Public Transit-Human Services Transportation Coordination Plan Update

Delaware-Muncie Metropolitan Plan Commission

Prepared by: Delaware-Muncie
Metropolitan Plan Commission
October, 2025

DMMPC

DELAWARE-MUNCIE METROPOLITAN PLAN COMMISSION

Delaware County Building, 100 West Main Street, Room 206, Muncie, IN 47305

TRANSPORTATION POLICY COMMITTEE
OF THE
DELAWARE-MUNCIE METROPOLITAN PLAN COMMISSION

RESOLUTION 25-41

WHEREAS, the Delaware-Muncie Metropolitan Plan Commission (DMMPC) is the Metropolitan Planning Organization (MPO), as designated by the Governor of the State of Indiana, for the Muncie Urbanized Area; and

WHEREAS, the Transportation Policy Committee (TPC) is the policy committee of the Metropolitan Planning Organization involved in the transportation planning process for the Muncie Urbanized Area; and

WHEREAS, the Delaware-Muncie Metropolitan Plan Commission (DMMPC) developed a transit coordination plan for Delaware County and solicited public input toward it, including the Coordinated Transit Plan Committee.

WHEREAS the Muncie-Delaware County Coordination Plan (2025) was reviewed and approved the Transportation Policy Committee via email on October 9, 2025.

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

Section 1. That the Muncie-Delaware County Coordination Plan (2025) was approved and adopted as the transit coordination plan for the Delaware County Area.

Approved this 9th day of October, 2025.

ATTEST:

Kayla Shawver, Principal Planner
DMMPC – Muncie MPO

**TRANSPORTATION POLICY COMMITTEE
BY:**

Kylene Swackhamer, Executive Director
DMMPC – Muncie MPO

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INTRODUCTION

OVERVIEW

This plan serves as an update to the 2021 Delaware-Muncie Metropolitan Plan Commission (DMMPC) Public Transit-Human Services Coordination Plan, originally developed in 2007. The requirement to develop a coordinated plan originated in 2005 under the Safe, Accountable, Flexible, and Efficient Transportation Equity Act - A legacy for Users (SAFETEA-LU), which authorized U.S. Department of Transportation funding programs. The requirement continued under the Moving Ahead for Progress in the 21st Century Act (MAP-21) until both SAFETEA-LU and MAP-21 expired in September 2015.

Coordination requirements were renewed under the Fixing America's Surface Transportation (FAST) Act in December 2015, which remained in effect until September 2020. The most recent renewal was enacted through the Infrastructure Investment and Jobs Act (IIJA), also known as the Bipartisan Infrastructure Law, in November 2021. This law extends the coordination requirement through September 2026.

The Public Transit-Human Services Transportation Coordination Plan is a federally required document that ensures communities effectively coordinate transportation services for senior citizens, individuals with disabilities, and low-income residents. By collaborating with local agencies that provide transportation, this plan identifies service gaps, prioritizes community transportation needs, and works to expand mobility options while minimizing duplication of services.

This plan was developed and updated locally by the Delaware-Muncie Metropolitan Plan Commission (DMMPC) with active participation from local agencies that provide transportation for the general public, older adults, and individuals with disabilities.

SECTION 5310 PROGRAM: ENHANCED MOBILITY FOR SENIORS AND INDIVIDUALS WITH DISABILITIES

The Section 5310 Program is the funding source most directly tied to the Coordinated Public Transit–Human Services Transportation Plan, as participation in a locally developed plan is required for eligibility.

The program provides formula-based funding to states and designated urbanized areas to support public and nonprofit organizations in meeting the transportation needs of older adults and individuals with disabilities when traditional public transit is unavailable, insufficient, or inappropriate. Funds are apportioned by the Federal Transit Administration (FTA) according to the population of each service area.

In Indiana, the Indiana Department of Transportation (INDOT) serves as the direct recipient for rural areas (populations under 50,000) and small urban areas (populations between 50,000 and 200,000). INDOT reviews applications and awards funds through a competitive, formula-based process outlined in its Section 5310 State Management Plan.

Eligible activities include the purchase of buses, vans, wheelchair lifts, ramps, securement devices, and transit-related technology; implementation of mobility management programs; non-emergency medical transportation (NEMT); and contracting for transportation services. Projects funded under Section 5310 require a local match of 20 to 50 percent, depending on the project type.

PLAN DEVELOPMENT METHODOLOGY

The coordination plan update was developed through the following planning activities:

- Review of previous plans: Examined earlier coordination plan updates for Delaware County to assess progress and identify continuing needs.
- Assessment of community conditions: Evaluated current economic and demographic trends within Delaware County to understand the context for transportation planning.
- Inventory of providers: Updated the list of public transit and human service transportation providers operating within the county.
- Public input: Conducted a survey of the general public and transportation users to identify unmet transportation needs.
- Provider input: Conducted a survey of transportation providers to document existing services, challenges, and opportunities.
- Stakeholder engagement: Held two local meetings with stakeholders and transportation providers to gather input on needs, service gaps, goals, and potential strategies for improvement.
- Needs assessment: Updated the analysis of unmet transportation needs and service gaps using data from meetings, interviews, and surveys.
- Implementation plan: Developed an updated implementation plan that includes current goals, strategies, responsible parties, and performance measures.

The DMMPC planning area encompasses Delaware County, including the city of Muncie. The map in Figure 1 depicts the area covered in this study.

Figure 1: Delaware-Muncie Metropolitan Planning Area
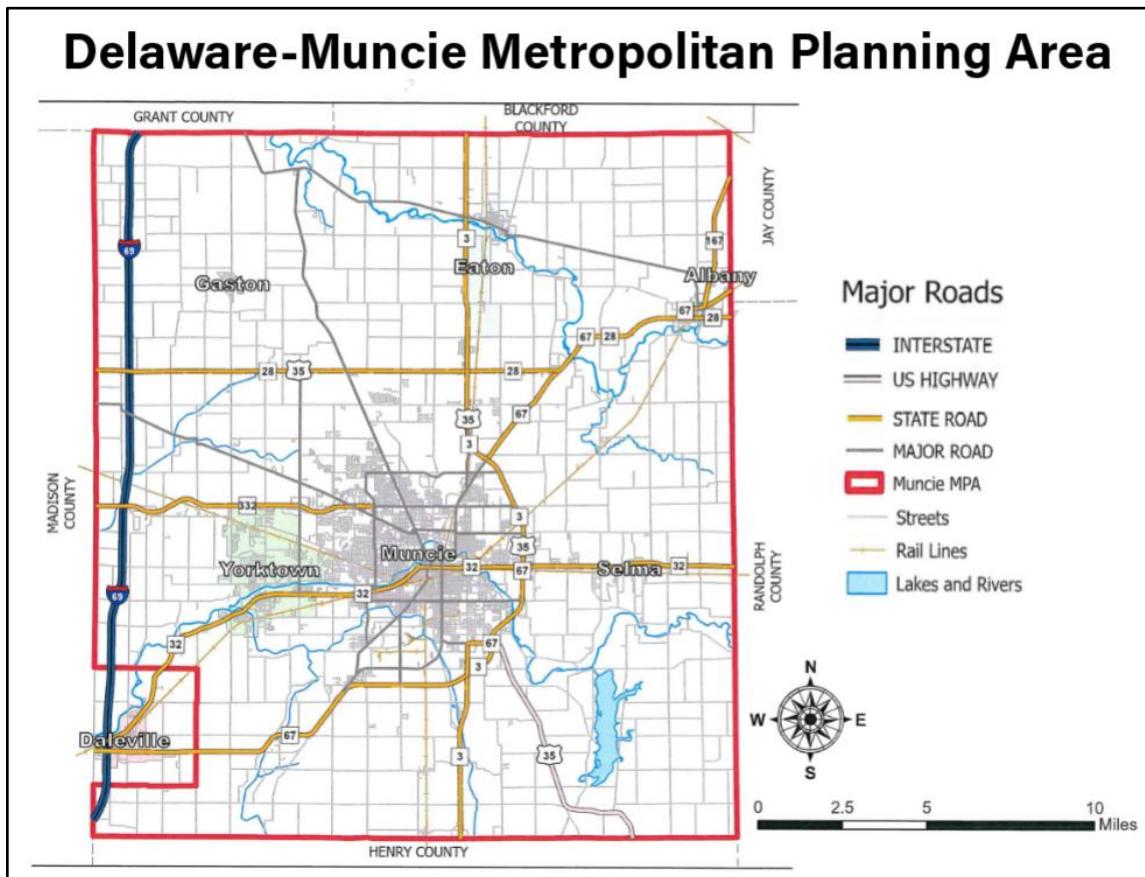
This section will summarize relevant data that may indicate current and future needs of the Delaware-Muncie community. This data was gathered from multiple sources, mainly the US Census Bureau's 2023 American Community Survey 5-year Estimates and the IU Kelley Business Research Center. The ACS 5-year estimate represents aggregated data collected from 2019 - 2023 and is based on a representative sample population, providing detailed and accurate socioeconomic information for any geographic area, down to subsections of Muncie.

The following demographics represent factors that may indicate a need for transportation services or gaps in transportation access. In accordance with Section 5310 specifically, the factors under consideration include age and disability status. This plan also considers those who are low income or living under the poverty line. This will provide insight into the types of public transportation that are needed, and what areas specifically have disadvantaged populations that may be more likely to rely on public transit. Especially for these groups, mobility is key to quality of life, and lack thereof may pose a significant challenge to an individual's independence, access to medical care and essential services, productivity, and overall wellbeing.

POPULATION PROJECTIONS

According to the US Census, Delaware County's population as of 2025 is 112,637. STATS Indiana, sourcing their data from the IU Kelley Indiana Research Center projects that by 2050, the county's population will decrease to 106,148, a loss of 5.8% over the course of 25 years. Figure 2 shows the projected population trend between 2025 and 2050.

Figure 2: Population Growth Projections
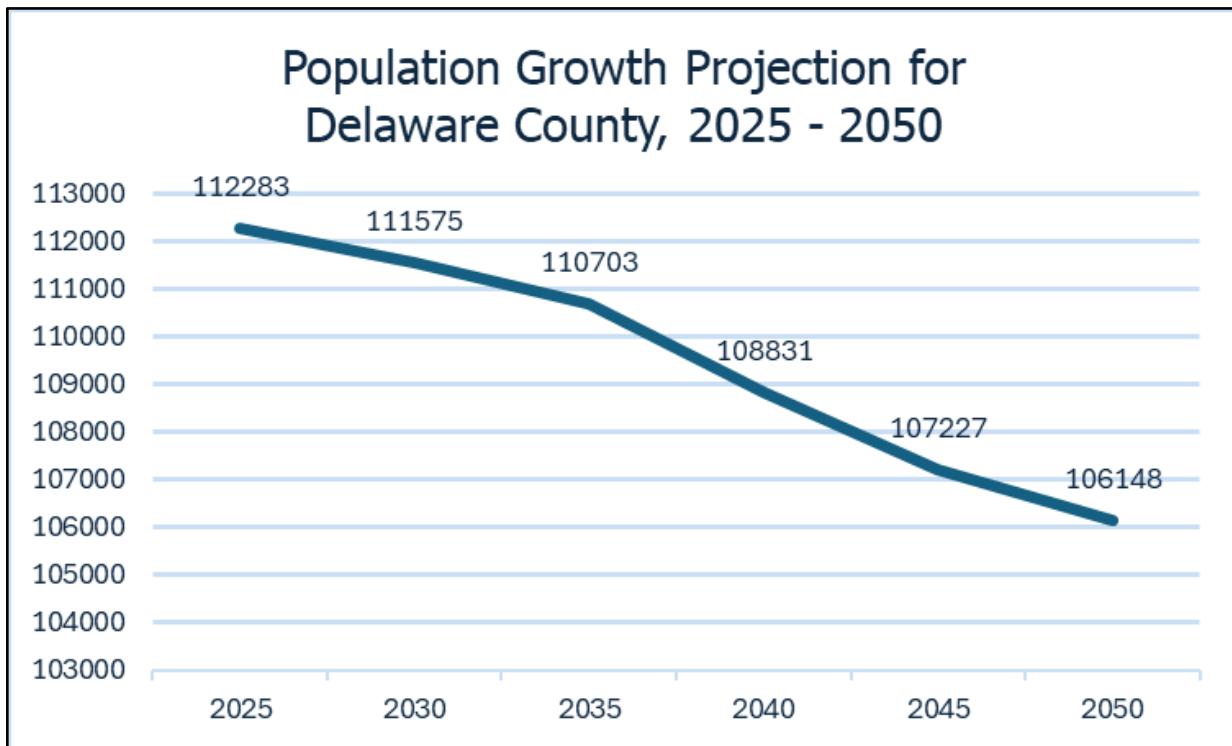
Data sourced from STATS Indiana by the IU Kelley Indiana Business Research Center

OLDER ADULT POPULATION

Older adults are likely to depend on transportation services when they are unable to drive themselves or choose not to drive, whether due to physical limitations or personal preference. Older adults also tend to be on a limited retirement income, meaning public or nonprofit transportation services may offer a more economical option than owning, insuring, and maintaining a vehicle.

As depicted in Figure 3, when comparing population growth projections by age group, it is shown that younger populations will generally decrease and older populations will increase, reflecting an aging population. The only age group projected to ultimately see an increase after the 25-year period is senior citizens over 65, with an increase of 3.2%.

Figure 3: Population Growth Projections by Age Group
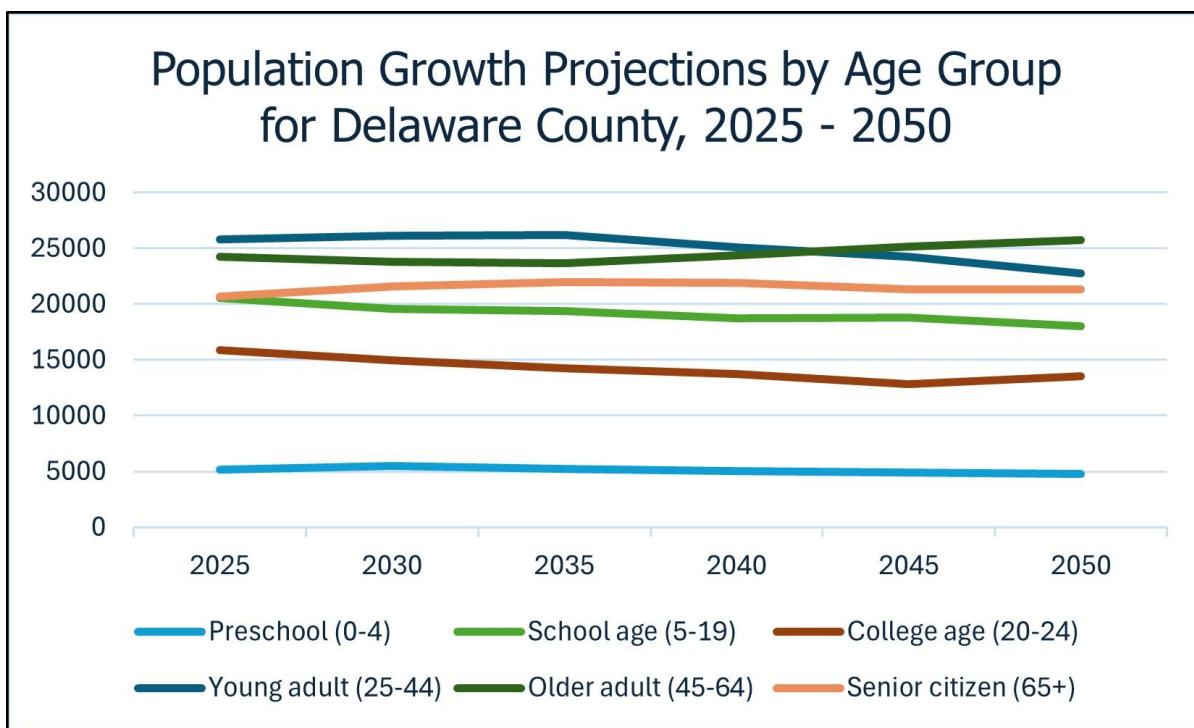
Data sourced from STATS Indiana by the IU Kelley Indiana Business Research Center

Figure 4 depicts the population density of persons over age 65 per square mile by Census block group. This shows where there is a higher concentration of senior citizens, which is generally in the city. This represents the actual number of senior citizens that may be in need of service. This population is somewhat scattered throughout the city, but the highest densities are around north and west Muncie such as in the Halteman, Kenmore and Gatewood neighborhoods, as well as in south Muncie such as throughout the Southside neighborhood.

Figure 4: Senior Citizen Population Density
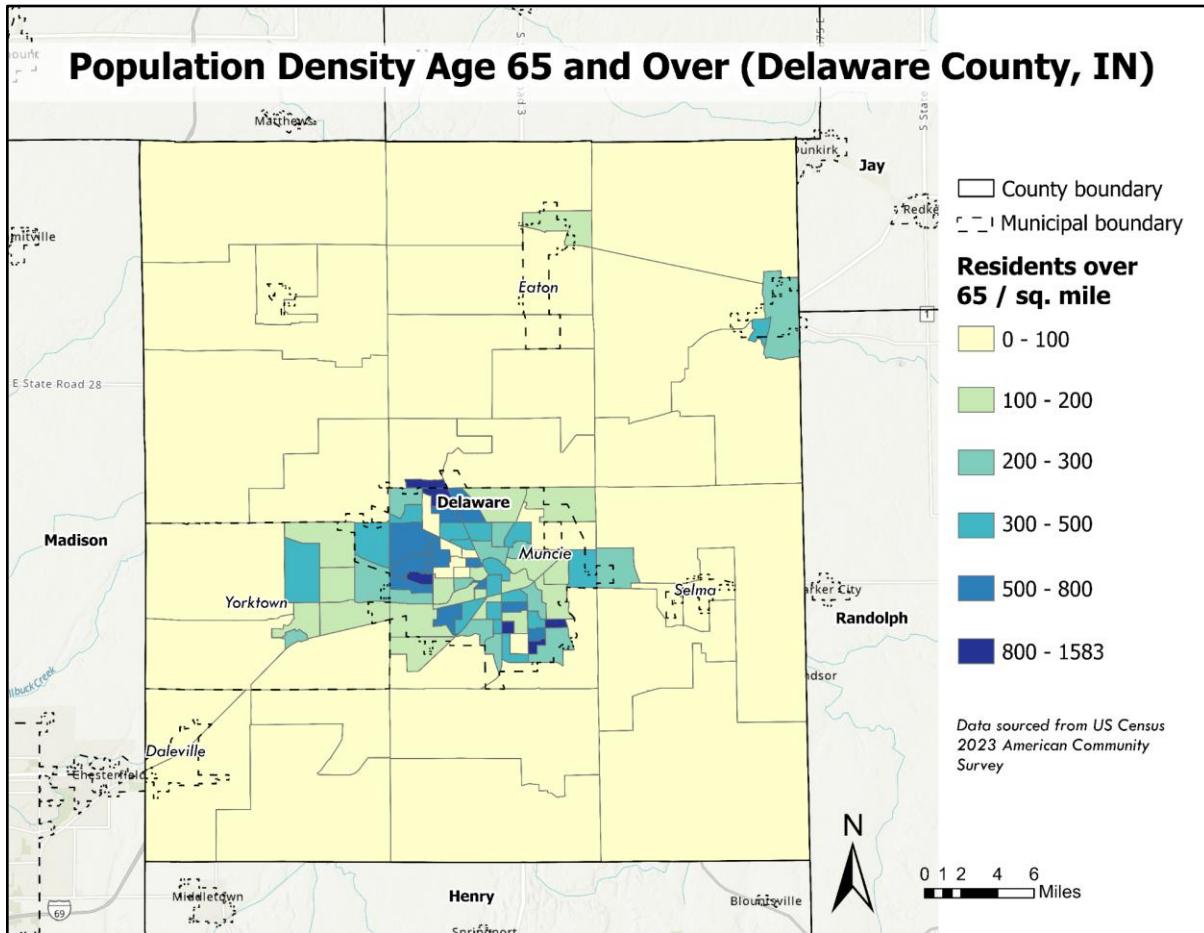
Data sourced from US Census 2023 ACS 5-year Estimate Table C18130

Figure 5 depicts the percentage of people that are over age 65 per Census block group, in proportion to the rest of the population. This represents where there is a high percentage of senior citizens in areas that may not be represented by the population density map due to the population being much sparser, especially in rural areas. Many areas out in the county, especially on the east side, have as many as 40% to 50% of their population being over age 65.

Figure 5: Senior Citizen Population Percentages by Block Group
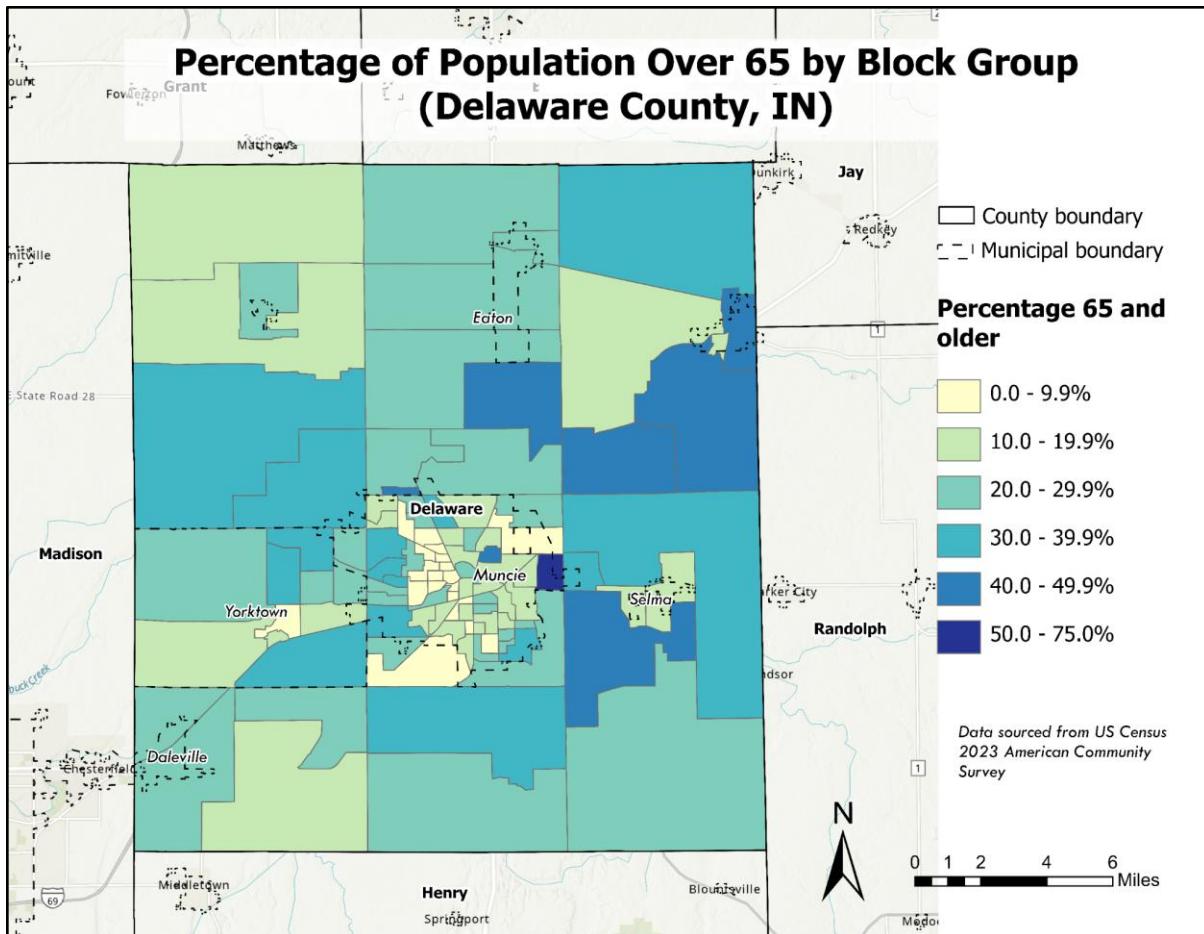
Data sourced from US Census 2023 ACS 5-year Estimate Table C18130

INDIVIDUALS WITH DISABILITIES

In general, individuals with disabilities are likely to rely on transportation services for a variety of reasons. That being said, there is a complex and lengthy definition of what constitutes a disability under the Americans with Disabilities Act, as found in 49 CFR Part 37.3. It is also worth noting that the Census does not have any method of identifying individuals with a disability that is specifically transportation related. The Census includes six disability types: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty. Although these conditions may not always indicate a transportation-related disability on their own, they can all potentially impact a person's ability to drive or use standard public transportation. Recognizing the presence of individuals with these challenges highlights the need for more accessible options, such as paratransit or door-to-door services, to ensure that everyone can travel safely and independently within the community.

As shown in Figure 6 depicting disability incidence, Delaware County's disability rate is more than 5 percentage points higher than that of the state.

Figure 6: Disability Incidence for Delaware County and Indiana
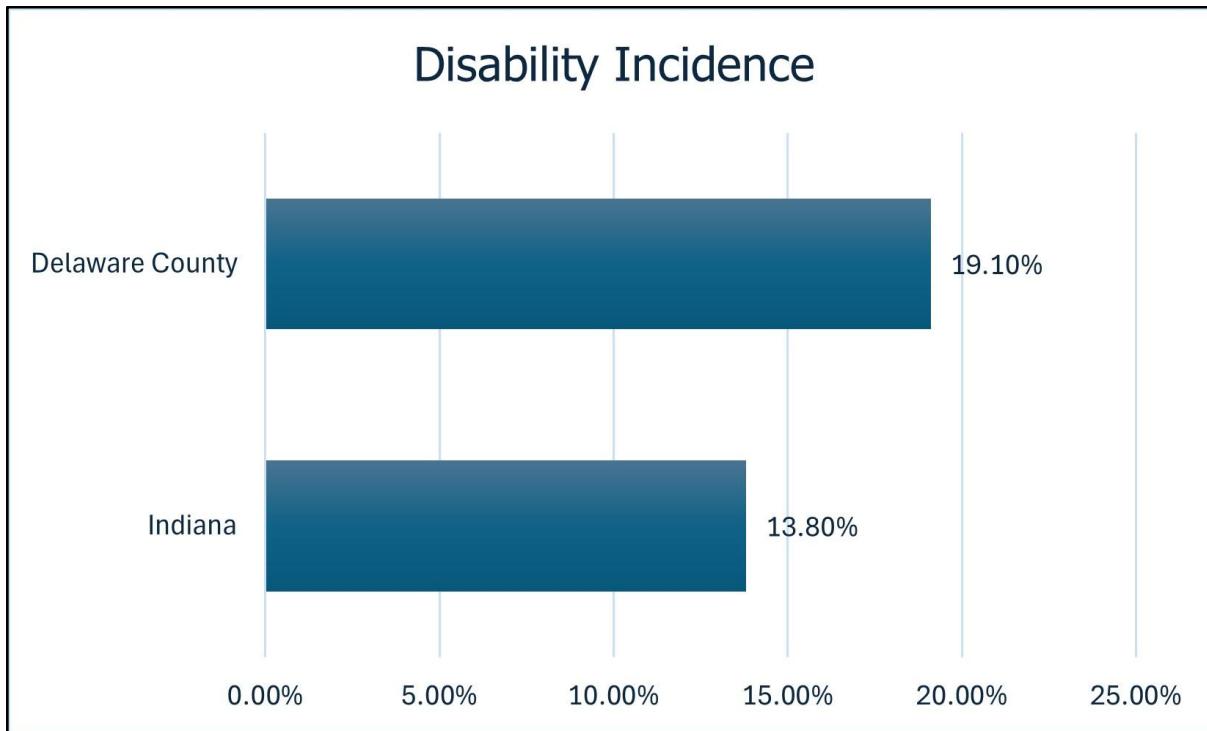
Data sourced from Census ACS 2023 5-year estimates Table S1810

Figure 7 depicts what percentage of the population in each block group has a disability. The block groups with the highest percentage are mostly concentrated around central, south, and east Muncie, as well as areas throughout the county. Neighborhoods where this concentration is especially high including the Old West End and Downtown, Southeast, Eastside, Southside, and north Whitely. This highlights where there may be a need for accessible transportation. It is worth noting that there is not only a need in the city, but in many rural areas as well.

Figure 7: Percentage of Population with Disability by Block Group
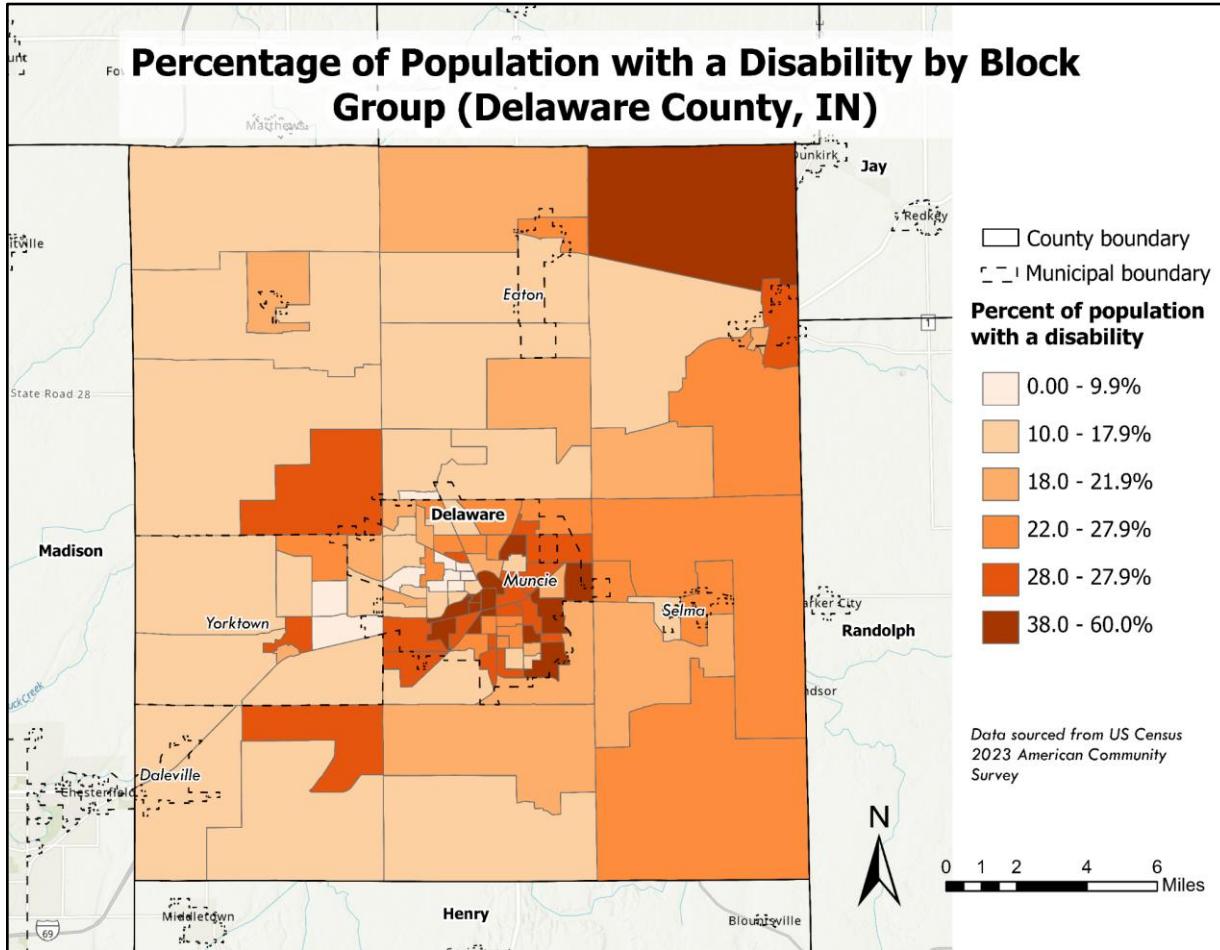
Data sourced from US Census 2023 ACS 5-year Estimate Table C18130

Household income and poverty status may indicate demand for transportation services especially when it comes to affordability as well as availability of transportation to be able to access essential human services and work.

Figure 8 indicates median household income in Delaware County versus Indiana as a whole. Delaware County's figure is notably lower at 18.7% less than Indiana's figure.

Figure 8: Median Household Income for Delaware County and Indiana
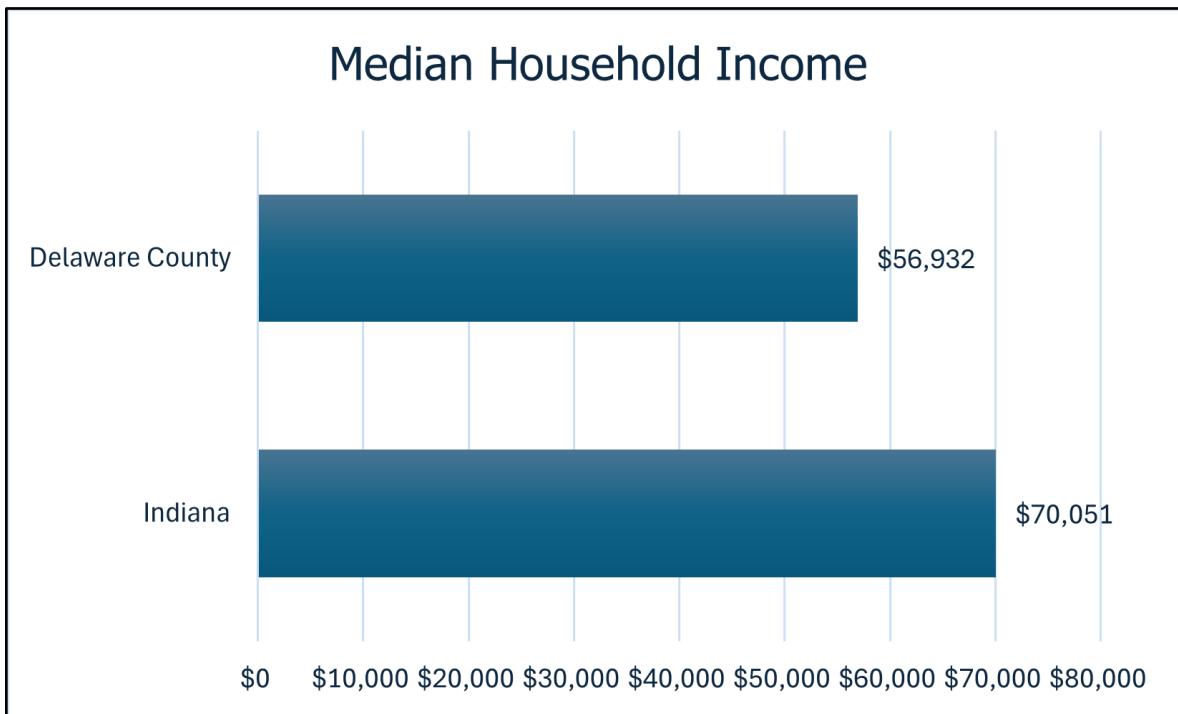
Data sourced from Census ACS 5-year estimates 2023 Table S1901

Figure 9 indicates the distribution of household income in Delaware County. As of 2023, 31.6% of the population makes less than $35,000 per year. 45.9% of the population makes between $35,000 and $100,000. 22.6% of the population makes more than $100,000.

Figure 9: Distribution of Household Income

Distribution of Household Income in Delaware County, IN

Income Range	Percentage
$200,000 or more	3.4%
$150,000 to $199,999	5.0%
$100,000 to $149,999	14.2%
$75,000 to $99,999	12.9%
$50,000 to $74,999	19.4%
$35,000 to $49,999	13.6%
$25,000 to $34,999	9.5%
$15,000 to $24,999	10.3%
$10,000 to $14,999	4.7%
Less than $10,000	7.1%
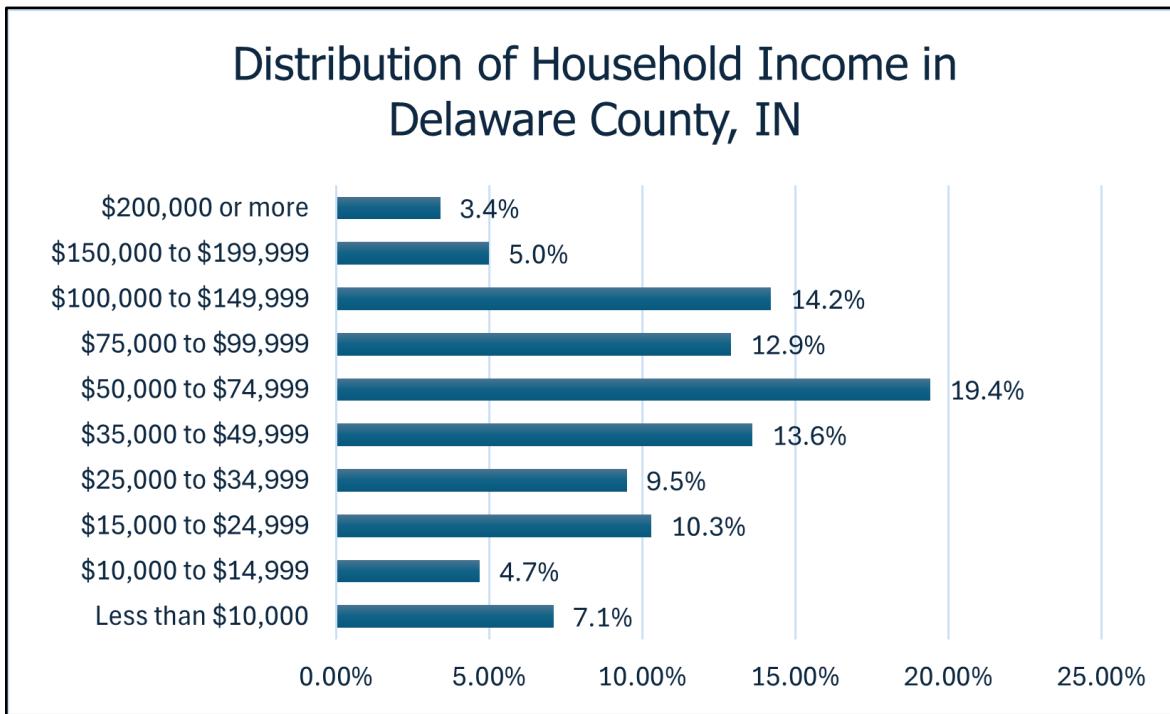
Data sourced from Census ACS 2023 Table S1901

Figure 10 shows the percentage of people that live under the poverty line in Delaware County versus Indiana as a whole. As of 2023, the federal poverty guideline was an annual income of $15,480 for an individual or $31,200 for a family of four. Delaware County generally faces higher poverty levels than the rest of Indiana on average. In Muncie itself, the poverty rate was 29.6% as of 2023 according to the US Census ACS 5-year estimate.

Figure 10: Percentage of Population in Poverty for Delaware County and Indiana
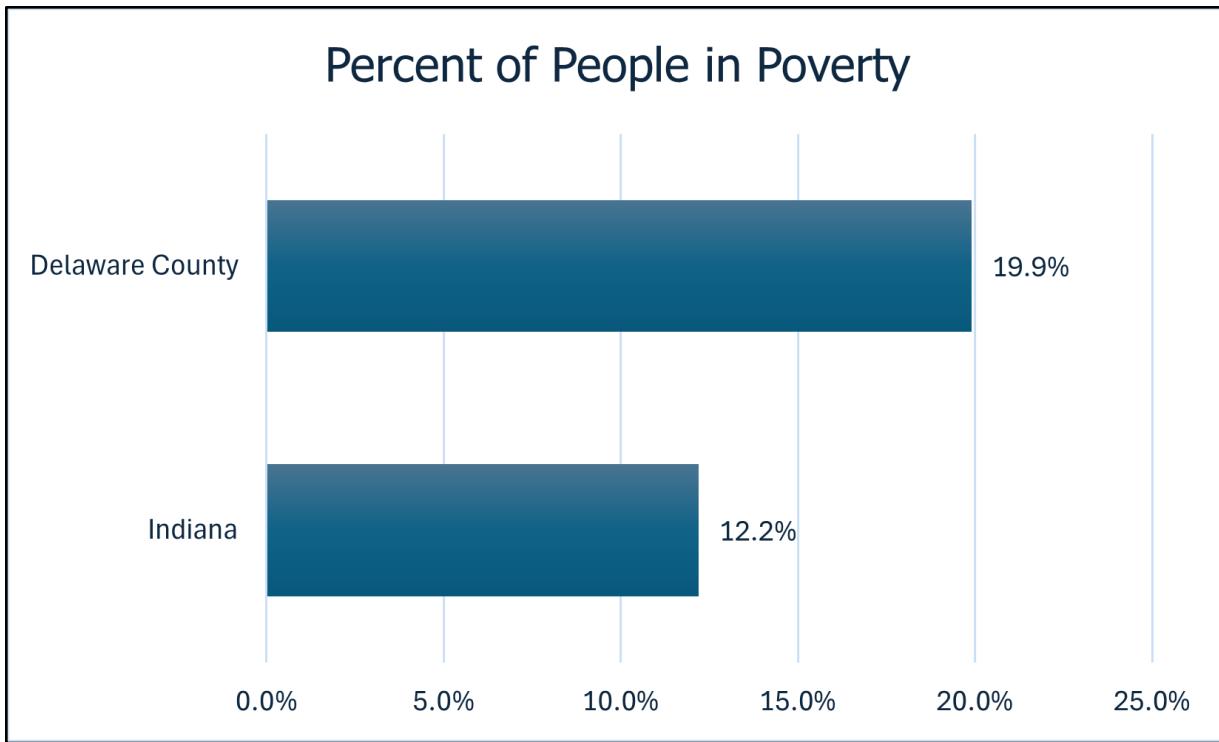
Data sourced from Census ACS 2023 5-year estimates Table S1701

Figure 11 depicts the percentage of the population living below the poverty line for each block group in the county. The highest percentages are concentrated around central and south Muncie, as well as some areas in north Muncie. The highest percentages are 87% to 89% in an area that may be accounted for by the fact that it is primarily student housing. The higher percentages in the block groups that are not primarily students are generally between 30 to 45%, mostly around the central and south neighborhoods, with the Old West End neighborhood being as high as 60%. Some areas in north Muncie are also highly afflicted, with the north part of the Whitely neighborhood being at 64%. The rural areas of the county are somewhat less afflicted, though also have percentages as high as 19.5%.

Figure 11: Poverty by Block Group
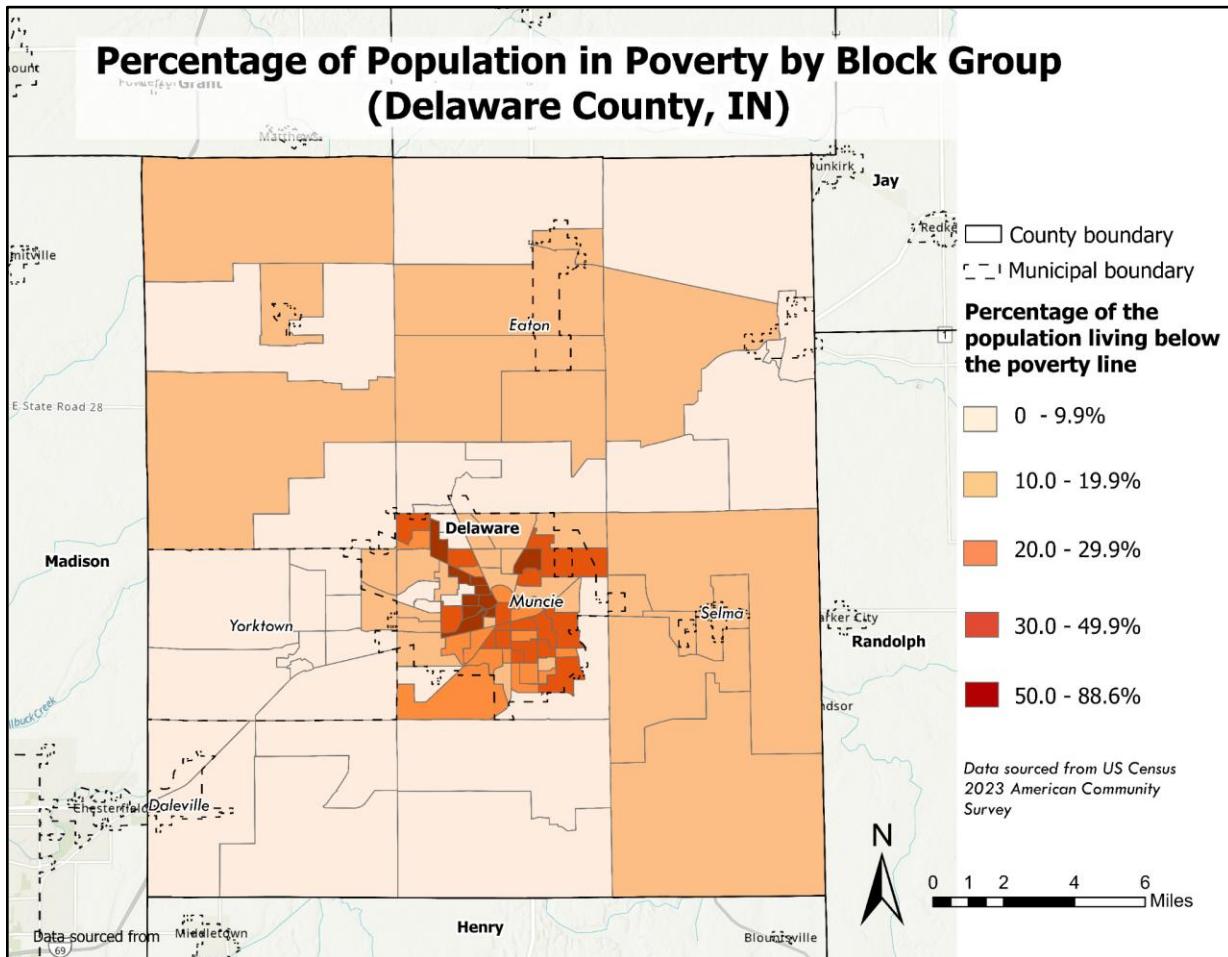
Data sourced from US Census 2023 ACS 5-year Estimate Table C18130

By evaluating which areas of the city and county are most burdened by poverty, we can begin to identify where there may be more of a need for affordable transportation options.

Figure 12 depicts what percentage of households in each block group do not own a vehicle. The areas with the highest percentage of people with no vehicle are around central Muncie such as Old West End at 53% and Downtown at 31%, as well as areas in the south and north such as north Whitely at 47%. There is also a notable amount of zero vehicle households in the rural areas, with one block group being as high as 17.6%. This shows where there is a need for transportation access in general.

Figure 12: Zero Vehicle Households by Block Group
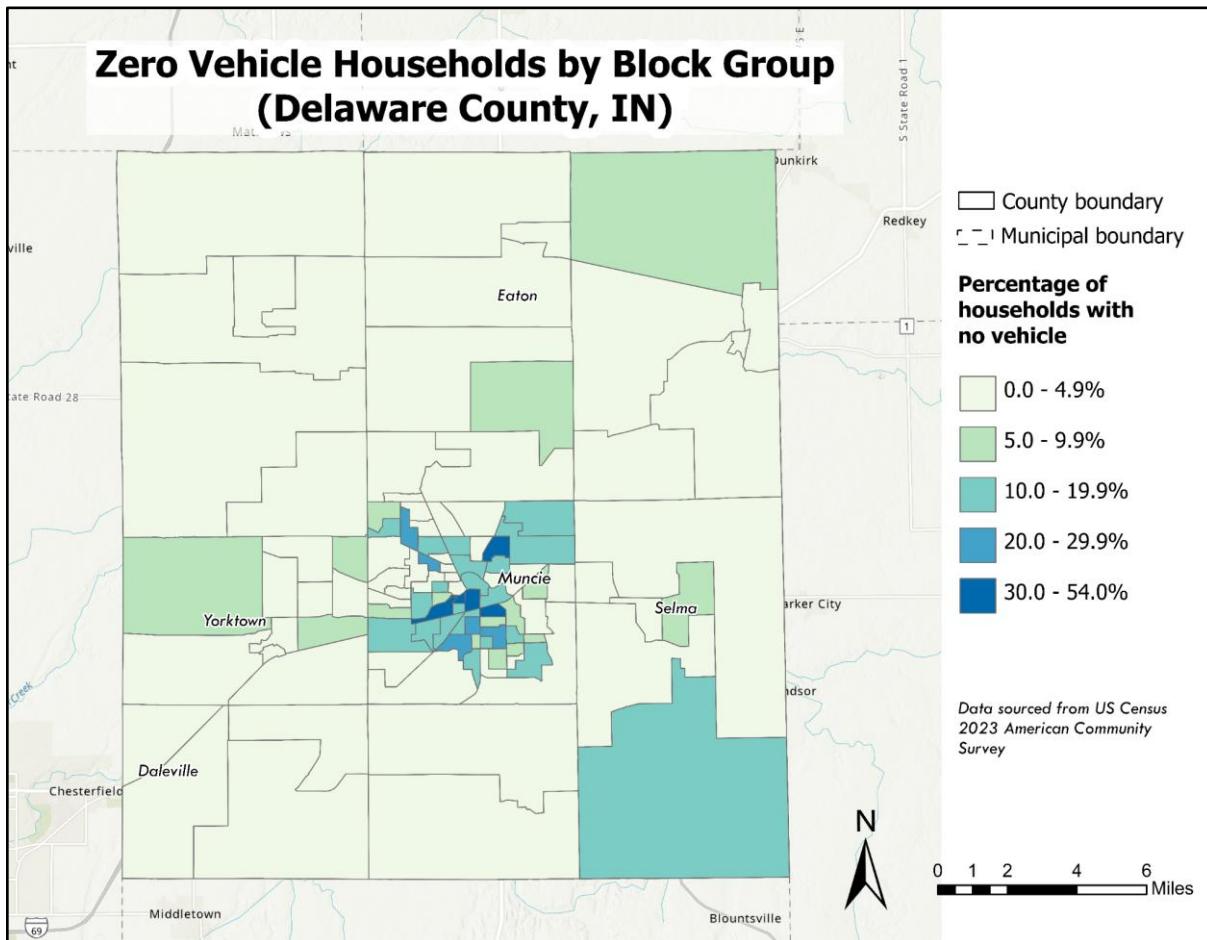
Data sourced from US Census 2023 ACS 5-year Estimate Table B25044

INVENTORY OF EXISTING TRANSPORTATION SERVICES

Public and human service transportation providers were asked to complete surveys, participate in interviews, and share data to support an updated inventory of transportation services within the MPO area. Providers were also invited to join the Coordinated Transit Plan Steering Committee, which focused on identifying community needs and service gaps. Meetings were held in person, with the option to participate virtually via Zoom. Discussions addressed that status of goals from the previous plan, highlighted unmet needs and emerging issues, and emphasized opportunities for coordination to reduce duplication of services and improve overall efficiency.

An inventory of provider services and vehicles was updated by asking providers prepared questions via email and phone interviews.

Figure 13 shows public transit systems across the state, including city-to-city connections. Intercity buses are operated by private companies but serve a public purpose.

2023 PUBLIC TRANSIT SYSTEMS IN INDIANA
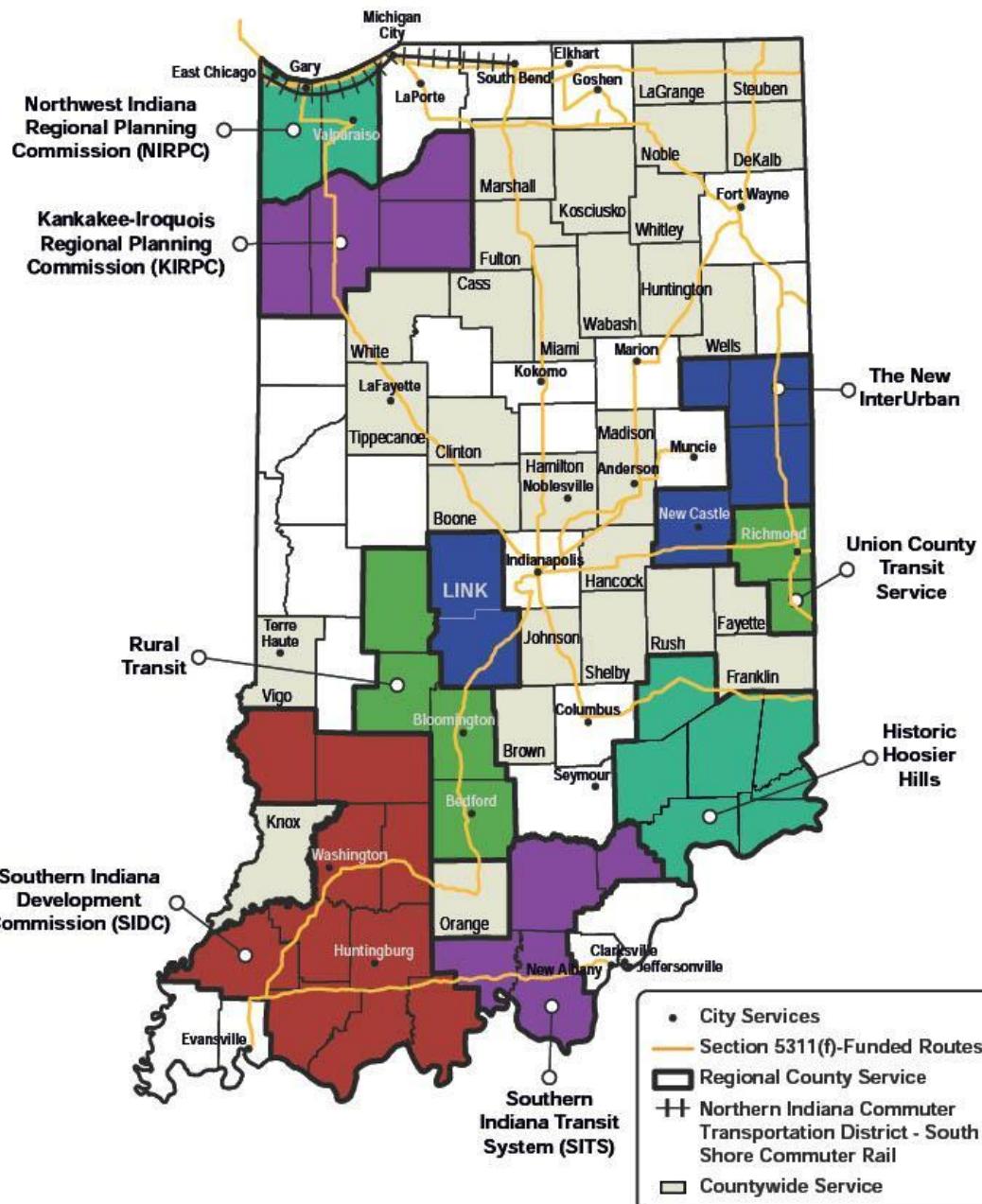
EXISTING LOCAL TRANSPORTATION RESOURCES

Table 1 outlines the public transportation providers serving the planning area. MITS is the primary service provider in the DMMPC service area and provides transportation for the city of Muncie. Rural areas of Delaware County, outside of the Muncie urbanized area, currently do not have public transportation. The following table provides general information about MITS, CIRTA's Commuter Connect (a rideshare program), Ride with Miller, and Hoosier Shuttle. Table 2 provides an overview of human service agency transportation programs that provide demand response transportation to clients or specific population groups (e.g., older adults).

Table 1: Public Transportation Providers

	MITS	CIRTA Commuter Connect	Ride with Miller	Hoosier Shuttle
Location/ Contact	1300 E Seymour Street Muncie, IN 47302 765-284-4753 www.mitsbus.org	320 N Meridian St Ste 920, Indianapolis, IN 46204 317-327-7433	1103 S. Tibbs Ave. Indianapolis, IN 46241 ridewithmiller.com	Fort Wayne, IN 260-469-8747 hoosiershuttle.com
Organization Type	Public Non-profit	Public Non-Profit	Private For-Profit	Private For-Profit
Service Type(s)	Fixed route and complementary paratransit	Vanpool and carpool matching database; Vanpool leasing	Reservations made on a fixed-route	Reservations made on a fixed-route
Service Area	City of Muncie	Central Indiana	Nation Wide	Fort Wayne, Indianapolis, Markle, Warren, Marion, Gas City, Gaston, Muncie, Daleville, Anderson, Pendleton, Noblesville, Fishers
Eligibility Criteria	MITS - General Public MITS PLUS - ADA Certification	General Public	General Public	Muncie to one of the other 13 destinations listed above
Days/Hours of Service	Monday-Friday: 6:15 AM-6:45 PM Saturday: 8:15 AM-6:15 PM	N/A - Riders establish their own schedules	Schedules vary	M-F: 7:00AM-6:30 PM Sat-Sun: 9AM-7PM
Ridership	2023: 919,183 2024: 928,568	2023: 17,189 2024: 20,702	Not reported	Not reported

	MITS	CIRTA Commuter Connect	Ride with Miller	Hoosier Shuttle
Fare/Donation	Base - $0.50 (Elementary and younger - Free) Elderly/Disabled - $0.25 30 Day Pass - $18.00 Veterans - Free	Passenger Fares and agency subsidies for some services	Varies by distance	Base - $49
Funding Sources	Passenger Fares, PMTF, Section 5307, and City of Muncie	CMAQ, Section 5307	Not reported	Ticket Revenue
Operating Budget (2024)	Not reported	3 million	N/A	N/A
Fleet and percentage of Wheelchair Accessibility	13 paratransit and 31 fixed route buses	Personal Vehicles and commuter vans	Not reported	2 Transit vans, 0 wheelchair accessibility
Reservations Requirements	Paratransit - 7 days in advance Fixed Route - N/A, See schedule	24 hours in advance	24 hours in advance	At least 48 hours before
Scheduling/ Dispatching	1 day advance notice for MITS Plus	N/A	N/A	N/A

Table 2: Human Services Transportation Providers

	Eaton EMTS MITS Voucher Services	Hillcroft Services Reliable Transit	LifeStream Senior Rides
Location/ Contact	105 W Indiana Ave, Eaton, IN 47338 (765) 396-9483	501 W Air Park Dr, Muncie, IN 47303 (765) 284-4166	1701 Pilgrim Blvd, Yorktown, IN 47396 (800) 589-1121
Organization Type	Private Non-profit	Private Non-profit	Private Non-profit
Service Type(s)	Medical transportation (emergency & nonemergency), door-to-door	Door-to-door service	Demand response / door-to-door
Service Area	Delaware County (primary) & surrounding counties	East central Indiana	Jay, Randolph, Blackford, Henry, Madison, Grant & Delaware County
Eligibility Criteria	Medicare/medicaid - insurance approval, MITS voucher - MITS approval	Clients attending Hillcroft services and activities, Medicaid waiver	Age 60+
Days/Hours of Service	24/7	Monday - Friday 7 am to 5 am or upon request	Monday - Friday 8 am to 5 pm
Ridership	2023: 36,899 trips 2024: 35,994 trips	2023: 28,354 trips 2024: 29,673 trips	Not reported
Fare/Donation	MITS voucher	N/A	Donation only
Funding Sources	Federal and state insurance programs, private insurance, SNF, MITS, self-pay	Medicaid Waiver	Not reported
Operating Budget (2024)	$3.1 million	Not reported	Not reported
Fleet and Wheelchair Accessibility %	14 wheelchair accessible vans, 1 ambulatory, 5 BLS ambulances	90% of vehicles are accessible	Not reported
Reservations Requirements	24-48 hours depending on insurance	Not reported	Book 48 hours in advance
Scheduling/Dispatching	Zoll	Manual	Easy Ride

NEEDS ASSESSMENT

OVERVIEW

All transportation providers, local human service agencies serving Delaware County, and members of the general public were invited to participate in the coordinated transportation plan needs assessment. Input was collected through multiple methods: surveys emailed to transportation providers, follow-up phone interviews, and discussions during two Coordinated Transit Plan Steering Committee meetings. An online survey was distributed to the general public (described in more detail in the Results of the General Public Survey section). In addition, individuals representing older adults, people with disabilities, and organizations serving low-income populations actively participated in the steering committee and contributed valuable feedback.

PUBLIC AND STAKEHOLDER INVOLVEMENT

In order to determine the transportation needs of senior citizens, individuals with disabilities, low-income individuals, and the general public, the DMMPC sought input from citizens of these populations as well as transportation and human service providers that serve these populations. This outreach included putting together a steering committee, distributing a survey to local transportation and human service providers regarding perceived gaps in service, and a general public survey.

There were two steering committee meetings that took place in order to discuss needs and gaps in service as well as gather input for proposed goals and ways to meet these needs. In order to put together this steering committee, local transportation and human service providers were contacted requesting participation; they were also asked to provide recommendations for citizens who use their services that may be interested in providing their input. All members of the steering committee and organizations represented are listed in Appendix A. These meetings were held in person and also offered a virtual option using Zoom. Meeting notes are provided in Appendix B. Organizations represented at these meetings and online voting include:

- Delaware-Muncie Metropolitan Plan Commission
- MITS
- Eaton EMTS
- Hillcroft Services
- LifeStream Services
- Muncie Delaware County Senior Center
- American Council of the Blind of Indiana
- Muncie Human Rights Commission
- 8twelve Coalition
- Second Harvest Food Bank

- IRACS for PAST Recovery Services
- Urban Light Community Church

During the first meeting, the DMMPC presented provider challenges, community needs, and goals determined during the previous plan. Committee members were asked to review these aspects and discuss what was still relevant, as well as any new needs or priorities. Regarding challenges, providers reported significant issues with lack of funding, staffing, and coordination logistics such as securing insurance. Regarding community needs, focuses of discussion included mobility needs for older adults and people with disabilities specifically, such as transportation to work and medical appointments. Needs and gaps in service that were determined to be relevant and significant include accessible out-of-county transportation, rural transportation, late evening and Sunday service, same-day and on-demand service, accessible infrastructure such as benches, and public awareness of transportation options. These needs served as the basis for what goals were determined to still be relevant.

For the second steering committee meeting, the DMMPC presented public survey results, needs identified, and new goals for meeting these needs for the committee to review and discuss. There was a discussion about the importance of certain goals such as accessibility.

Prior to the steering committee meetings, two separate surveys for transportation providers and human service providers were distributed to their respective agencies. Transportation providers were asked about their experiences, logistics such as ridership and funding, and for any other comments. Human service agencies were asked about their experiences, what they perceive as needs or gaps in service for the communities they serve, and obstacles in coordinating transportation. These surveys are provided in Appendix C.

Additionally, a general public input survey was made available to the community. The purpose of this survey was to gather input from transportation service customers and the general public regarding their experiences, needs and gaps in service, and desired changes to local transportation. This survey is provided in Appendix D and more information is given below.

In order to understand the public's transportation needs, a public survey was distributed across Muncie and Delaware County. Flyers linking to the online survey were distributed at various community centers, churches, convenience stores, and laundry mats. Physical copies were distributed to MITS bus riders and other local stakeholders. This survey was available from July 15th through August 15th 2025 and amassed 62 responses from the general public. Some questions received fewer than 62 responses, as not all participants chose to answer every item. Additionally, while many written responses provided valuable input for this plan, a few fell outside the scope of this project and were forwarded to the appropriate organizations or agencies for review. The following charts outline the results. These charts are based on the number of responses for each question and are not statistically valid, as proportions may be biased towards target audiences such as bus riders and those who use community services. However, they offer valuable insight into unmet transportation needs and gaps in services.

Modes of Transportation Used

Survey respondents were asked to report all forms of transportation they currently use. The results are representative of the survey sample, not the entire Delaware County population. Most respondents rely on public transit. The responses are displayed in Figure 14.

Figure 14: Modes of Transportation Used
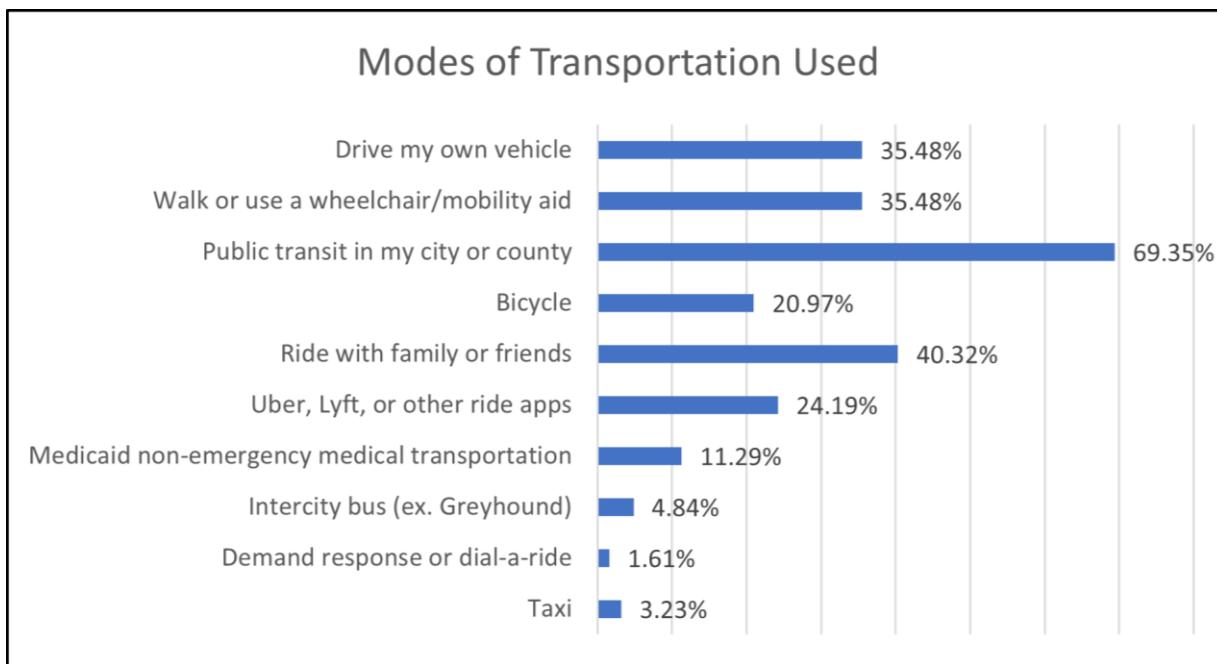
When asked what transportation services they use, most respondents reported they use MITS. A few also reported they use Express Ride taxis or medical transportation.

Desired Changes to Local Transportation Options

Respondents were asked to select, from a list as well as their own suggestions, all the changes they would make to local transportation options to make them easier or more appealing to use. The vast majority of respondents chose service later at night and operating on Sundays. A large portion also chose running fixed-route service more frequently and service earlier in the morning. All responses are displayed below in Figure 15.

Figure 15: Changes to Make Transportation Options More Appealing to Use
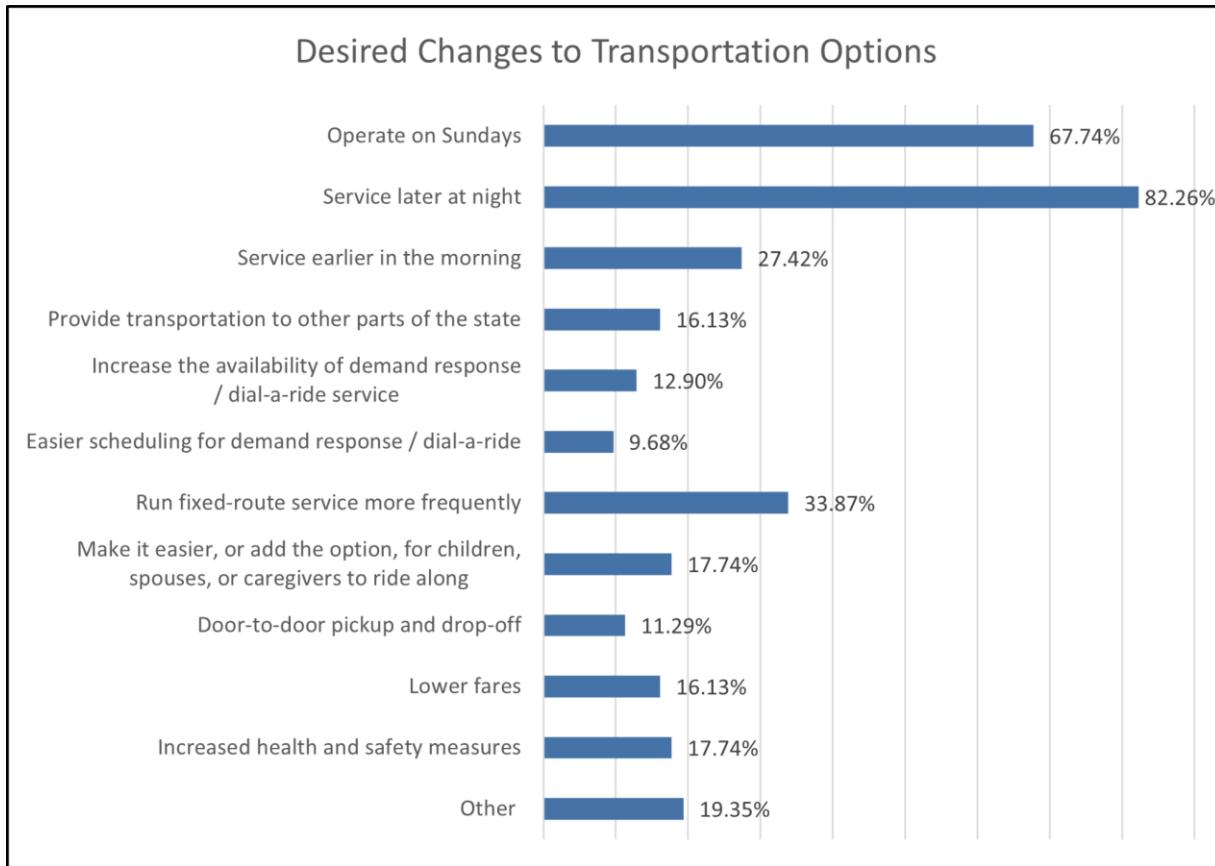
The respondents who selected "other" emphasized or suggested the following:

- Crosstown runs "from one end of the city… and ends at the other", broader route coverage (3)
    - Mention of a route along McGalliard as well as the need for stops to vet offices
- "Print route schedules in an easy-to-read way. Not everyone has a phone or data to access an app"
- "Mark all bus stops more clearly"
- "Provide transportation in rural cities like Selma"
- Late night service

Difficulty Obtaining Needed Transportation

Respondents were asked whether they need to travel outside of their county and for what reasons. Responses are shown in Figure 16.

Figure 16: Need for Travel Outside of County
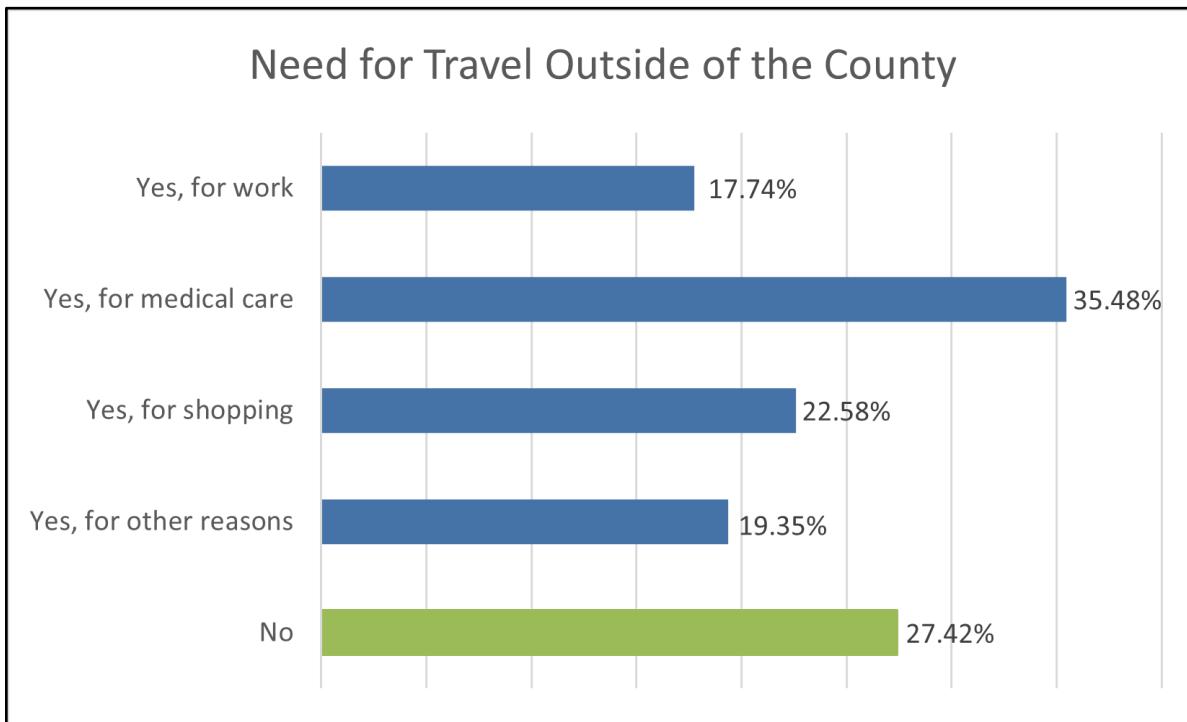
Those who selected "other" reported the following reasons:

- Recreation and leisure, events
- Visiting family or friends
- Airport

Respondents were asked to rate how difficult it is for them to travel outside of the county. The largest portion of respondents reported that it is very difficult. The results are displayed below in Figure 17.

Figure 17: Difficulty with Travel Outside of County
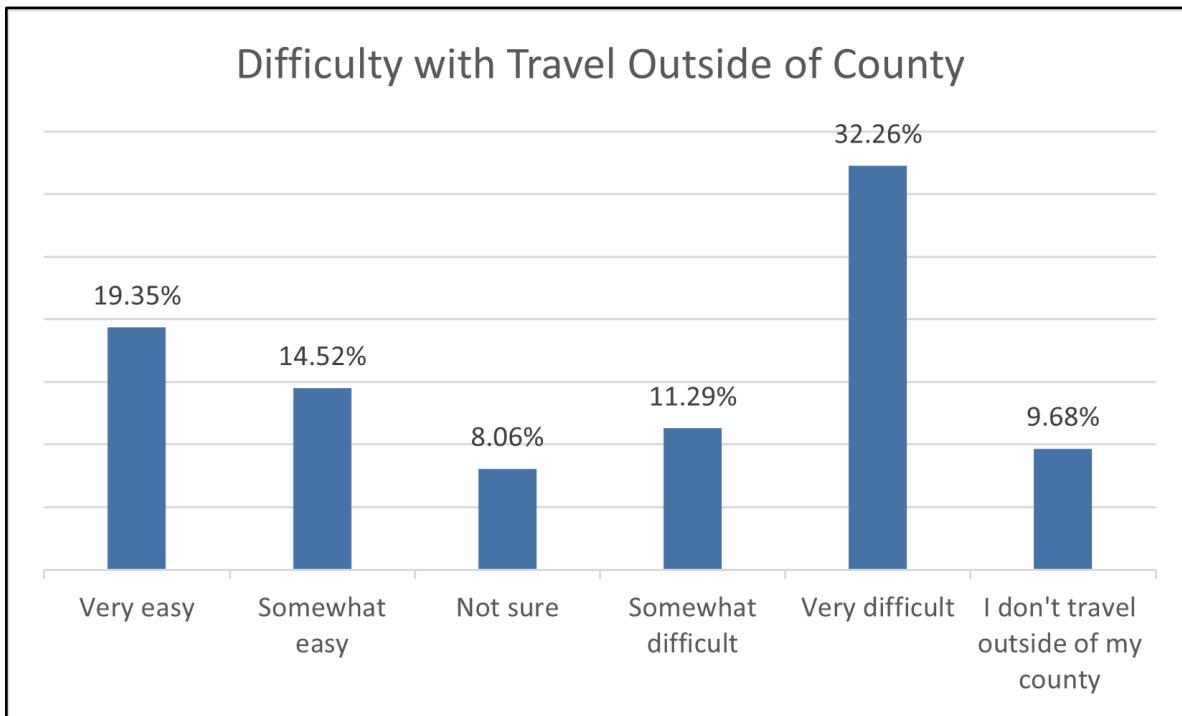
Respondents were then asked to rate their abilities to travel for certain activities, including work, medical care, and recreation. Figure 18 shows that respondents have the most trouble traveling for medical care, followed by combining multiple destinations, shopping, and human service agencies.

Figure 18: Ability to Travel for Activities and Destinations

Difficulty with Transportation for Activities

Activity	Very easy	Easy	Neutral/neither	Somewhat difficult	Very difficult
Work or school	32%	19%	32%	18%	0%
Medical care	12%	31%	15%	31%	12%
Shopping and personal services	15%	23%	25%	37%	0%
Recreation	15%	22%	42%	19%	2%
Human service agencies or government office	17%	24%	28%	19%	12%
Combine multiple destinations	19%	17%	26%	26%	12%
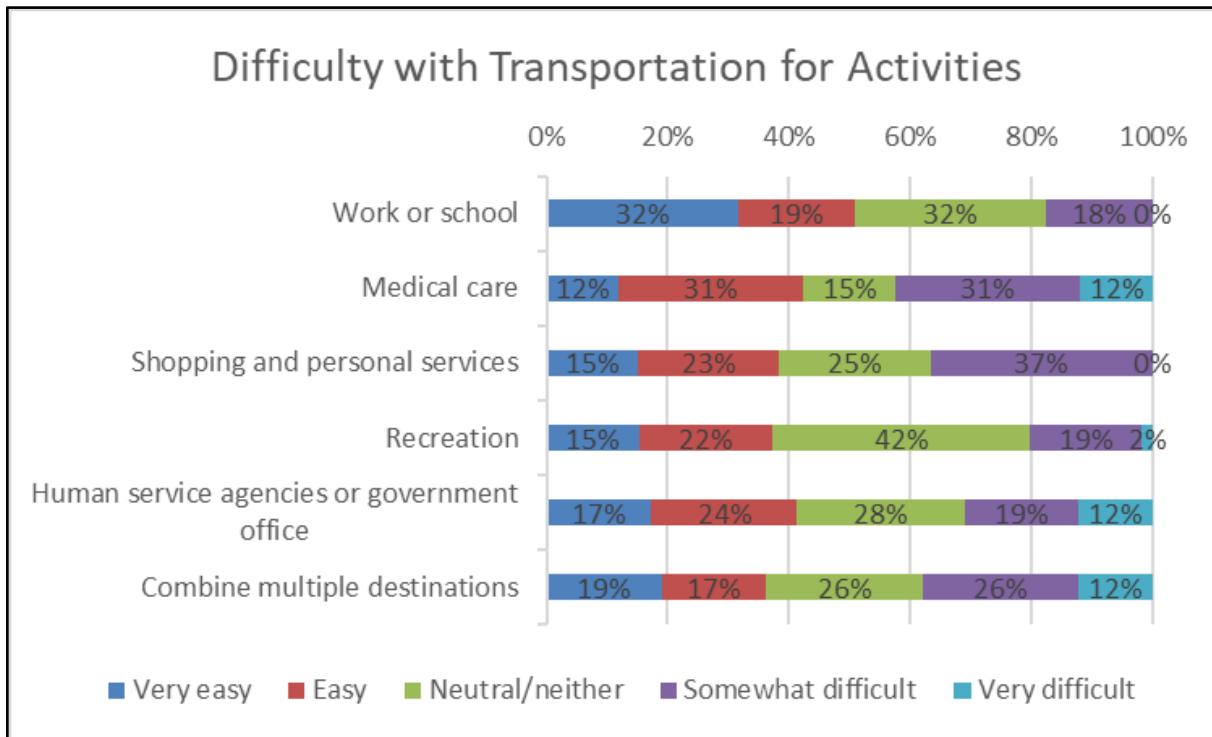
Other Comments

Finally, respondents were asked for any comments or suggestions regarding transportation in their community. In total, the survey garnered 38 open-ended responses to this question. For brevity, we summarized and tallied the content of these comments.

- Need for late night service (esp. on weekends) (9)
- Broader coverage and crosstown runs (esp. along McGalliard, mention of BMV down to Menards, as well as west side of town to Family and Social Services Administration) (5)
- Sunday service (5)
- Increased frequency of routes, more drivers for MITS (4)
- County transportation, routes to Yorktown and Selma (3)
- Additional stops, extend currently existing routes (2)
- Clearly marked stops & need for bus shelters and benches (2)
- Reduced fares for people on Medicaid/Medicare/EBT benefits or free public transportation (1)
- Reimplement holding buses (1)
- "Allow multi entry with automatic passenger counters (APC) that accepts student/veterans/medical personnel ids & transfers tickets/daily/monthly passholders to enter the back door of the bus while those who are paying bus fares and buying daily passes onboard of buses enter through the front door"
- "As a community, we have been asking and sometimes begging for a Sunday service. Since the pandemic, our bus service has reduced trips to end at 7pm instead of 9pm as it was prior to the pandemic. This makes it impossible to go out and get last minute items or even to travel to other parts of town, unless we plan on walking or pressing our luck with the taxi/Uber/Lyfts in town. Also, we had the ability to go to Meijer in my town for a very, very short time. We were told that it had to be stopped because no one was using it. The bus that was going to Meijer only ran from 9-6, which made it impossible to get there when a lot of us work."

Any additional comments were redirected to the appropriate parties.

Respondent Demographics

The following charts represent the demographics of the survey respondents, including age, disability status, and ZIP code. This gives further insight into the respondent base, what communities they are part of, and what areas they reside in. These are displayed in Figure 19, Figure 20, and Figure 21.

Figure 19: Respondent Age
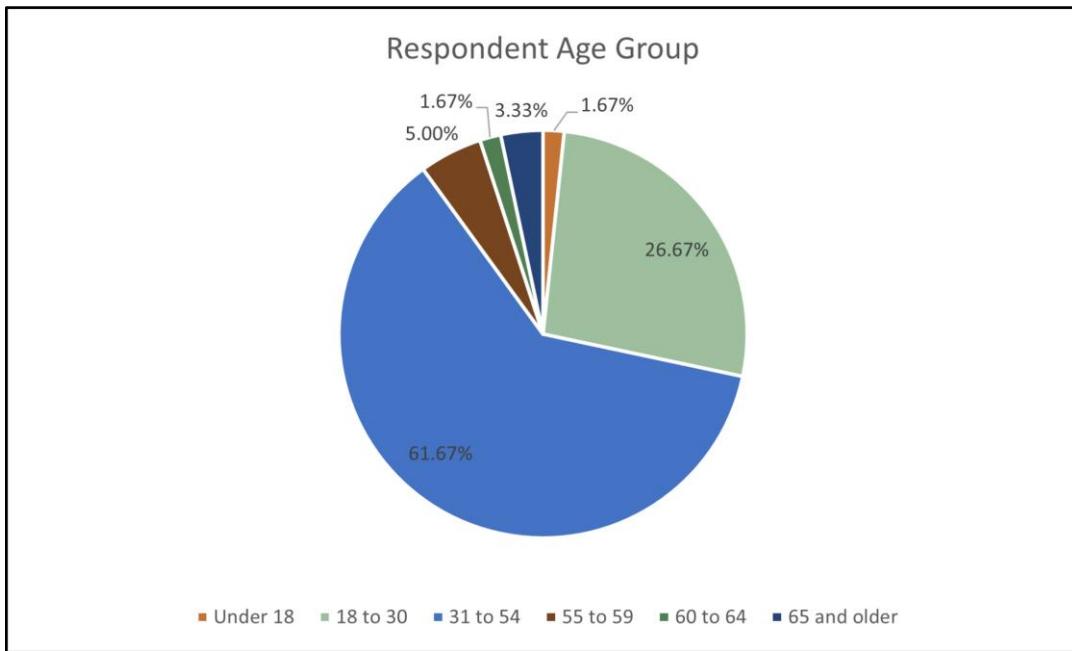
Figure 20: Respondent Access to Vehicle
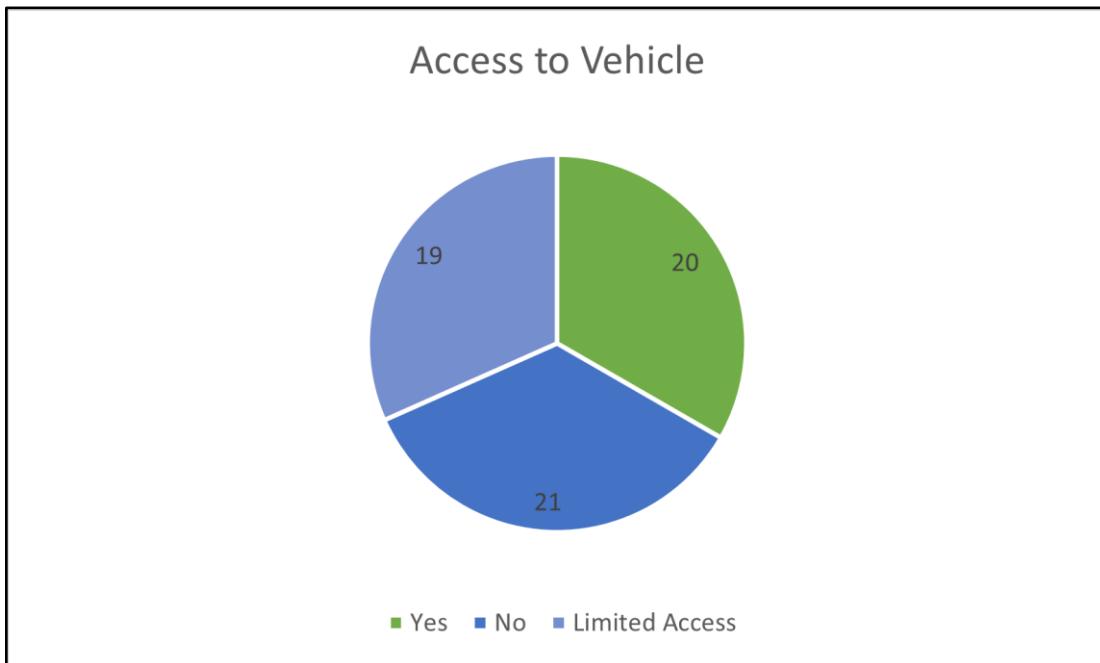
Figure 21: Respondent ZIP Code
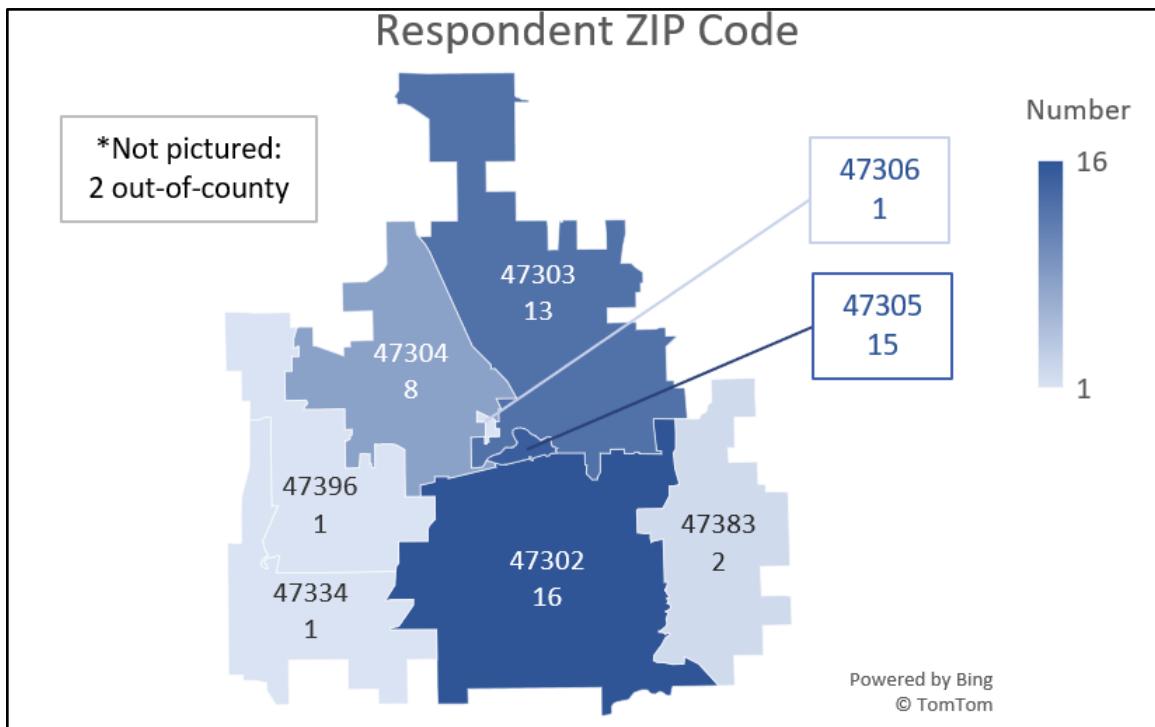
NEEDS IDENTIFIED IN PREVIOUS PLAN

The 2021 Coordinated Public Transit Human Services Transportation Plan included an inventory of unmet needs identified by stakeholders, through demographic analysis, and through a public survey. The needs identified included:

- Accessible out-of-county transportation
- Additional capacity on origin-to-destination services
- Better awareness and public perception of transportation options
- Delivery services for food, medications, and other needs
- Hospital discharge transportation
- Improved NEMT
- Late evening and Sunday service
- Same-day and on-demand origin-to-destination service
- Sidewalks, street crossings, and other infrastructure for pedestrians and wheelchair users
- Transportation outside Muncie city limits
- Transportation to religious services

UNMET NEEDS AND GAPS IN SERVICE

Based on these previous needs, discussions with stakeholders, demographic analysis, and input from the public survey, we have identified the following transportation needs as points of focus in Table 3 and the section below:

Table 3: Unmet Transportation Needs

Transportation Needs 2025
Accessible out-of-county transportation
Better public awareness of transportation options
Late evening and Sunday service
Same-day and on-demand accessible origin-to-destination service, additional capacity
Accessible sidewalks, street crossings, bus shelters, and benches for pedestrians and wheelchair users
Rural transportation, routes to Yorktown and Selma
Increased frequency of services and routes
Expanded coverage, crosstown routes

Accessible out-of-county transportation

Residents of Delaware County currently face limited options for traveling outside of the county. While Miller Transportation and Hoosier Shuttle do provide inter-county service, their routes are limited to a few destinations and operate on very restricted schedules, typically one or two departures per day. This creates challenges for riders, as limited return options can result in having to remain overnight in Indianapolis or wait until the next day's service. This concern was raised repeatedly during Steering Committee discussions and public input, with some participants reporting difficulties getting to their jobs outside the county.

Although alternatives such as Uber, Lyft, and taxi services are technically available, they are often cost-prohibitive and generally do not offer wheelchair-accessible vehicles. As a result, affordable and accessible out-of-county transportation remains a significant unmet need.

Better public awareness of transportation options

As indicated by the public input survey, the general public might not always be aware of the transportation options available to them, or aware of options for vouchers or reduced fares. There is also not one singular resource to find information about all the public and human service transportation providers in the area. Something like a webpage on each provider's website cross

promoting transportation providers services and ride guides of all local transportation options could help make this information easier for the public to access all at once.

Early morning service, late evening service, and Sunday service

Currently, there are no public transportation options for late evening hours and on Sundays. This was a recurring comment from the public input survey, especially from people reporting they have trouble getting to and from work, and to religious services on Sundays. Service hours were cut during the pandemic and have not been restored since due to limited funding. Ridership has increased since then, however it has not returned to pre-pandemic levels; this may mean that full restoration of previous services may not be feasible for off-hours and routes with lower demand. In other regions, some public transit systems have addressed this gap by partnering with transportation network companies (TNCs), such as Uber and Lyft, to provide subsidized on demand rides during hours when fixed-route services are unavailable or with low ridership on certain routes. This could help to accommodate those who will still need service outside of regular hours.

Same-day and on-demand origin-to-destination service, additional capacity on origin-to-destination services

Although MITSPlus offers door-to-door same-day service and EMTs vouchers to people with mobility-related disabilities, there is no affordable same-day and on-demand option for the general public. As previously mentioned, some public agencies have addressed this gap by partnering with transportation network companies (TNCs) such as Uber and Lyft to subsidize on demand origin-to-destination service outside of route hours or for routes with low ridership.

Accessible sidewalks, street crossings, bus shelters, and benches for pedestrians and wheelchair users

A recurring theme from public input was the lack of safe and accessible infrastructure for pedestrians and wheelchair users. Concerns included deteriorated sidewalks, insufficient bus shelters, and limited seating at stops.

At the first steering committee meeting, participants specifically highlighted the lack of benches at certain stops such as grocery stores. For older adults and individuals with disabilities, long waits for public transit without a place to sit can pose a deterrent to accessing certain destinations.
Committee members also discussed challenges related to constructing new shelters or benches. In some cases, businesses have denied permission for MITS to place infrastructure on their property, indicating that successful implementation would require collaboration with these establishments.

Additional comments from the public noted the need for more clearly marked bus stops to improve navigation and create a more user-friendly system. During a Steering Committee discussion, it was noted that riders can be picked up at any major intersection; however, the lack of public awareness of this option was identified as a significant barrier.

Rural transportation, routes to Yorktown and Selma

Public input and Steering Committee feedback emphasized the need for expanded rural transportation, particularly to destinations such as to Yorktown, Selma, and other areas of the

county. MITS only serves those inside Muncie city limits. Although the county offered rural public transit in the past, this has since been discontinued due to lack of funding.
Data further underscores the need: in some rural census blocks of Delaware County, up to 17.6% of households do not have access to a vehicle, leaving residents without reliable transportation options.

Increased frequency of services and routes

Public input pointed to a desire for increased frequency on existing services. Several comments mentioned that shorter wait times, less crowded buses, and more timely connections would make it easier for riders to reach their destinations reliably.

There was also interest in expanded service coverage, including crosstown routes and additional stops. Some comments highlighted the Family and Social Services office and BMV on the west side of Muncie as locations where service improvements were desired. Follow-up with MITS staff clarified that the Social Security office is currently served once an hour, rather than only twice daily as reported. With regard to the BMV, MITS previously operated a route serving this location; however, ridership was extremely low. Given the limited use, the route was discontinued as it was not an efficient use of resources. As an alternative, MITS allows local homeless shelters to arrange rides to the BMV as needed.

CHALLENGES AND IMPLEMENTATION

Many of the unmet transportation needs identified are largely due to challenges such as limited funding, staffing shortages, and difficulty of implementation. The issue of funding constraints was a recurring comment from transportation providers regarding barriers to implementation, as this also limits staffing, vehicles, operation costs, and service capacity.

Given these realities, the first priority of transportation providers should be to maintain existing services. Expansion of services or implementation of additional features should follow as funding opportunities become available.

IMPLEMENTATION

The metropolitan plan organization, along with local stakeholders, have collaborated to establish the following transportation goals to address local transportation needs:

Goal 1: Maintain and Improve Existing Services

Goal 2: Expand Transportation Service Hours

Goal 3: Expand Transportation Coverage

Goal 4: Add and Improve Accessible Infrastructure

Goal 5: Generate Public Awareness

Goal 6: Increase Participation in Statewide Initiatives to Enhance Mobility

STRATEGIES FOR IMPLEMENTATION

The following strategies indicate specific steps needed for progressing towards the accepted goals. Priority levels were determined based on discussions during steering committee meetings, and agreed upon via email thread to committee members. The consensus for each strategy is shown at the end of the section under Table 4.

The strategies outlined in the following section include timeframe, staffing implications, implementation budget, potential grant funding sources, responsible parties, and performance measures. The timeframes are defined as follows:

- Immediate – activities to be addressed immediately
- Near-term – activities to be achieved within 1 to 12 months
- Medium-term – activities to be achieved within 1 to 2 years
- Long-term – activities to be achieved within 2 to 4 years
- Ongoing – activities that will require ongoing activity as needed

The goals and implementation strategies outlined in this document should be treated as guidelines for leaders and responsible parties to coordinate and improve transportation services in the community. These should be considered based on available resources and addressed as funding becomes available according to prioritization and implementation timeframes.

GOAL 1: MAINTAIN AND IMPROVE EXISTING SERVICES

Strategy 1.1: Restore Lost Services by Securing Funding to: Maintain Existing Services, Increase Frequency of Service, Replace Vehicles, and Recruit More Drivers

MITS and local transportation providers will maintain and improve existing services through securing state and federal funding. During the Covid-19 pandemic, many services were reduced or suspended due to low ridership and local public health concerns. While ridership has since increased, it has not yet returned to pre-pandemic levels. Funding and staffing challenges have prevented a full restoration of service. Agencies will restore services that were cut as funding allows and as needed to meet the mobility needs of their customers. In addition, providers are encouraged to recruit and train more drivers, as well as seek funding to replace vehicles.

> Implementation Time Frame: Immediate and Ongoing
>
> Staffing Implications: No additional staff needed but additional time by current staff will be necessary for updating and maintaining.
>
> Implementation Budget: Not applicable
>
> Potential Grant Funding Sources: FTA Section 5310 supports the purchase for vehicles, technology, accessibility tech, NEMT; FTA Section 5307 for public transit; FTA Section 5311 for human service funding; FTA Section 5339 (competitive grant) for vehicles.

Responsible Parties: MITS, Eaton EMTS, LifeStream, Hillcroft, any other providers.

Performance Measures:

- number of passenger trips provided

GOAL 2: EXPAND TRANSPORTATION SERVICE HOURS

Strategy 2.1: Expand Service Hours to Later in the Evening, Earlier in the Morning, and on Sundays

Public transit currently does not operate on Sundays. It also operates within limited hours that might not accommodate those who work earlier or later shifts, those who have earlier or later appointments or obligations, and those who desire to be able to get around the city later in the evening for dining, shopping, recreation, entertainment, or any other reasons. If funding becomes available, in order to accommodate clients who need to travel outside of current hours, transportation providers should increase their days and hours of service from early morning to late evening as well as on Sundays. The vast majority of respondents for the public input survey selected service later at night as well as Sunday service as desired changes to local transportation. A smaller but notable number also expressed a need for earlier morning service. Exact hours should be determined according to demand and feasibility.

Implementation Time Frame: Long term (2-4 years)

Staffing Implications: Could require additional drivers

Implementation Budget, if funding allows: up to $551K Annually

Potential Grant Funding Sources: FTA Section 5310, FTA Section 5307, FTA Section 5339 to replace vehicles .

Responsible Parties: MITS & all service providers

Performance Measures:

- plan developed
- funding secured
- Sunday services initiated

Strategy 2.2: Establish a Transportation Network Company Voucher System to Fill in Gaps for Early Morning Service, Late Night Service, and Sundays

During hours where ridership is low, MITS may not feasibly be able to expand full service hours. However, although demand may be lower, there is a demand nonetheless. As a Shared Mobility alternative under FTA guidelines, MITS could partner with transportation network companies (TNCs) such as Uber and Lyft to provide a voucher system to subsidize same-day, on-demand trips outside of MITS service hours. This proposed voucher system should be available to the general public and the service area recommended would be based on a buffer area around the existing MITS routes. This would help to accommodate those who require service outside of current MITS hours without putting strain on available resources, funding, and staff.

Implementation Time Frame: Near term (1-12 months)

Staffing Implications: No additional staff required but will require time of current special project manager to initiate the program.

Implementation Budget, if funding allows: Estimated $36,000 in staffing to implement (based on three months worth of average salary of transit planner and director of operations), plus lawyer fees around $125 to $500 per hour to review the contract with TNCs.

Potential Grant Funding Sources: FTA Section 5307, FTA Section 5310 if available through INDOT.

Responsible Parties: MITS

Performance Measures:

- plan developed
- funding secured
- services initiated
- vouchers distributed

GOAL 3: EXPAND TRANSPORTATION COVERAGE

Strategy 3.1: Establish Demand Response Public Transportation in Rural Areas and to Yorktown and Selma

Delaware County currently does not currently have any countywide general public transit service. As indicated by results and comments from the public input survey as well as the earlier map showing zero vehicle households in rural parts of the county, there is an unfulfilled need for county transportation in rural areas as well as to Yorktown and Selma. This need could be accommodated by a demand response general public transportation program for rides outside of Muncie city limits and within the county.

Implementation Time Frame: Long term (2-4 years)

Staffing Implications: Additional drivers required

Implementation Budget, if funding allows: by vehicle service hour

Potential Grant Funding Sources: FTA Section 5310 Funds if available through INDOT, FTA Section 5311 Formula Grants for Rural Area if available through INDOT

Responsible Parties: City of Yorktown, City of Selma, Delaware County, DMMPC, MITS, Hillcroft, LifeStream, and Eaton EMTs will work collaboratively to identify a lead organization, discuss a strategy, and to find local funding match options.

Performance Measures:

- funding secured
- plan developed
- services initiated

GOAL 4: ADD AND IMPROVE ACCESSIBLE INFRASTRUCTURE

Strategy 4.1: Improve Accessibility Infrastructure

Bus stops and sidewalks should be made more accessible for pedestrians and wheelchair users, such as adding bus shelters to frequent waiting points and coordinating with certain establishments to allow construction of benches on their property, as well as repairing and improving sidewalks

Two of the most recurring comments from the public input survey as well as the Steering Committee's citizen members were a need for more clearly marked bus stops as well as a need for benches to wait for transportation to arrive. There were also comments about disrepaired and inaccessible sidewalks and a desire for bus shelters. The DMMPC, City of Muncie, and MITS should aim to make bus stops and the surrounding infrastructure more accessible for those with disabilities by installing more clear signage, constructing bus shelters, and repairing and improving sidewalks. For benches, MITS should coordinate with frequented establishments such as grocery stores and shopping destinations to allow for the placement of benches on their property for customers to wait on transportation.

Implementation Time Frame: Ongoing

Staffing Implications: Contracts for construction

Implementation Budget, if funding allows: Up to $30,000 per shelter with bench, construction and maintenance costs for sidewalks, bench costs

Potential Grant Funding Sources: FTA Section 5310, FTA Section 5307, STBG / local match funds, other infrastructure improvement grants for sidewalks

Responsible Parties: MITS, DMMPC, City of Muncie

Performance Measures:

- benches and shelters installed
- infrastructure improved and constructed

GOAL 5: GENERATE PUBLIC AWARENESS

Strategy 5.1: Generate Public Awareness of Existing Transportation Options

Local transportation providers should seek to expand marketing of provider information and waiver options so the general public can know their options and eligibility for waivers. Each transportation provider could also create a dedicated webpage on their own site that cross-promotes the services of other providers and includes links to their ride guides, helping to increase public awareness and education. Additionally, MITS should provide printed ride guides to customers who do not have access to a cellphone.

Implementation Time Frame: Near term (1-12 months)

Staffing Implications: Staff time for programming, designing, and printing

Implementation Budget, if funding allows: up to $1000 for additional website page / programming costs, around $200 for 250 brochures

Potential Grant Funding Sources: operating and printing expenses covered under Section 5307 and Section 5310

Responsible Parties: MITS & all local transportation providers

Performance Measures:

- number of brochures distributed
- number of web pages developed
- increased trips

GOAL 6: INCREASE PARTICIPATION IN STATEWIDE INITIATIVES TO ENHANCE MOBILITY

Strategy 6.1: Hold Quarterly Delaware Muncie Transit Coordination Committee Meetings

To coordinate funding according to needs and work around challenges, the DMMPC and local transportation providers should take part in quarterly check-in meetings on a committee that is solely focused on transportation issues. This will allow transportation providers to proactively resolve funding needs and other challenges as they come and coordinate with others to deliver quality service to the community.

Implementation Time Frame: Immediate & ongoing

Staffing Implications: Staff time to participate in meetings

Implementation Budget, if funding allows: Not applicable

Potential Grant Funding Sources: Not applicable

Responsible Parties: DMMPC, MITS, Eaton EMT, Hillcroft, LifeStream, and all other local transportation providers

Performance Measures:

- meetings conducted and attended

Strategy 6.2: Educate Local Officials about Transportation Needs

One challenge in securing funding and support for local transportation services is that there is a gap in knowledge between local officials and local transportation providers and needs. In order to bridge this gap and secure local funding, it is crucial that local transportation providers contact and educate local officials such as county commissioners and city council members about the value and need for public transportation services. Additionally, local transportation providers should participate in statewide mobility enhancement initiatives such as INCOST, an active statewide association for rural and specialized transportation that meets regularly to network and navigate common challenges. Other interest groups and advocacy organizations include the American Planning Association, Health by Design, and The Governor's Council for People with Disabilities.

Implementation Time Frame: Immediate & ongoing

Staffing Implications: Staff time to participate in meetings

Implementation Budget, if funding allows: not applicable

Potential Grant Funding Sources: not applicable

Responsible Parties: DMMPC & all local transportation providers

Performance Measures:

- meetings attended
- number of contacts with county-level and state-level policy makers about transportation needs and funding concerns

POTENTIAL GRANT APPLICATIONS

Table 4, outlines strategies developed through local outreach to address unmet transportation needs. These strategies aim to improve access, reduce duplication of services, and enhance coordination between human service agencies and public transportation providers.

To support implementation, prospective funding opportunities include, Urbanized Area Formula Grants Program (5307, Formula Grants for Rural Areas (5311), and Enhanced Mobility of Seniors and Individuals with Disabilities Program (Section 5310).

As noted earlier in this plan, Section 5310 funds in Indiana are awarded through a competitive application process administered by INDOT. Strategies identified in this plan may align with eligible funding categories; however, submission alone does not guarantee an award. Applications must fully meet program requirements and evaluation criteria to be considered for funding.

To maintain relevance and ensure continued coordination, it is recommended that this plan be reviewed and updated annually, or as new coordinated transportation strategies and objectives are developed by a local coordination committee.

Goal 1: Maintain and Improve Existing Services			
Page number	*Strategy number*	*Objective description*	*Priority level*
38	1.1	Restore lost services by securing funding to: maintain existing services, increase frequency of service, replace vehicles, and recruit more drivers	High
Goal 2: Expand Transportation Service Hours			
39	2.1	Expand service hours to later in the evening, earlier in the morning, and on Sundays	High
39-40	2.2	Establish a transportation network company voucher system to fill in gaps for early morning service, late night service, and Sundays	High
Goal 3: Expand Transportation Coverage			
40-41	3.1	Establish demand response public transportation in rural areas and to Yorktown and Selma	Medium
Goal 4: Add and Improve Accessible Infrastructure			
41	4.1	Make bus stops and sidewalks more accessible for pedestrians and wheelchair users	High
Goal 5: Generate Public Awareness			
42	5.1	Expand marketing of provider information and waiver options; cross promoting on individual provider websites; printed guides	Medium
Goal 6: Increase Participation in Statewide Initiatives to Enhance Mobility			
43	6.1	Hold quarterly check-in meetings among local transportation providers and the DMMPC to determine needs and coordinate funding	Medium
44	6.2	Local transportation providers participate in statewide enhancement efforts such as INCOST, educate local officials about transportation needs at council meetings	Medium

APPENDIX A

Members of Steering Committee & Organizations Represented

COMMITTEE MEMBERS

> *Amanda Price* - General Manager of MITS
>
> *Crystal Thomas* - Director of Transportation at MITS
>
> *Mark Yaudas* - Transportation Coordinator for Hillcroft Services
>
> *Mike Foster* - CEO of Eaton EMTS
>
> *Kevin DeCamp* - Transportation Manager for LifeStream
>
> *Carol Bradshaw* - Forward STEPS Manager at Second Harvest Food Bank
>
> *Kim Creager* - Delaware County IRACS Program Manager
>
> *Neil Kring* - 8twelve Coalition
>
> *Mary Pierce* - senior citizen referred by the Senior Center
>
> *Dee Ann Hart* - Citizen Advisory Committee at MITS, Member of the American Council of the Blind of Indiana and Chair of the Board of Future Choices
>
> *Carlos Taylor* - Citizen Advisory Committee at MITS
>
> *Dena Polston* - senior citizen referred by Urban Light Community Church
>
> *Linda Muckway* - Citizen Advisory Committee at MITS, member of Muncie Human Rights Commission
>
> *Kayla Shawver* - Transportation Planner for the DMMPC
>
> *Kylene Swackhamer* - Director of the DMMPC
>
> *Z Rodriguez* - Intern for the DMMPC

ORGANIZATIONS REPRESENTED

- MITS
- Eaton EMTS
- Hillcroft Services
- LifeStream Services
- Second Harvest Food Bank
- IRACS for PAST Recovery Services
- Urban Light Community Church
- Muncie Delaware County Senior Center
- 8twelve Coalition
- American Council of the Blind of Indiana
- Muncie Human Rights Commission

Public Transit-Human Services Coordination Plan Steering Committee Meeting 1

Thursday, July 31st, 2025, 2:30 - 4:00 PM ET at the Delaware-Muncie Metropolitan Plan Commission Office

In Attendance:

Kayla Shawver - Transportation Planner for the DMMPC

Z Rodriguez - Intern for the DMMPC

Mary Pierce - citizen with the Senior Center

Amanda Price - General Manager of MITS

Mike Foster - CEO of Eaton EMTS

Carlos Taylor - Citizens Advisory Committee at MITS

Dena Polston - senior citizen referred by Urban Light Community Church

Dee Ann Hart - Citizens Advisory Committee at MITS, American Council of the Blind of Indiana and chair of the board of Future Choices

Neil Kring - 8twelve Coalition

Kylene Swackhamer - Director of the DMMPC

Kayla Shawver directed a presentation to the committee going over aspects of the previous plan in order to determine what is still relevant and what our focus should be going forward. This included challenges that transportation providers face, unmet community needs, and goals that were formed.

Out of the provider challenges that were determined in the past, we asked the transportation providers in the committee what is still relevant and what other challenges they may have. The challenges that remain are: limited and restrictive funding sources, lack of public awareness, complex federal and state regulations, and coordination logistics.

Complex federal and state regulations still pose a substantial challenge. Some providers expressed hardships of having to roll mini grants into super grants. A quarterly check-in between transportation providers could be helpful to share knowledge and fill gaps, as well as possibly coordinate countywide transportation.

The next provider challenge discussed was coordination logistics, such as vehicles, liability, and costs. Amanda said that there are very few entities that are willing to insure their vehicles, and that it costs over half a million dollars per year to keep coverage. Many transportation provider locations elsewhere have cut services due to insurance costs. Mike backed up this point, and described challenges with an aging fleet, stating that vehicle replacement is their "make it or break it". The supply chain is still slowed and has not recovered since the pandemic in 2020. Amanda also stated that insurance companies even dictate who MITS can and cannot hire as drivers, refusing to insure certain people based on things such as past misdemeanors and age, on top of already existing issues with finding adequate staffing. Overall, funding is the most significant challenge providers face.

Next, we went over the previously determined unmet transportation needs in the community, and asked the committee to identify what is still relevant and what is missing.

Accessible out-of-county transportation remains highly relevant. Carlos described his commute to get to work in Indianapolis taking 2.5 hours total using the MITS accessible taxi voucher and Hoosier Ride. Dena described having trouble finding work outside of the county due to limited transportation options in other counties, and that ride shares get expensive. De Ann said that Hoosier Ride goes in and out of town only once a day, and that some people who use it stay in homeless shelters in Indianapolis until they can get a ride back the next day. Logistics of county-to-county transportation can be complicated because riders have to transfer to different transit systems at every county line.

Delivery services for food and medications were determined to no longer be relevant due to the availability of services like DoorDash, although this can be expensive.

The need for late evening and Sunday service are both still significantly relevant. Saturday service is also limited.

Additional origin-to-destination service capacity might not necessarily be feasible or relevant; bus routes and point dispatch cannot wait on their clients as to not cause delays. Uber and Lyft allow stops that are less than 5 minutes, though will charge for extra time.

The need for hospital discharge transportation is still relevant. Things have improved, although it is up to individuals to ask medical facilities and insurance about transportation options. A possible solution could include a comprehensive ride guide available in the hospital for patients to reference.

Same-day and on-demand service is still a relevant need. The on-demand services available have limited services and hours and may require booking days or weeks in advance.

Public awareness of transportation options is still relevant. Community members may not be aware of the services available to them or even of their insurance benefits.

Improved Medicaid NEMT delivery is still a need in the community but not necessarily relevant to the committee or the DMMPC because it is controlled by the state. Mike said that SHIP (State Health Insurance Assistance Program) is going away in 2026 so there will be a gap in information regarding insurance benefits.

Neil described that many members of his neighborhood association engage in mutual aid for their transportation needs and some are in a constant state of "transportation crisis".

The need for accessible infrastructure for pedestrians and wheelchair users is still relevant. De Ann and Dena described the lack of benches to sit and wait for their transportation at certain places as a deterrent from going there, such as the Payless on McGalliard and the south Walmart. Amanda said that MITS does not have the authority to install benches and needs permission from the establishment, which they have had trouble obtaining. MITS has limited stock of benches that they could provide with permission. Committee members should provide the DMMPC a list of locations where benches are needed.

A committee member mentioned Uber and Lyft don't accommodate mobility issues.

Transportation to religious services is still a relevant need. Sunday transportation services are needed as well as late evening transportation during the week.

Transportation beyond city limits is still a relevant need. There is a lack of service in the rural parts of the county.

Finally, we went over the goals that were formed for the last plan and asked the committee what goals are most relevant and how they should be prioritized.

The first goal was to increase awareness of public services. MITS and Eaton have their own ride guides and websites. However, there is potential for joining local transportation services into a central website or guide in order to make it easier for community members to access and navigate their options. A suggestion was made to have information about all local transportation services available on the MITS website. Another suggestion was made to have all this information on everyone's website for cross-advertising.

The next goal was to maintain existing services, sustain pre-pandemic service levels, and restore services cut due to staffing and funding issues. This is still highly relevant and needs to be prioritized, as transportation providers are still struggling to recover from the pandemic. It was also noted that necessary services such as food stamps are being moved from downtown to the north and east side of town, and transportation services should be evaluated for frequency. Amanda had mentioned that the route to these services ran every hour. Those who are uninsured also face barriers to medical transportation as they cannot go through Medicaid.

Kylene Swackhamer suggested a cycle for new vehicles be planned into the DMMPC and Eaton EMT's budget.

The next goal is to expand transportation access, including demand response in rural areas, vouchers for same-day and out-of-county trips, and technology-supported trip-sharing networks. Regarding technology-supported trip-sharing networks, there is nothing currently available for Eaton and MITS and nobody is on the same software.

The next goal to be prioritized is improving accessibility infrastructure, including curb cuts, sidewalks, bus shelters, and benches. This has generally improved around the MITS building, although there was mention about the bathrooms having been removed. There were also mentions of concerns about pedestrian safety at the new roundabouts that are to be built. One committee member mentioned accessibility issues off Franklin Street.

The next goal was to increase statewide participation, such as engaging in INCOST and advocacy groups, educating local officials, and tracking NEMT service issues. These are still necessary to push local collaboration and coordination.

The meeting was adjourned.

Public Transit-Human Services Coordination Plan Steering Committee Meeting 2

Wednesday, September 17th, 10:00 - 11:00 AM ET at the Delaware-Muncie Metropolitan Plan Commission Office

In Attendance:

Kayla Shawver - Transportation Planner for the DMMPC

Z Rodriguez - Intern for the DMMPC

Crystal Thomas - Director of Transportation at MITS

Carol Bradshaw - Forward STEPS Manager at Second Harvest Food Bank

Dee Ann Hart - Citizens Advisory Committee at MITS, American Council of the Blind of Indiana and Chair of the Board of Future Choices

Linda Muckway - Citizens Advisory Committee at MITS, Muncie Human Rights Commission

Before the presentation, committee members continued a conversation from the last meeting regarding establishments that need benches. Many of these places had benches before the pandemic in 2020 but have since removed them. MITS has a stock but needs permission from establishments. Dee Ann Hart said she sent a list of places over to Z Rodriguez.

Linda Muckway mentioned that the SHIP Program will be continuing in 2026 for Medicare patients to assist and inform them of their NEMT benefits. She also mentioned difficulties with accessing paratransit options for hospital discharge.

Kayla Shawver directed a presentation to the committee going over results from the public survey and the transportation needs identified, followed by six goals for meeting these needs.

Z went over public survey results and key takeaways, including respondent demographics, modes of transportation used and difficulties with transportation, desired changes, and suggestions. The DMMPC received 62 responses total, which significantly exceeds the last plan's respondent turnout of 5. A majority of respondents are MITS bus riders. Respondents indicated difficulty with travel outside the county such as to access medical care or personal services. In terms of desired changes and other suggestions, by far the most mentioned transportation needs were late night transportation and Sunday service. There was also much mention of a desire for broader coverage, more frequent service, early morning service, rural and

county transportation such as to Yorktown and Selma, more clearly marked stops, and bus shelters and benches. In terms of key takeaways, these topics indicate a need for late night service, Sunday service, more frequent service, accessible infrastructure, expanded coverage, county transportation, and public awareness of transportation options.

Next, Kayla went over potential goals for the coordinated transit plan, including strategies, implementation budget, funding sources, responsible parties, performance measures, and timeframes.

Goal one was to maintain and improve existing services, increase frequency of service, and recruit more drivers, which would apply to all current providers and would be an ongoing process.

Goal two was to expand transportation service hours, which could include expanding service hours to later in the evening or on Sundays or establishing a late-night Uber and Lyft voucher program. Crystal Thomas expressed concern with feasibility and the timeframe. This program would have to be operated through MITS but would require more staffing. The DMMPC has scheduled a meeting with Bloomington Transit to discuss how they operate their voucher program and gain insight.

Goal three is to expand transportation coverage by establishing on-demand service to areas out in the county as well as to Yorktown and Selma. Up to 30% of the rural population is disabled so transportation is a growing need. There was mention of transportation providers having trouble meeting the local match requirements for funding and Linda mentioned how this could possibly be obtained from smaller towns.

Goal four is to improve accessibility infrastructure, including marking bus stops more clearly or making them larger, adding bus shelters, and coordinating with establishments to install benches on their property. Dee Ann mentioned that some stops do not have signs at all indicating where someone should wait for the bus. There is also a lack of awareness that someone can be picked up at any major intersection.

Goal five is to generate public awareness by expanding marketing of information and waiver options, cross marketing on each provider website, and printed guides for those who don't have access to a smartphone. Cross marketing would entail each provider having information about other local transportation providers on their websites so clients know all their options if one provider can't cover their needs. This could be achieved in the short term.

The last goal is to increase participation in statewide initiatives to enhance mobility. One way this would be done is establishing a transit only focused committee again and attending quarterly check-in meetings among local providers and the DMMPC. This would allow the DMMPC and providers to work together to budget, provide support where possible, and be proactive in meeting needs such as new buses for Eaton EMTS or solutions that the other providers have already solved in the past. This goal would also include local transportation providers participating in statewide enhancement initiatives such as INCOST and educating local officials about transportation needs at council meetings. The discussion highlighted an opportunity to strengthen officials' understanding of existing conditions, ridership data, and the funding needs and processes of local transportation providers.

Finally, there was discussion about concerns and perspectives regarding feasibility of these goals. The Uber and Lyft voucher program would help put less pressure on Eaton EMTS and would help to fill in gaps for those who don't qualify for Medicare or Medicaid as well as those who need service outside of regular MITS hours. Offering this service on Sundays is also being considered as a possibility to relieve pressure on MITS.

The meeting was adjourned.

Public Transit-Human Services Coordination Plan Steering Committee Prioritization Email Vote

An email was sent out to the steering committee on September 26, 2025 to vote on the prioritization levels of the goals and strategies discussed in the meeting held on September 17, 2025. By a majority vote the final list of prioritized goals and strategies were approved as listed on page 46 of this plan.

Transportation Provider Survey

The following data is needed to complete the local Public Transit-Human Services Coordination Plan. Please complete the form below. Once finished, save the file using your organization's name followed by "Human Service Agency Survey" (e.g. Hillcroft Human Service Agency Survey), and email back to the sender. Thank you.

Organization:

Contact Information (Address, website, phone number)

Organization Type:

Service Area:

Type of transportation service provided (i.e. fixed route, door-to-door, etc.)

Eligibility Criteria:

Ridership 2023:

Ridership 2024:

Fare/Donation Structure:

Funding Sources:

Operating Budget:

Fleet by location and wheelchair accessibility:

Scheduling/Dispatching (e.g. Zoll, manual, etc):

Is there any other information you would like us to know?

Human Service Agency Survey

Please complete the form below. Once finished, save the file using your organization's name followed by "Human Service Agency Survey" (e.g. Hillcroft Human Service Agency Survey), and email back to the sender. Thank you.

Organization name: _____

1. From your perspective as a human service agency, what do you see as the central issues in providing transportation to those with special needs in our community?

2. What specific transportation services do your clients currently lack?

3. In terms of transportation, what changes or additional services would help you better meet your clients' needs?

4. Collaboration is often key to success. What obstacles do you experience or anticipate in coordinating efforts with other agencies regarding transportation for your clients?

5. Is there any other information you would like us to know?

General Public Survey

Help Us Improve Transportation in Your Community

Please complete this short survey about your transportation needs. Your input will help shape the Delaware County Public Transit–Human Services Transportation Plan and guide efforts to improve mobility and access for all. Thank you!

1. What types of transportation do you currently use?

Please select all that apply.

☐ Walk or use a wheelchair/mobility device

☐ Drive my own vehicle

☐ Ride with family or friends

☐ Public transit in my city or county

☐ Demand-response or dial-a-ride service

☐ Volunteer or faith-based transportation

☐ Bicycle

☐ Intercity bus (e.g., Greyhound, Megabus)

☐ Taxi

☐ Uber, Lyft, or other ride apps

☐ Carpool or vanpool to work

☐ Medicaid Non-Emergency Medical Transportation (NEMT)

☐ Other (please specify): _____

2. If you use any transportation services, such as public transit or demand response/dial-a-ride, please tell us the name(s)

of the services you use.

Name of Service #1:_____

Name of Service #2:_____

Name of Service #3:_____

3. What changes would make local transportation options easier or more appealing for you to use?

Please select all that apply, or add your own suggestions.

☐Operate on Sundays

☐ Service later at night

☐ Service earlier in the morning

☐ Provide transportation to other parts of the state

☐ Increase the availability of demand-response/dial-a-ride services

☐ Easier scheduling for demand-response/dial-a-ride

☐ Run fixed-route service more frequently

☐ Make it easier, or add the option, for children, spouses, or caregivers to ride along

☐ Door-to-door pickup and drop-off

☐ Lower fares

☐ Increased health and safety measures

☐ Other (please specify): _____

4. How easy or difficult is it for you to travel outside of your county?

☐ Very easy

☐ Somewhat easy

☐ Somewhat difficult

☐ Very difficult

☐ I don't travel outside my county

☐ Not sure

5. Do you need to travel to destinations outside of your county for work, medical care, shopping, or other reasons? Please

Select all that apply.

☐ Yes, for work

☐ Yes, for medical care

☐ Yes, for shopping

☐ Yes, for other reasons (please specify) _____

☐ No

6. Rate your ability to travel for the following activities:

	Very Easy	Easy	Neutral/Neither easy nor difficult	Somewhat difficult	Very difficult
Work or School	○	○	○	○	○
Combine multiple destinations, such as errands or childcare, into your journey to/from work or school	○	○	○	○	○
Shopping and personal services	○	○	○	○	○
Medical Care	○	○	○	○	○
Recreation	○	○	○	○	○
Human service agencies or government offices	○	○	○	○	○

7. What is your age group?

☐ Under 18

☐ 18-30

☐ 31-54

☐ 55-59

☐ 60-64

☐ 65+

8. Do you have access to a vehicle?

☐ Yes

☐ Limited access

☐ No

9. Do you have a disability or condition that impacts your ability to travel or get around?

Select the option that best applies to you.

☐ Yes, I use a mobility device (e.g., wheelchair, walker, cane)

☐ Yes, I have a condition that affects my ability to drive, move, or perform daily activities

☐ No

10. What is your zip code? _____

11. Do you have any other comments or suggestions about transportation in your community?

_____

_____

_____