Eastern Area Regional VP
Canterbury Ridge Retirement and Assisted Living	Canterbury Ridge Retirement and Assisted Living	1706 E. Amber Lane, Urbana, IL, 61802	217-328-3150	Joyce Fulton, Community Director
Carle Arrow Ambulance	Carle Foundation Hospital	210 E. University Avenue, Champaign, IL, 61820	217-337-3911	Mike Humer, Director
Carle Vermilion County Shuttle Service	Carle Foundation Hospital	611 W. Park Street, Urbana, IL, 61801	217-383-3285	Gary Masters, Support Services Manager
Champaign County Nursing Home	Champaign County Nursing Home	500 S. Art Bartell Rd., Urbana, IL, 61802	217-384-3784	Traci Heiden, Assistant Administrator
Champaign-Urbana Mass Transit District	Champaign-Urbana Mass Transit District	801 E. University Avenue, Urbana, IL 61802	217-384-8188	Jay Rank, Transportation Analyst
Cindy's Cab	Cindy's Cab	1830 Libery Ave., Urbana, IL 61802	217-384-7777	Cindy Lasure, owner
Circle of Friends Adult Day Center	Circle of Friends Adult Day Center	609 W. Washington St., Champaign, IL, 61820	217-359-7937	Kathy Rhoads, Carol Acord, Directors
City of Champaign Township	City of Champaign Township	603 S. Randolph, Champaign, IL, 61820	217-352-4500	Linda Abernathy, Township Supervisor
(CSCNCC), Transportation Services	CSCNCC	520 E. Wabash Ave., Suite 1, Rantoul, IL, 61866	217-893-1530	Karen Kelly, Service Coordinator
Council of Congregations of Champaign-Urbana	Council of Congregations of Champaign-Urbana	1808 Barrington Dr., Champaign, IL, 61820	217-356-7750	Jo Erickson, Coordinator
Cunningham Township General Assistance	Cunningham Township	205 W. Green Street, Urbana, IL, 61801	217-384-4144	Carol Elliott, Supervisor
Developmental Services Center	Developmental Services Center	1304 West Bradley Avenue, Champaign, IL 61821-2035	217-356-9176	Michael Carlson, Transportation Coordinator
Disability Resources and Educational Services	University of Illinois at Urbana-Champaign	1207 S. Oak Street, Champaign, IL, 61820	217-244-4104	My linda Granger, Transp.and Accessibility Coord.
Family Service, First Call for Help	Family Service of Champaign County	405 S. State Street, Champaign, IL, 61820	217-352-6300	Mary Anne Wilson, Program Manager
Family Service, Senior Resource Center	Family Service of Champaign County	61820	217-352-5100	Rosanna McLain, Director Senior Resource Center
Get Ready Program	Champaign Unit 4 Schools	Champaign, IL, 61820	217-351-3881	Dr. Patricia Wilson
Greyhound/Bluebird/Burlington Trailway	Bus Station	Illinois Terminal, 45 E. University Avenue, Champaign, IL, 61820	217-352-4234	Rosemary Newby, Station Manager
Half-Fare Cab Program	Champaign-Urbana Mass Transit District	Illinois Terminal, 45 E. University Ave, Champaign, IL 61820.	217-384-8188	Brenda Banks, Partransit Coordinator
Health Alliance	Health Alliance	301 S. Vine St., Urbana, IL, 61801	217-337-3425	Patrick Harness, Community Representative
Inman Plaza	Inman Plaza, A Choice Senior Living Concept	17 E. University Avenue, Champaign, IL, 61820	217-352-7017	Laura Price, Director
Lincolnland Express (LEX)	Lincolnland Express (LEX)	4400 W. Springfield, Champaign, IL, 61822	217-352-6682	Robert Fraizer, Director
Mental Health Center of Champaign County	Mental Health Center of Champaign County	1801 Fox Drive, Champaign, IL 61820		
Mommy's Cab Inc.	Mommy's Cab Inc.	P.O. Box 804, Urbana, IL, 61803	217-344-8731	Ken Shorkey, President
PACE, Inc.	PACE, Inc.	1317 E. Florida Ave., Urbana, IL., 61801	217-344-5433	Sarah Jo Brenner, Independent Living Coord.
Paratransit Van Service C-U MTD	Champaign-Urbana Mass Transit District	801 E. Univeristy Avenue, Urbana, IL, 61802	217-384-8188	Brenda Banks, Paratransit Coordinator
Parents Too Soon	Provena Behavioral Health at Centerpoint	61820	217-398-8080	Jeanette Eckhardt, M.S.W.PTS Coordinator
Pro-Ambulance Service	Provena Covenant Medical Center	408 S. Neil, Champaign, IL, 61820	217-337-2911	Jen Bruton, Dispatcher
Provena Covenant Hospital	Provena Covenant Hospital	1400 W. Park St., Urbana, IL., 61801	217-337-4707	Martha Paap, Senior Programs Coordinator
Restoration Urban Ministries	Restoration Urban Ministries	1207 N. Mattis, Champaign, IL, 61821	217-355-2662	Ervin Williams, Executive Director
Social Services Division	Champaign County Regional Planning Commission	1776 E. Washington, Urbana, IL, 61802	217-328-3313	Vic Christensen
Salvation Army Transportation Assistance	The Salvation Army	P.O. Box 618, Champaign, IL, 61820	217-373-7827	Major Windham / Lillian VanVleet, Case Manager
Special Care Transport Inc.	Special Care Transport Inc.	P.O. Box 804, Urbana, IL, 61801	217-344-8731	Ken Shorkey, President
The Pavillion Foundation Hospital	The Pavillion Foundation Hospital	809 W. Church St., Champaign, IL., 61820	217-373-1700	Christine Bruns, Director of Business Development
U of I Safe Rides	Champaign-Urbana Mass Transit District	University of Illinois, Illini Union, Urbana, IL, 61801	217-265-7433	Rob Patton
UCAN Project - Life Skills Center	Souther Collegiate Common Market	Jefferson Building 202 W. Hill, Suite 102, Champaign, IL 61820	217-366-3226	Conrad Hayes, Client Services Specialist
Urbana Adult Education	Urbana Adult	211 N. Race St., Urbana, IL, 61801	217-384-3530	David Adcock, Director
Veterans of Foreign Wars Post 5520	Veterans of Foreign Wars Post 5520	609 Edgebrook Drive, Champaign, IL, 61820	217-356-2984	Bill Anderson, Commander
Ways to Work Program	Urban League of Champaign County	314 S. Neil, Champaign, IL, 61820	217-356-1364	LaShunda Hambrick, Director Dept. of Transp. Res.
Windsor of Savoy	Carle Foundation Hospital	401 Burwash Avenue, Savoy, IL, 61874	217-351-1437	Dick Harris, Leasing Consultant
Yellow Transport	Yellow Transport	106 N. Hagan St., Champaign, IL, 61820	217-355-3553	Redith Ewing, President



April 10, 2007

To: Transportation Providers in the Champaign-Urbana-Savoy-Bondville urbanized area
From: Rita Morocoima-Black, CCRPC/CUUATS Transportation Manager

The Champaign Urbana Urbanized Area Transportation Study (CUUATS), a program of the Champaign County Regional Planning Commission (CCRPC) is developing a Human Services Transportation Plan for the urbanized area to meet federal SAFETEA-LU and the Federal Transit Administration (FTA) requirements. This plan will be part of the Long Range Transportation Plan 2025 for the urbanized area. Coordination efforts must be documented for areas where transportation providers intend to apply for funding through any of the following FTA Programs:

- Job Access Reverse Commute (5316)
- New Freedom Initiative (5317)
- Elderly Persons and Persons with Disability (5310)

If your agency intends to apply for funding through any of the FTA programs identified above over the next five years, **you must participate in this planning effort.**

As part of the development of the plan, an assessment of transportation needs for people with disabilities, older adults and persons with limited income is being conducted, along with an inventory of available services, with the objective of identifying any areas of duplication or gaps in service. The enclosed survey was designed to collect this information, which will be used to analyze the current situation and propose recommendations and alternatives for transportation coordination in the Champaign-Urbana-Savoy-Bondville urbanized area.

Your assistance in completing this survey can directly impact the resulting recommendations and alternatives which will ultimately enhance local efforts to better coordinate transportation services between public transit agencies such as CU-MTD and local human service organizations.

If your agency does not provide transportation services, but has clients that could benefit from transportation services in Champaign, Urbana, Savoy or Bondville, please take a few moments to complete the survey and write NA on any question that does not apply to your organization.

Please complete and return the enclosed survey by **Friday, April 30, 2007**. If you have any questions, you may direct them to me by calling (217) 328-3313 or e-mailing at rblack@ccrpc.org.

Thank you for your time and cooperation.

Respectfully,

Rita Morocoima-Black
CCRPC/CUUATS Transportation Manager



Please complete the attached survey as completely as possible. Write NA after any question that does not apply to your services or clients. If you have any questions please feel free to contact: **Rita Black, CCRPC/CUUATS Transportation Manager at (217) 328-3313 or rblack@ccrpc.org**

I. ORGANIZATION AND SERVICES PROVIDED

Questions 1 - 9 deals with the general characteristics of your organization and the nature of the services provided.

1. Organization

Name: _____

Address: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

Name of person(s) answering questions in the survey: _____

Title: _____

Agency website address: _____

Comments: _____

2. Please check the box that best describes your organization (Check only one)

- | | |
|--|---|
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Church/Synagogue |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Other Faith Based Organization |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Publicly Sponsored Transit Agency |
| <input type="checkbox"/> Medical Center | <input type="checkbox"/> Private Transportation Company |
| <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Ambulance Company |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Private School |
| <input type="checkbox"/> Senior Center | <input type="checkbox"/> YMCA/YWCA |
| <input type="checkbox"/> Nutrition Center | <input type="checkbox"/> Senior Center/County Senior Progr. |
| <input type="checkbox"/> Taxi | <input type="checkbox"/> Neighborhood Center |
| <input type="checkbox"/> Social Service Agency – Public | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Social Service Agency – Nonprofit | |

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

- | | |
|--|---|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Diagnosis/Evaluation |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Job Placement |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Residential Facilities |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Income Assistance |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Screening |
| <input type="checkbox"/> Day Treatment | <input type="checkbox"/> Information/Referral |
| <input type="checkbox"/> Job Training | <input type="checkbox"/> Recreation/Social |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Homemaker/Chore |
| <input type="checkbox"/> Rehabilitation Services | <input type="checkbox"/> Other: _____ |

4. Under what legal authority does your organization operate?

- Local government department or unit
- Private nonprofit organization
- Transportation authority
- Other (Specify) _____

5. What is the geographic service area for the organization? If you have a map of the service area, please attach a copy to this survey.

- Countywide
- Only specific Municipalities (Specify): _____
- Other (Specify): _____

6. Does your transportation program restrict service? (Circle all that apply)

- | | | |
|--|-----|----|
| <input type="checkbox"/> Clients Only | Yes | No |
| <input type="checkbox"/> Trip Purpose | Yes | No |
| <input type="checkbox"/> Number of Rides per Month | Yes | No |
| <input type="checkbox"/> Advanced Reservations | Yes | No |
| <input type="checkbox"/> Other (Specify) _____ | | |

7. Why are these services limited (For example funding, federal regulations, state regulations, etc.)?

8. Is your organization involved in the direct operation of transportation services for clients or the general public? (Circle one)

Yes

No

9. Does your organization purchase transportation on behalf of clients or the general public from other service providers? (Circle only one)

Yes

No

If the answer to both questions 8 and 9 is "No", please jump to question 23.

II. MODES OF TRANSPORTATION

Services Providers Only: In this section, please explain the various types of transportation services that your organization directly provides on behalf of clients or for the general public. Exclude meal deliveries or other non-passenger transportation services that may be provided.

10. In what manner does your organization directly provide, purchase, operate, or arrange transportation for seniors or the general public (that may include seniors, disabled, and/or low-income persons)? (Check all that apply)

Mode of Transportation	Services for the General Public	Client Only Services
Personal vehicles of agency staff		
Agency owned fleet vehicles used by agency staff		
Pre-purchased tickets, tokens, passes for other modes of paratransit/transit		
Reimbursement of mileage or auto expenses paid to clients, families or friends		
Volunteers		
Information and referral about other community transportation resources		
Operate own transportation program using agency owned vehicles and staff		

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

III. TRANSPORTATION SERVICES

The following questions seek information about your organization’s transportation services.

11. Mark the following trip purposes your organization is authorized to provide to clients or members of the general public. (Check all that apply).

Trip Purpose	Organization is authorized to provide this trip purpose	Percentage (%) of trips
Health medical (e.g. single or periodic trips to doctor, clinic, drug store, treatment center, etc.)		
Health maintenance (e.g., dialysis or other recurring and frequent trips that require regular transportation)		
Nutrition (e.g., trips to a congregate meal site)		
Social (e.g., visit to friends/relatives)		
Recreation (e.g., trips to cultural, athletic events, etc.)		
Education/training (e.g., trips to schools, adult education centers, continuing education, etc.)		
Employment (e.g., trips to work, including job interviews, welfare-to-work trips, etc.)		
Shopping		
Social Services (e.g., trips to meet with counselors, social workers, and other staff related to the receipt of social services (except nutrition))		
Residential (e.g., trips supporting activities of group residences and group home residents)		
Day Care		
Adult Day Care		
Mental Health (Outpatient Treatment)		
Trip Purpose	Organization is authorized to provide this trip purpose	Percentage (%) of trips
Bank		
Sheltered Workshop		
Temporary Assistance for Needy Families (TANF)		
Other (Specify)		
Total Percent (must equal 100)		

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

Vehicle Type	Number	Owned	Leased
Sedans			
Station wagons			
Minivans			
Standard 15 passenger vans			
Converted 15-passenger vans (e.g., raised roof, wheelchair lift)			
Light duty bus (body-on-chassis type construction seating between 16-24 passengers)			
Medium duty bus (body-on-chassis type construction seating over 22 passengers with dual rear wheel axle)			
Small school bus (yellow school bus seating between 9 and 24 students)			
Large school bus (yellow school bus seating between 25 and 60 students)			
Four wheel drive vehicles			
12 passenger plain vans			
30 foot transit vehicle (27-32 passenger vehicle)			
35 foot transit vehicle (34-37 passenger vehicle)			
Other (Describe)			

13. Are your vehicles equipped with two-way radio communications or do your drivers carry any type of communication device? (Circle one).

Yes

No

If "Yes", what type of communications system is used? (Check all that apply)

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

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

- Weekdays _____
- Saturday _____
- Sunday _____
- Holidays _____
- Other (describe): _____

15. Define the level of passenger assistance provided for users of your transportation service.

(Check all that apply.)

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

16. How do clients /customers access your transportation services?

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

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

- We use a real-time reservation policy.
- Customers/clients must call for a reservation the day before travel.
- Customers/clients must call for a reservation 24 hours before travel.
- Customers/clients must call for a reservation two days before travel.
- Other (describe): _____

IV. RIDERSHIP

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

18. Please provide your organization’s annual passenger statistics. If possible, use data for the most recently completed 12-month period for which data is available.

Unduplicated Persons/Passenger Trips	Services for the General Public	Client Only Transportation Services
Total number of persons provided transportation		
Total number of passenger trips		
Estimated number of trips ¹ for which the riders use a wheelchair		

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

Are ridership figures exact? _____

Time period for counts or estimates: _____

¹ A “trip” equals one person getting on a vehicle one time. Most riders make two or more trips a day since they get on once to go somewhere and then get on again to return.

V. ANNUAL EXPENDITURES AND REVENUES

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

19. Does your organization charge a fare or fee for providing transportation services? (Circle one).

Yes No

If yes, what is the fare structure? _____

20. Does your organization accept any donations from clients to offset the cost of providing transportation services? (Circle one).

Yes No

If yes, what is the suggested donation amount? _____

21. What are the beginning and ending dates of your organization’s fiscal year?

Beginning: _____ Ending: _____

22. What are your transportation expenses and revenues? Please complete the two columns: Actual FY _____ (specify year) and Projected or Year-to-Date FY _____. This figure should include costs for salaries and fringe benefits, overhead (rent and other), fuel, lubricants and tires, maintenance, insurance, contract service, administrative and reporting costs, and other transportation related expenses.

Transportation Operating Expenses and Revenues		
Category	Actual, FY 200	Projected, FY 200
Transportation Expenses – Total		
Transportation Revenues		
Fares collected from passengers through cash or tickets/tokens purchased by passengers (include client fees and/or general public fares)		
Revenues collected from cash or tickets/tokens purchased by third parties on behalf of passengers		
Reimbursements for services obtained from third parties (e.g., Medicaid reimbursements)		
Local government appropriations		
Grants directly received by the organization		
Others: Explain _____		
Total Transportation Revenues		

State

- Bureau of Public Health
- Bureau of Senior Services
- Bureau of Human Resources for Children and Families
- Division of Public Transit
- Division of Rehabilitation Services
- Lottery Funds
- Other _____

Local

- County Commission
- Donations
- Fares
- Grants for Charity Organizations
- Levy
- Other _____

VII. LOCAL COORDINATION EFFORTS

26. Is a governing or advisory board in place in your community that brings together providers, agencies, and consumers? Are there clear guidelines that all embrace? (Circle one).

Yes

No

27. If the answer to Question 26 was "Yes", please describe this governing/advisory board. Has your organization actively participated in the planning, development, and implementation of this board?

28. Is there sustained support for coordinated transportation planning among elected officials, agency administrators, and other community leaders? Is there growing interest and commitment to coordinating human services transportation trips and maximizing resources?

29. Is there an on-going process for identifying duplication of transportation services, underused assets, and service gaps? If yes, describe this process.

30. In your opinion, are the specific transportation needs of various target populations (e.g., low income, elderly, people with disabilities, etc.) well documented?

31. Do you know if there is a plan to provide coordinated transportation among service providers? Does the plan have a clear mission and goals? Are there any assessment results that might be used to develop a set of realistic actions to improve coordination among service providers?

32. If the answer to Question 31 was "Yes", do you know if the plan for "Human Services Transportation Coordination" required by the new federal transportation bill (SAFETEA-LU) is supported by any other state and/or local plan?

33. What issues, if any, have your coordination efforts encountered with respect to billing and payment?

34. What do you see as the greater barrier to coordination and mobility in your service area?

35. What elements of the existing transportation network provide the most useful mobility options for the public and clients of human service agencies in your service area?

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

37. If there are any other issues, concerns, or information relevant to this topic, please feel free to address them in the space provided below.

38. Are your agency's transportation services coordinated with other transportation providers in your area? (Circle one)

Yes . If Yes, to what extent? (Check all that apply) No

- Central dispatching
- Refer clients
- Provide disabled services
- Joint driver training
- Emergency back up (shared vehicles)
- Provide transportation service for other agencies
- Other (Explain) _____

39. Who do you coordinate your transportation services with? (Please list specific agencies and refer to the previous question)

40. Based on your experience, what are the barriers to coordination of transportation services? (Check all that apply).

- Federal Regulations
- State Regulations
- Liability Issues
- Not enough equipment
- Incompatible Clients
- Satisfied with existing transportation program, do not see need to coordinate
- Reluctance of area transportation providers to coordinate
- Funding
- Other (Explain) _____

41. Given the greater emphasis on coordinated services by federal grantors such as the Federal Transit Administration and the Administration on Aging, what would make a coordinated transportation program more attractive to your agency?

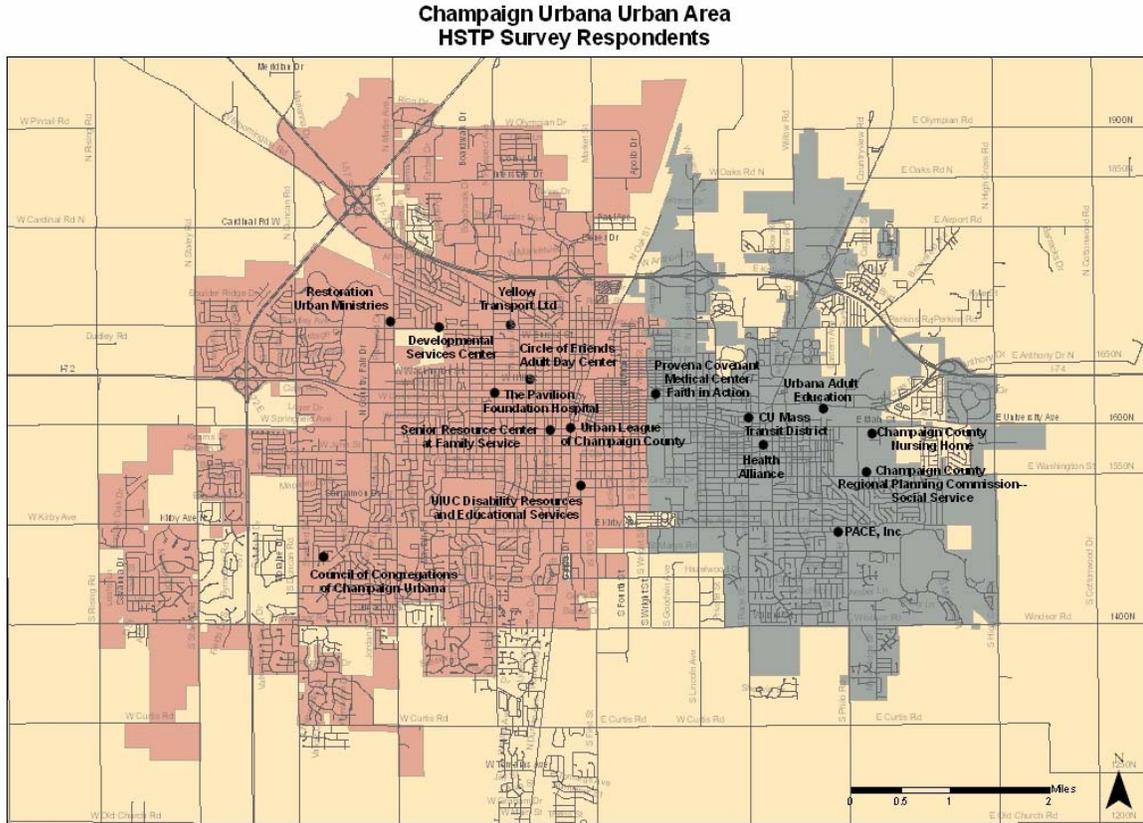
Thank you for your cooperation. Please return your completed survey to the address listed on page 1 of this questionnaire. Note: Surveys are due April 23, 2007.

**Champaign-Urbana Urban Area
Human Services Transportation Plan
Survey Respondents**

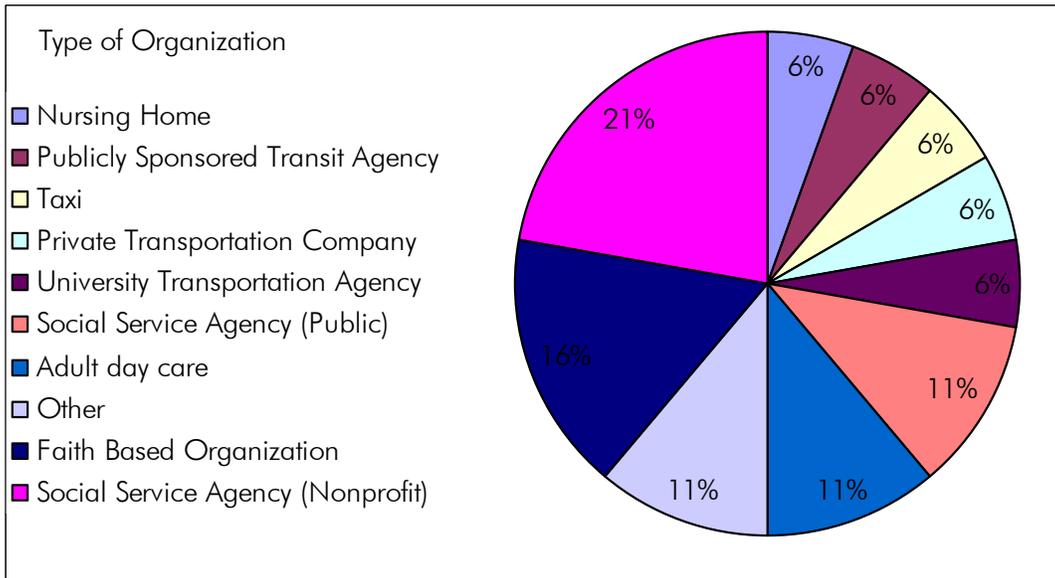
Organization/Program	Operating Agency	Organization Address	Telephone	Contact Person
Champaign County Nursing Home	Champaign County Nursing Home	500 S. Art Bartell Rd., Urbana, IL. 61802	217-384-3784	Traci Heiden, Assistant Administrator
Champaign-Urbana Mass Transit District	Champaign-Urbana Mass Transit District	801 E. University Avenue, Urbana, IL 61802	217-384-8188	Jay Rank, Transportation Analyst
Circle of Friends Adult Day Center	Circle of Friends Adult Day Center	609 W. Washington St., Champaign, IL, 61820	217-359-7937	Kathy Rhoads, Carol Acord, Directors
Council of Congregations of Champaign-Urbana	Council of Congregations of Champaign-Urbana	1808 Barrington Dr., Champaign, IL. 61820	217-356-7750	Jo Erickson, Coordinator
Developmental Services Center	Developmental Services Center	1304 West Bradley Avenue, Champaign, IL 61821-2035	217-356-9176	Michael Carlson, Transportation Coordinator
Disability Resources and Educational Services	University of Illinois at Urbana-Champaign	1207 S. Oak Street, Champaign, IL, 61820	217-244-4104	My linda Granger, Transp.and Accessibility Coord.
Health Alliance	Health Alliance	301 S. Vine St., Urbana, IL. 61801	217-337-3425	Patrick Harness, Community Representative
PACE, Inc.	PACE, Inc.	1317 E. Florida Ave., Urbana, IL., 61801	217-344-5433	Sarah Jo Brenner, Independent Living Coord.
Provena Covenant Hospital	Provena Covenant Hospital	1400 W. Park St., Urbana, IL., 61801	217-337-4707	Martha Paap, Senior Programs Coordinator
Restoration Urban Ministries	Restoration Urban Ministries	1207 N. Mattis, Champaign, IL, 61821	217-355-2662	Ervin Williams, Executive Director
Social Services Division	CCRPC	1776 E. Washington, Urbana, IL, 61802	217-328-3313	Vic Christensen
Family Service, Senior Resource Center	Family Service	405 South State Street, Champaign, IL, 61820	217-352-5100	Rosanna McLain, Director Senior Resource Center
The Pavilion Foundation Hospital	The Pavilion Foundation Hospital	809 W. Church St., Champaign, IL., 61820	217-373-1700	Christine Bruns, Director of Business Development
Urbana Adult Education	Urbana Adult	211 N. Race St., Urbana, IL. 61801	217-384-3530	David Adcock, Director
Ways to Work Program	Urban League of Champaign County	314 S. Neil, Champaign, IL, 61820	217-356-1364	LaShunda Hambrick, Director Dept. of Transp. Res.
Yellow Transport	Yellow Transport	106 N. Hagan St., Champaign, IL. 61820	217-355-3553	Redith Ewing, President

I. Organization and Services Provided

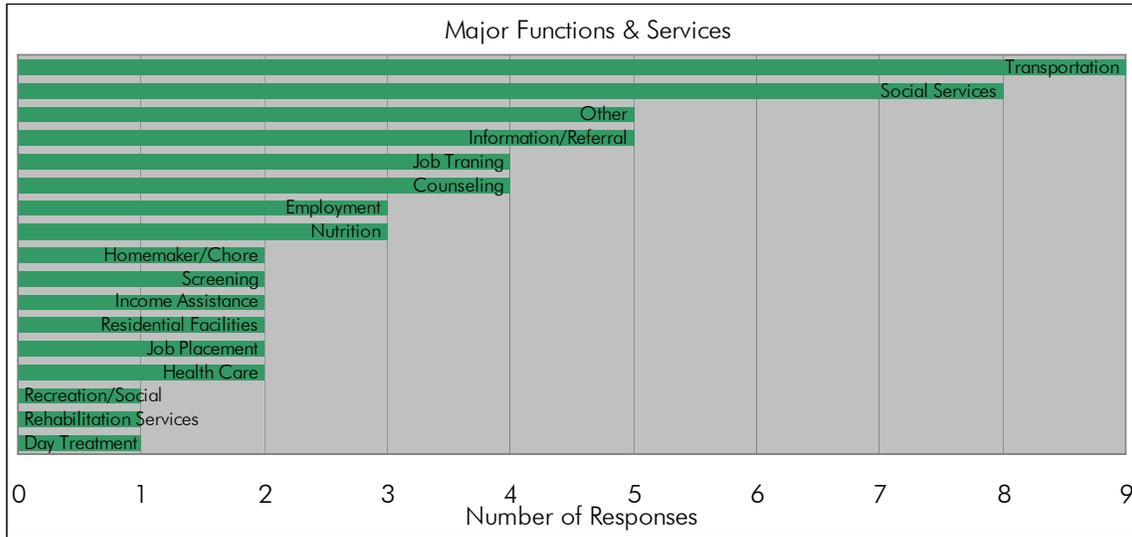
1. Organization



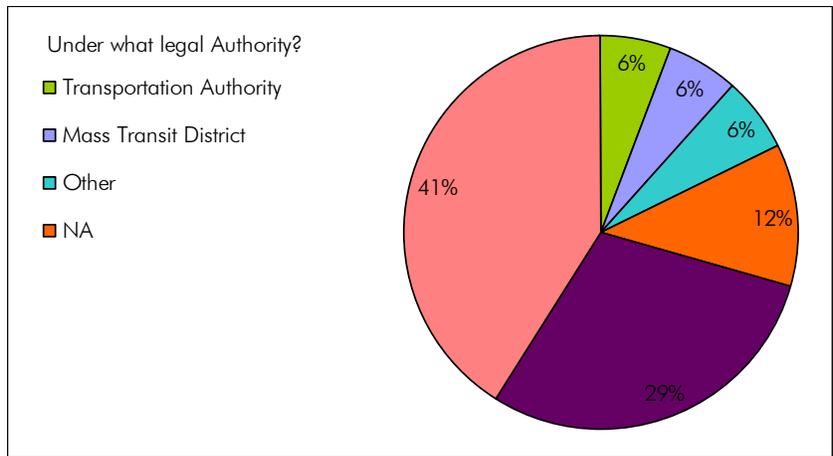
2. Please check the box that best describes your organization.



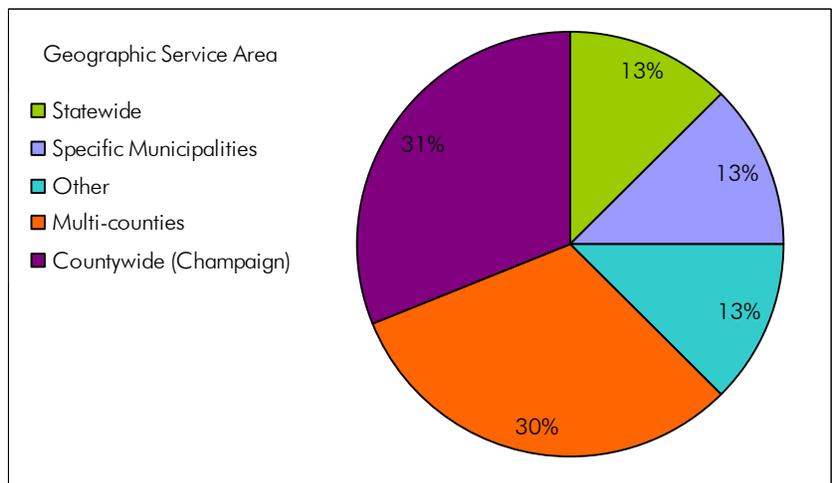
3. What are the major functions/services of your organization?



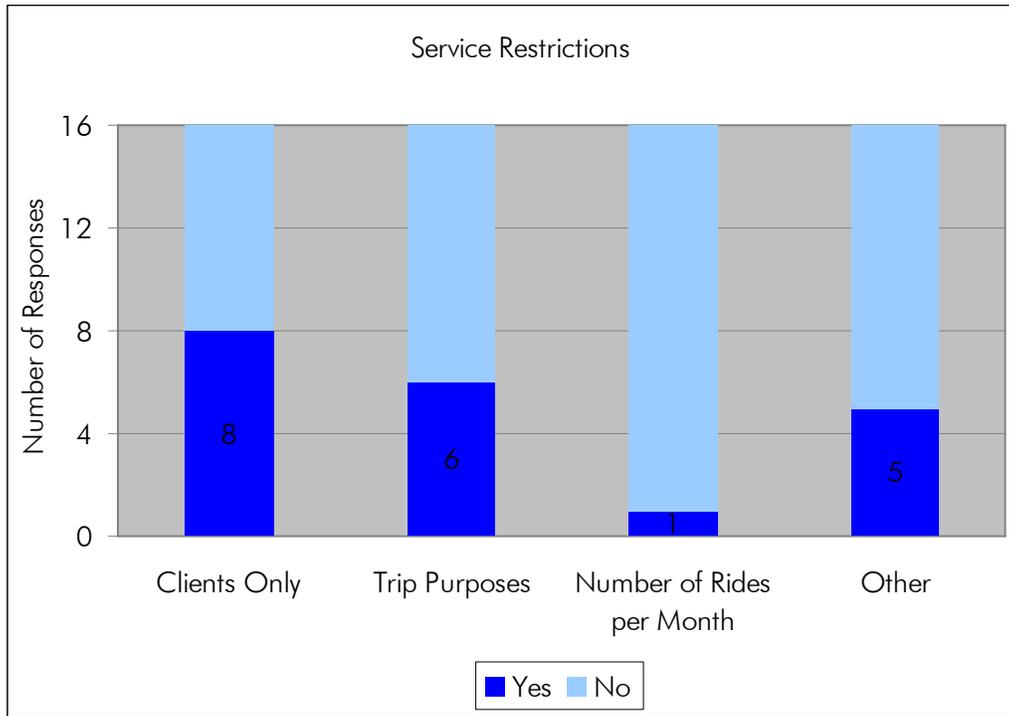
4. Under what legal authority does your organization operate?



5. What is the geographic service area for the organization?



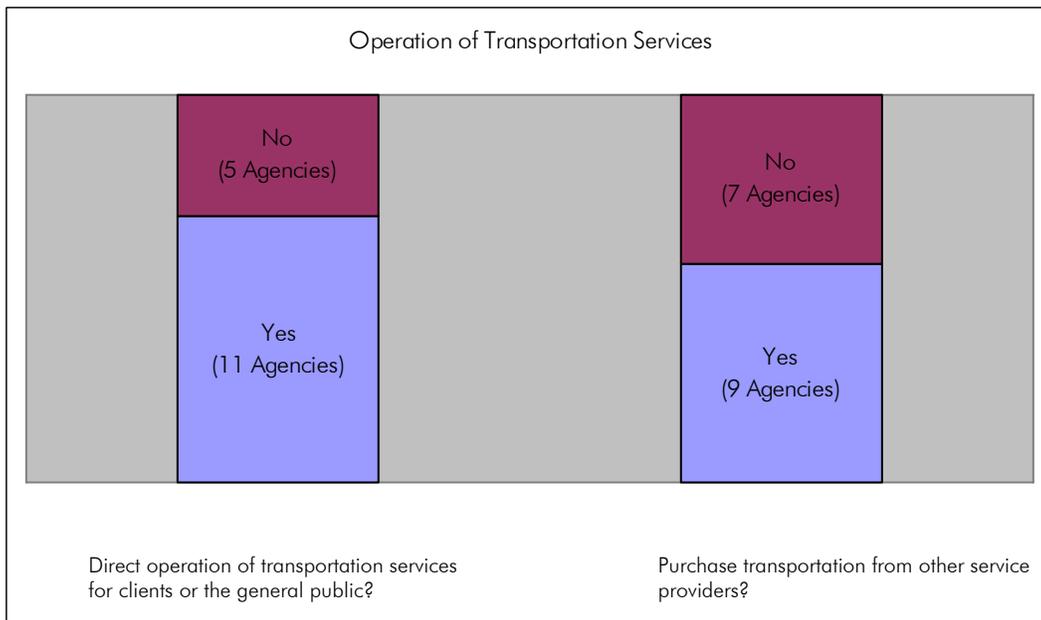
6. Does your transportation program restrict services?



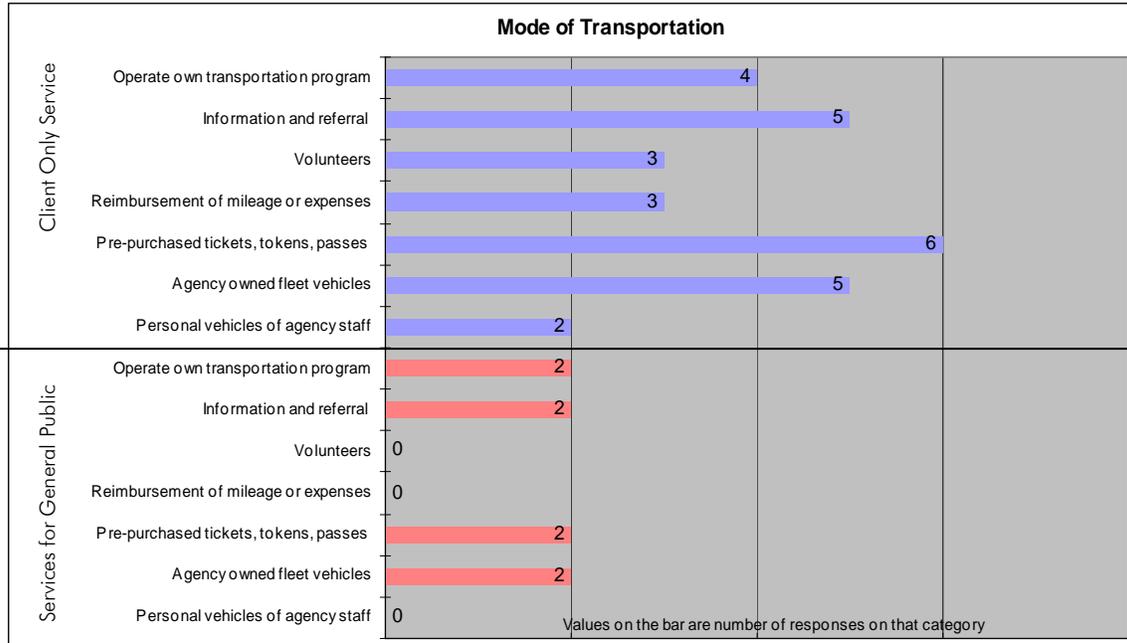
7. Why are these services limited?

8. Is your organization involved in the direct operation of transportation services for clients or the general public? (In the same figure with No. 9)

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



Modes of Transportation



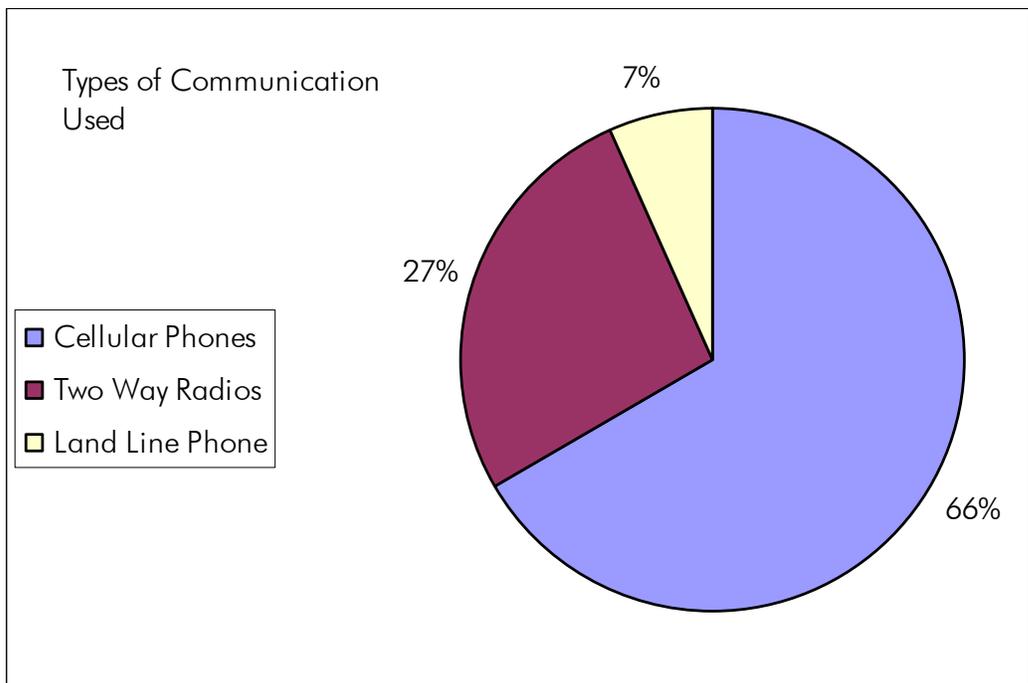
II. Transportation Services

12. Agency's vehicle fleet used in the provision of transportation services.

Agency Name	Vehicle Type	Number	Ownership
Restoration Urban Ministries	Skip		
Senior Resource Center at Family Service	No response		
Disability Resources and Educational Services	Large School Bus -- bus retrofitted with lift	3	Owned
	Other: 7 passenger minibus (Midwest transit)	1	Owned
	Large Prairie Int. Bus	3	Owned
Developmental Services Center	Large Prairie International Bus	3	Owned
	Converted 15 passenger vans	8	Owned
	Light duty bus	5	Owned
	Medium duty bus	2	Owned
Urbana Adult Education	No response		
CCRPC - Social Service Division	sedan	2	Owned
	Minivans -- 1 with wheelchair lift	2*	Leased
Yellow Transport Ltd	sedan	2	Owned
	Minivans	14	Owned
	Standard 15 passenger vans	4	Owned

	Other -- Pick-up	4	owned
	Other -- box vans	2	owned
Agency Name	Vehicle Type	Number	Ownership
Urban League of Champaign County	Minivans	1	Owned
	Other -- Pick-up truck	1	Owned
Circle of friends adult day center	Minivans	NR	Leased
	Standard 15 passenger vans	NR	Owned
Council of Congregations of Champaign-Urbana	skip		
Champaign County Nursing Home	Converted 12 passenger vans	4	Owned
Provena Covenant Medical Center/Faith in Action	Volunteers-mostly Sedans, Station Wagons, Minivans		
PACE, Inc	Skip		
Health Alliance	Skip		
CUMTD	Minivans	7	3 Owned
	Standard 15 passenger vans	7	5 Owned
	Medium or heavy duty transit bus	93	Owned
The Pavilion Foundation Hospital	Minivans	1	Owned
	Standard 15 passenger vans	2	Owned

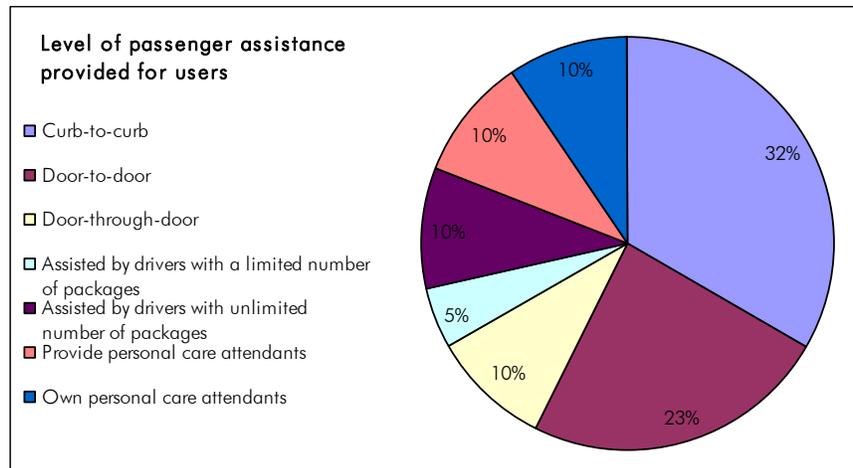
13. Communication device



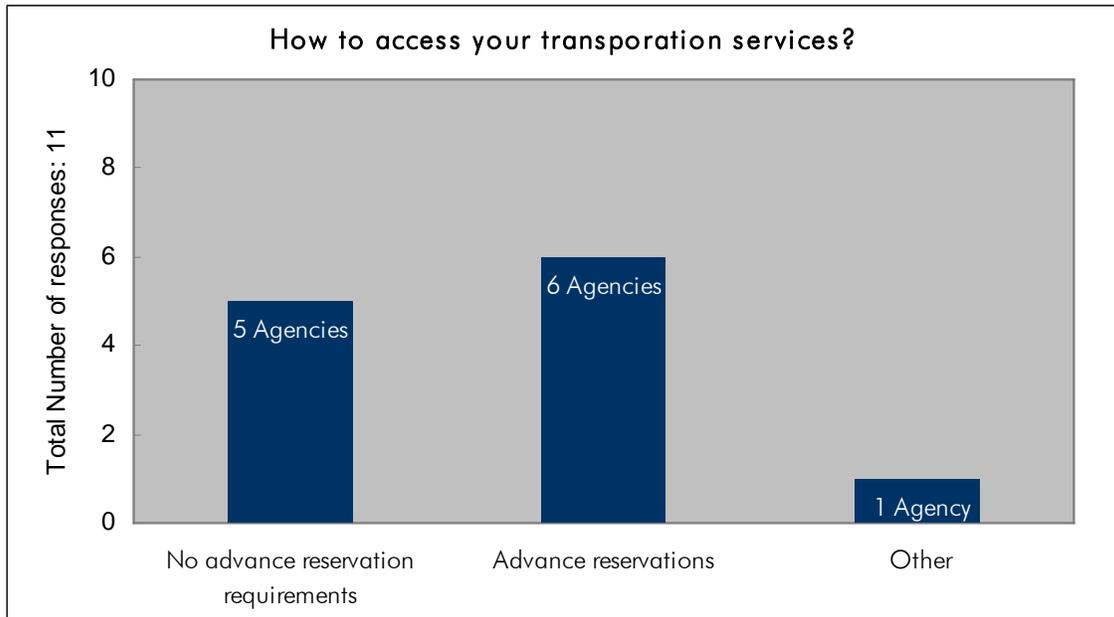
14. Hours and days of operation

ID	Weekdays	Saturday	Sunday	Holiday	Other (Describe):
Senior Resource Center at Family Service	8:30 AM - 5:00 PM	-	-	-	-
Disability Resources and Educational Services	7:30 AM - 9:30 PM	as needed	as needed	as needed	Any time on Saturdays and Sundays, arranged
Developmental Services Center	8:00 AM - 5:00 PM				
Urbana Adult Education	-	-	-	-	Monday to Thursday
CCRPC - Social Service Division	Yes	-	-	-	As arranged for excursions
Yellow Transport Ltd	-	-	-	-	24 hours a day / 7day a week
Urban League of Champaign County	8:00 AM - 8:00 PM	"special" events only	"special" events only	-	-
Circle of Friends Adult Day Center	7:30 AM - 5:30 PM	9:00AM - 4:00PM	-	-	-
Champaign County Nursing Home	7:00 AM - 5:00 PM	-	-	-	-
Provena Covenant Medical Center/Faith in Action	7:00AM - 6:00PM	7:00AM - 6:00PM	7:00AM - 6:00PM		Estimate, no set hours, depends on volunteer availability
PACE, Inc	Skip				
Health Alliance	Skip				
CUMTD	6:00AM - 5:00AM	6:00AM - 5:00AM	6:00AM - 5:00AM		
The Pavilion Foundation Hospital					24/7

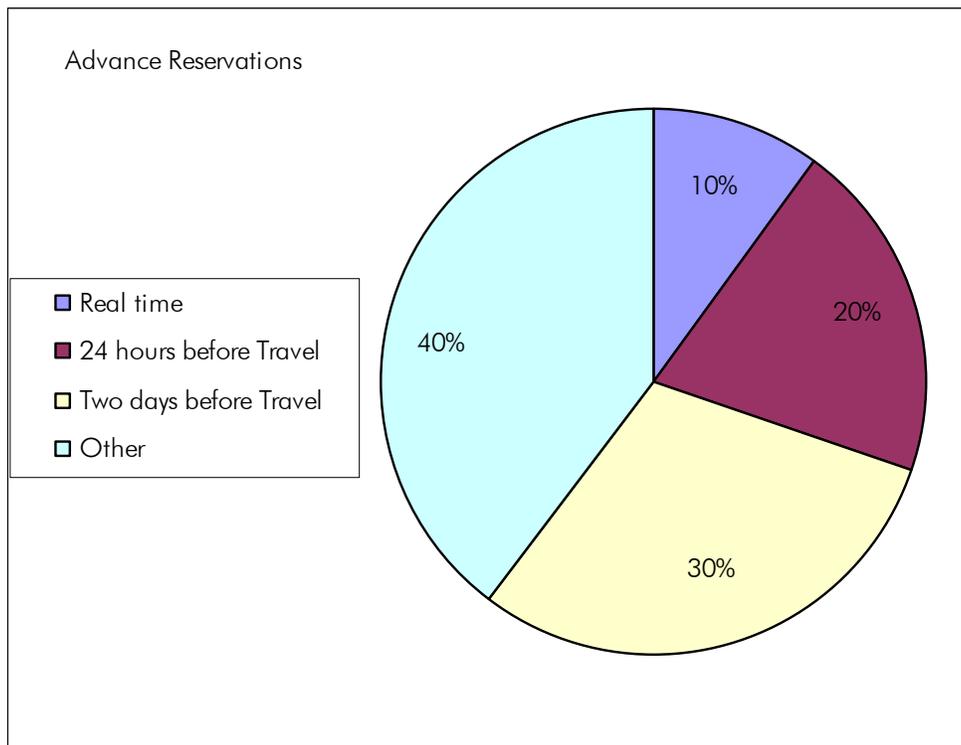
15. Define the level of passenger assistance provided for users of your transportation service.



16. How do clients/customers access your transportation services?



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



III. Ridership

18. Annual passenger statistics.

Services for the General Public																
ID	2	3	4	5	6	8	9	10	11	13	15	15	16	17	37	39
Total number of persons provided transportation	skip					60	540,000			skip	NA		NR	Skip	?	
Total number of passenger trips						1,000	216,000				NA		NR		9,468,647	
Estimated number of trips for which the riders use a wheelchair						100	152				NA		NR		563	
Clients Only																
ID	2	3	4	5	6	8	9	10	11	13	15	15	16	17	37	39
Total number of persons provided transportation	skip	392		350	50	50		35		skip	60*	200	NR			25
Total number of passenger trips		2,780		80,750	260	100		6 - 8 a week	8,688		21,600	1,006	NR			120
Estimated number of trips for which the riders use a wheelchair		0	20,000+	3,840	0			0			16,200	0	NR			0

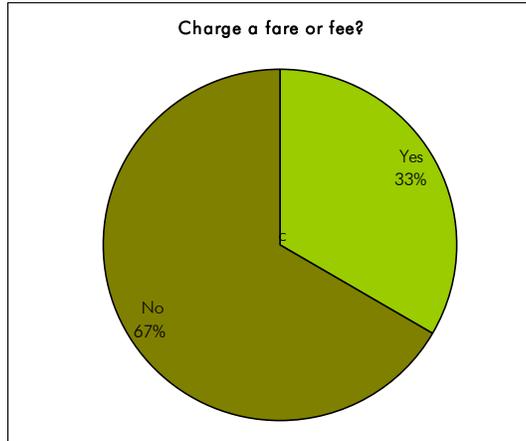
- ID - 2 - Restoration Urban Ministries
- ID - 3 - Senior Resource Center at Family Service
- ID - 4 - Disability Resources and Educational Services
- ID - 5 - Developmental Services Center
- ID - 6 - Urbana Adult Education
- ID - 8 - CCRPC - Social Services Division
- ID - 9 - Yellow Transport Ltd
- ID - 10 - Urban League of Champaign County
- ID - 11 - Circle of Friends Adult Day Center
- ID - 13 - Council of Congregations of Champaign-Urbana
- ID - 15 - Champaign County Nursing Home
- ID - 15 - Provena Covenant Medical Center/Faith in Action
- ID - 16 - PACE, Inc
- ID - 17 - Health Alliance
- ID - 37 - CUMTD
- ID - 39 - The Pavilion Foundation Hospital

Time period for counts

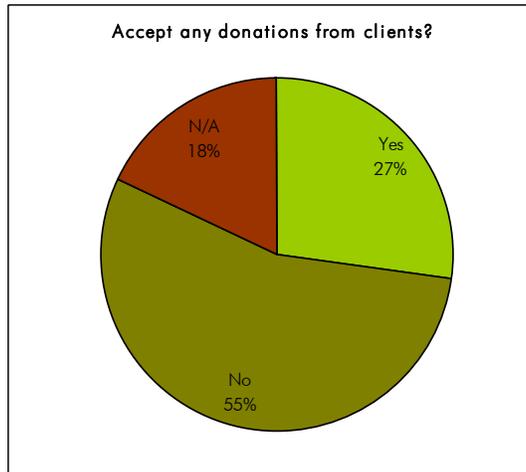
Agency	Time period for counts or estimates
Hoopston Multi-Agency Service Center, Inc.	February 2006 - February 2007
Senior Resource Center at Family Service	July 2005 - June 2006
Disability Resources and Educational Services	January 2006 - December 2006
Developmental Services Center	2006 info
Urbana Adult Education	September 2006 - May 2007
Community Service Center of Northern Champaign County	July 1 2005 - June 30
CCRPC - Social Service Division	1 year
Yellow Transport Ltd	1 year
Circle of Friends Adult Day Center	August 2007 - July 2007
Anabel huling Early Learning Center	NR
Champaign County Nursing Home	July 2006 - July 2007

Annual Expenditures and Revenues

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



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



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

Organization	Fiscal Year: Beginning	Fiscal Year: Ending
Restoration Urban Ministries	Skip	Skip
Senior Resource Center at Family Service	1-Jul	30-Jun
Disability Resources and Educational Services	1-Jul	30-Jun
Developmental Services Center	1-Jul	30-Jun
Urbana Adult Education	1-Jul	30-Jun
CCRPC - Social Service Division	1-Dec	30-Nov
Yellow Transport Ltd	1-Jan	31-Dec
Urban League of Champaign County	1-Jul	30-Jun
Circle of Friends Adult Day Center	1-Jan	31-Dec
Council of Congregations of Champaign-Urbana	Skip	Skip
Champaign County Nursing Home	1-Dec	30-Nov
Provena Covenant Medical Center/Faith in Action	1-Jan	31-Dec
PACE, Inc	Skip	Skip
Health Alliance	Skip	Skip
CUMTD	1-Jul	30-Jun
The Pavilion Foundation Hospital	1-Jan	31-Dec

VII. Local Coordination Efforts

40. What do you see as the greater barrier to coordination and mobility in your service area?

Organization	Response
Restoration Urban Ministries	Referrals to other organizations are only as effective as the ability to get there.
Senior Resource Center at Family Service	Funder restrictions on types of allowable service Insurance Costs
Disability Resources and Educational Services	NR
Developmental Services Center	None
Urbana Adult Education	??
CCRPC - Social Service Division	Obtaining vehicles is a small part of a bigger problem with operation support ongoing. Many agencies have a vehicle donated, but struggle with staff and other issues relative to funding ongoing.
Yellow Transport Ltd	NA
Urban League of Champaign County	lack of personal transportation
Circle of Friends Adult Day Center	NR
Council of Congregations of Champaign-Urbana	NA
Champaign County Nursing Home	There is a lack of funding for providing transportation services in our area as well as a lack of transportation services available for our clients/residents.
Provena Covenant Medical Center/Faith in Action	Difficulty in recruiting enough volunteers to meet the demand for services
PACE, Inc	Provision of access in rural areas on those who are unable to get to the standard routes
Health Alliance	Transportation from rural areas for non-emergent health care such as follow up apts. & wellness checks
CUMTD	Mixing population
The Pavilion Foundation Hospital	Ambulance Service

What elements of the existing transportation network provide the most useful mobility options in your service area?

Organization	Response
Restoration Urban Ministries	MDTA & Taxi Service
Senior Resource Center at Family Service	1:1 rides by volunteers (who are rare)
Disability Resources and Educational Services	Lift equipped buses to transport powered wheel chairs. Some of these won't fit on MTD buses.
Developmental Services Center	Illinois Department of Transportation is wonderful with providing use with vehicles that fits our service population.
Urbana Adult Education	MTD
CCRPC - Social Service Division	MTD - within service area, Senior service rural rider - rural seniors, DSC - for developmentally disabled persons enrolled in this service, School district for school children
Yellow Transport Ltd	NR
Urban League of Champaign County	Champaign-Urbana mass transit district
Circle of Friends Adult Day Center	NR
Council of Congregations of Champaign-Urbana	NA
Champaign County Nursing Home	Pro Medivan & MTD
Provena Covenant Medical Center/Faith in Action	NR
PACE, Inc	Skip
Health Alliance	Skip
CUMTD	Accessible Vehicles, Other
The Pavilion Foundation Hospital	NA

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

Organization	Response
Restoration Urban Ministries	Accessibility by small agencies of transportation resources for their clients
Senior Resource Center at Family Service	There are such limitations due to #34
Disability Resources and Educational Services	NA
Developmental Services Center	None, All service providers that we have contact with do a great job provided the limited needs.
Urbana Adult Education	NR
CCRPC - Social Service Division	5 day/week service for workers in rural parts of Champaign County
Yellow Transport Ltd	NR
Urban League of Champaign County	NR
Circle of Friends Adult Day Center	NR
Council of Congregations of Champaign-Urbana	NA
Champaign County Nursing Home	Developing a committee to network & market their services to specific population.
Provena Covenant Medical Center/Faith in Action	In Champaign County, what is most needed is a dependable, reliable, low-cost small-bus or van service for disabled or elderly. We have volunteers who are a wonderful supplement for those who need extra assistance and socialization. Family service mostly uses cabs but they are unreliable. An increase in service provision to on a need by need basis that meets specific individual needs to increase general access. Training to all public transit and human service transportation volunteers about disability awareness and anti-discrimination laws.
PACE, Inc	General advertisement of existing services. We do have a lot of great services that are quite honestly under-utilized.
Health Alliance	Availability and affordability
CUMTD	An effort to coordinate and money
The Pavilion Foundation Hospital	Ambulance Service