Olmstead Transportation Forum Final Report

Submitted by Forum Planning Committee members

Kristie Billiar, *MnDOT, ADA Unit*
Kelly Christenson, *MnDOT, Office of Transit*
Tom Gottfried, *MnDOT, Office of Transit*
Lori Lippert, *DHS, Continuing Care Administration*
Julie Marquardt, *DHS, Health Care Administration*
Steve Masson, *DHS, Health Care Administration*
Noel Shughart, *MnDOT, Office of Transit*
Colin Stemper, *Minnesota State Council on Disability*
Gerri Sutton, *Metropolitan Council*
Joan Willshire, *Minnesota State Council on Disability*

Executive Summary

Safe, convenient, efficient and effective transportation is essential for people with disabilities to lead meaningful lives as actively included members of their chosen communities. On March 26, 2014 the Olmstead Transportation Forum, sponsored by the Minnesota Departments of Transportation and the Human Services, was held, in accordance to Minnesota's Olmstead Plan. The Forum kicked-off a renewed effort to bring people with disabilities into the transportation planning process. This event built upon past planning and community input and gave information about how to be involved in the future.

> Specifically, the Olmstead Plan includes the following action item:
>
> *By March 31, 2014 community members will be convened by DHS to identify access issues and determine strategies to improve access and flexibility.*
>
> Agencies and stakeholders convened a forum on March 26, 2014. This report included a summary of the forum.
>
> Strategies for addressing issues that have been compiled from several previous planning sessions were shared with the audience. The strategies presented are listed on page 10 of this report. Participants in the forum were asked to prioritize these strategies, or add new strategies.
>
> Attachment G on page 19 provides a record of the public comments that were made during the forum and those that were submitted by email. The comments were condensed to capture the main points made.

A hallmark of the Olmstead Plan is the commitment of State agencies to work together across traditional boundaries. The Forum planning committee included individuals from the Minnesota Departments of Transportation and Human Services (Health Care Administration, Aging and Adult Services Division, and Disability Services Division), the Minnesota State Council on Disability and the Metropolitan Council.

Leaders from sponsoring agencies gave opening remarks to set the context for the event. They observed that transportation services are paid through various State avenues and the Olmstead mandate to work in a more coordinated manner. They also spoke about the importance of having the community involved in shaping the system that serves them.

A panel of speakers discussed past planning processes and new opportunities for engagement. The three speakers talked about 2011 Greater Minnesota Transit Investment Plan process, the metro transit services and the Service Investment Plan, and Board on Aging's role with transportation, the 2013 Long-Term Services and Supports Gaps Analysis and the Minnesota Council on Transportation Access.

Forum participants were invited to respond to and prioritize a list of strategies for addressing transportation issues that had been derived from previous planning processes. They also were invited to

speak to any issues they see with transportation. The complete comments are included as an attachment to this report.

The Forum planning committee developed a short list of recommendations for moving forward.

- Use the opportunity of current influxes of transportation funding to make a difference in the lives of people with disabilities.
- Develop new approaches to community engagement to ensure that people with disabilities are engaged in the developing the next Transportation Investment Plan.
- Develop new practices in administering the Section 5310 program, beginning in 2014, to bring in new participants, encourage innovative approaches, and bring people with disabilities and older Minnesotans into the decision-making process.
- Coordinate, if not integrate, Olmstead Plan-related community engagement efforts to maximize participation by people with disabilities.

Background

A sufficient transportation system provides safe, convenient, efficient and effective movement of people and goods. It is a necessary feature of life in community. Transportation facilitates interaction with a variety of people, participation in community events, school attendance, employment, commerce, civic engagement, recreation and pursuit of interests. Without effective means of transportation people have limited options available to them and, potentially, a diminished quality of life.

Creating and maintaining a sufficient transportation system is a complex problem. That is, transportation is composed of many interconnected parts and multiple variables. Differing geographic areas to cover; variation in population density; variation in destination and time when transportation is needed; and individual requirements, such as available seating, short wait times, protection from weather, accessibility—all these factors lead to the complexity of the solution and the costs involved.

Americans with Disabilities Act and *Olmstead v. L.C.*

The Minnesota Human Rights Act, the Americans with Disabilities Act (ADA), and other laws prohibit discrimination against people with disabilities. The ADA guarantees equal opportunity for individuals in public accommodations, employment, transportation, State and local government services and telecommunications. People with disabilities may use transportation services that are part of the public transportation system, and/or through government services for people with disabilities. The ADA applies to both of those systems.

This requirement means more than ensuring *physical* access for people with disabilities: to comply with these laws, government entities may also be required to change the way they provide services or modify how programs are administered so that individuals with disabilities can participate and benefit. Regulations developed under the ADA also specifically require that government entities provide services

in the *most integrated* setting appropriate to the needs of qualified individuals with disabilities.[1] The United States Department of Justice (DOJ) explains that the *most integrated* setting is one that "enables individuals with disabilities to interact with nondisabled persons to the fullest extent possible…"[2]

In *Olmstead v. L. C.*, 527 U.S. 581 (1999), the Court held that unjustified segregation of people with disabilities violates the ADA. Referred to as the Olmstead Decision, this means that states must offer services in the *most integrated setting*.

In its opinion, the Court emphasized that it is important for governments to develop and implement a comprehensive, effectively working plan to increase integration. From one perspective, the *Olmstead* decision is about how services are provided *by* the government *to* people with disabilities (that is, services must be provided in the most integrated setting). From another perspective, the *Olmstead* decision is a landmark civil rights case "heralded as the impetus to finally move individuals with disabilities out of the shadows, and to facilitate their full integration into the mainstream of American life."[3]

An Olmstead Plan is a way for a government entity to document its plans to provide services to individuals with disabilities in the most integrated setting appropriate to the individual. Effective Olmstead Plans include analyses of current services, concrete commitments to increase integration (and to prevent unnecessary institutionalization), and specific and reasonable timeframes, among other components.

Minnesota began work to develop its Olmstead Plan in 2012 and completed the first plan in November 2013. The process included state agency staff, with input from individuals with disabilities, their families, other stakeholders and advocates, and nationally regarded experts. The Plan is a living document and will be continually modified and added to as the work of the Plan is implemented.

Transportation and Minnesota's Olmstead Plan[4]

The State has set an overall goal for the Minnesota Olmstead Plan. That is, people with disabilities are living, learning, working and enjoying life in the most integrated setting.

---

[1] 28 C.F.R. § 35.130(d): http://www.ecfr.gov/cgi-bin/text-idx?SID=8e0a7c758dd371dfdf081d5c2f63a5a5&node=28:1.0.1.1.36&rgn=div5.

[2] 28 C.F.R. Pt. 35, App. A (2010): http://www.ecfr.gov/cgi-bin/text-idx?SID=3878071b2ac0b3880c59 44edc741f1f3&node=28:1.0.1.1.36&rgn=div5#28:1.0.1.1.36.7.32.3.11. Also US DOJ, Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and Olmstead v. L. C., Accessed August 30, 2013, http://www.ada.gov/olmstead/q&a_olmstead.pdf.

[3] Perez, Thomas. *Assistant Attorney General Thomas E. Perez Testifies Before the U.S. Senate Committee on Health, Education, Labor and Pensions.* Washington, D.C. Thursday, June 21, 2012. Accessed August 30, 2013, http://www.justice.gov/crt/opa/pr/speeches/2012/crt-speech-120621.html.

[4] A copy of the Olmstead Plan is available on-line: http://www.dhs.state.mn.us/main/groups/olmstead/documents/pub/dhs16_180147.pdf

To achieve this goal the Plan addresses several areas:

- Employment
- Housing
- Transportation
- Supports and Services
- Lifelong Learning and Education
- Healthcare and Healthy Living
- Community Engagement

Transportation is included as its own section of the Plan because it is so integral to achieving the other community integration objectives of the Plan.

The Plan lays out four actions to meet the goal of ensuring that Minnesotans with disabilities have reliable, cost-effective and accessible transportation choices that support the essential elements of life such as employment, housing, education and social connections.

- Establish a baseline of transit expenditures and types of service provided across state agencies to better support people with disabilities.
- Engage community members to expand flexibility in transportation systems.
- Integrate Olmstead principles into existing transportation plans so that Minnesota's transportation policy supports integration and inclusion of people with disabilities.
- Engage the Minnesota Council on Transportation Access (MCOTA).

This report relates to the second action, engaging community member to expand flexibility in transportation systems, specifically to the Olmstead Transportation Forum that was held on March 26, 2014.

Olmstead Transportation Forum (March 26, 2014)

The March 26 Olmstead Transportation Forum was sponsored by the Minnesota Department of Transportation and the Minnesota Department of Human Services in accordance with the Minnesota Olmstead Plan.

The Forum was a two-hour event, with 128 registrants. There were two options for participation, in an attempt to make it accessible to as many people as possible. The event was offered via captioned videoconference with 15 sites statewide and was shown via web-streaming. Participants could make comments live, or send them in during the event via email to be read aloud during the event, or send them in after the event through the Minnesota Department of Transportation Olmstead webpage.

There were 40 people participating at a videoconference site in the Twin Cities, 27 at a site in Greater Minnesota, and 61 people participating via web-streaming. Fifty-one percent of the participants came

from government, 42 percent were some other kind of professional (mostly providers of services to people with disabilities), one percent identified as a person with a disability or advocate and five percent chose to not give a background.

The Forum was not intended to be a single effort to engage community members; rather, it was conceived as a kick-off to a renewed effort to bring people with disabilities meaningfully into the transportation planning process. The Forum acknowledged and built upon planning and community input that has happened in the past, and gave participants information about how to be further involved in the future.

Forum Planning Committee

People with disabilities use transportation services that are funded and administered through a variety of governmental organizations. The Minnesota Department of Transportation shares responsibility with local, regional, state, tribal and federal, private sector and other partners to operate and maintain an extensive multimodal transportation system that is used by the general public, including people with disabilities. The Minnesota Department of Human Services provides a transit, based on program enrollment, for non-emergency medical transport. Additionally, the Department provides or supports a wider array of transportation services, based on program enrollment, for specific populations such as people with disabilities or older Minnesotans. The Metropolitan Council is responsible for ensuring that transportation infrastructure equitably meets the demands of Twin City citizens, now and as the region grows. It is the region's federally-designated metropolitan planning organization and the region's primary regional transit provider. The Minnesota Council on Disability is a state agency that provides leadership to empower and strengthen the rights of Minnesotans. It collaborates with public and private sectors as a policy and technical resource advisor.

A hallmark of Minnesota's Olmstead Plan is the commitment to working together across traditional state government boundaries, such as state agencies, administrations, divisions and programs in order to achieve the Plan's goals. The Forum planning committee included people from all these entities with primary responsibility for planning for and providing transportation services that are vital to people with disabilities.

Planning committee members

Kristie Billiar, *MnDOT, ADA Unit*
Tom Gottfried, *MnDOT, Office of Transit*
Noel Shughart, *MnDOT, Office of Transit*
Kelly Christenson, *MnDOT, Office of Transit*
Steve Masson, *DHS, Health Care Administration*
Julie Marquardt, *DHS, Health Care Administration*
Lori Lippert, *DHS, Continuing Care Administration*
Gerri Sutton, *Metropolitan Council*

Joan Willshire, *Minnesota State Council on Disability*
Colin Stemper, *Minnesota State Council on Disability*

Opening Remarks

The Forum began with remarks from each of the sponsoring state agencies, including speakers from two administrations within the Department of Human Services

Julie Marquardt, Director of Purchasing and Service Delivery, Department of Human Services Health Care Administration

Welcome and thank you for coming. This event is sponsored by the Minnesota Department of Human Services and the Minnesota Department of Transportation. The Metropolitan Council and Minnesota State Council on Disability were partners in planning the event.

Safe and reliable transportation that gets you were you need to go is integral to us all. Despite how integral transportation is to our lives, we still struggle to ensure that everyone in Minnesota has access to adequate transportation. No place is this more true than it is for people with disabilities and older Minnesotans.

Medical Assistance covers the cost of getting to medical appointments, but that's only a small part of life. We know there are many issues with getting adequate transportation for all the things that important to people, and we hope that events like this will help us find solutions.

Loren D. Colman, Assistant Commissioner, Department of Human Services Continuing Care Administration

Transportation is a very complex problem—people live all over the place and each person has their own place to go, on their own schedule. Some forms of transportation work for some people, but not for others. It costs a lot to move people around, and it is difficult for individuals to afford. Public subsidies for transportation come from many different places, each with its own purpose and set of rules.

Olmstead Plan context: The Olmstead Plan is Minnesota's plan to provide supports and services to people with disabilities in ways that allow them to live inclusively in their communities. While Minnesota has been working for a long time towards supporting people with disabilities and older Minnesotans in the community, the Olmstead Plan is a formalized way of re-focusing our efforts in this direction. The Olmstead Planning process started with community listening sessions. The governor created the Olmstead Sub-Cabinet to ensure that all parts of state government are brought together to develop and implement the Plan. It is a 'living' document, meaning that it will evolve over time. People with disabilities are encouraged to stay involved in the development and implementation of this plan.

The powerful thing about the Olmstead Plan is that it requires government entities to work together. This event is a good example of that. Collectively we will find ways to improve our system. This is part of that process. We have about 100 people participating in this event. We want to hear what's working and ways we can improve.

Mike Schadauer, Director of Transit, Department of Transportation

The Department of Transportation's vision is a multimodal transportation system that connects the state's assets; provides safe, convenient and effective movement of people and goods; and is flexible and adaptable. This drives everything that we do. The Office of Transit works closely with local units of government in Greater Minnesota; the Metropolitan Council does this in the Twin Cities metropolitan area.

Planning activities which will provide opportunities for integrating principles laid out in Olmstead Plan: the 2015 Greater Minnesota Investment Plan (planning done in 2015 and published in 2016); Local Transit Coordination Plans which are developed by regionally with MnDOT support; and the Minnesota Council on Transportation Access.

The Forum convened community members to discuss transportation for people with disabilities, but it was not an isolated opportunity for community involvement in transportation planning, nor was it a solo event specific to people with disabilities. The Forum was designed with four intentions in mind:

- Build upon previous planning efforts
- Create an opportunity to prioritize transportation strategies
- Disseminate information about future engagement opportunities
- Get input to improve efforts to engage the community in the future

Previous Planning Processes

The Forum had two parts. During the first half, a panel of speakers talked about planning that has been done in the past and what had been learned through those processes. There has been a great deal of interest in transportation for people with disabilities in recent years, resulting in several opportunities for the public to give input on their experiences and preferences. For example, listening sessions that took place as part of developing the Minnesota Olmstead Plan, to give the public a chance to talk about what is important to them; several comments concerned transportation. Those can be found in Appendix C of the Olmstead Plan[5].

The planning committee gathered and disseminated documents summarizing the findings from key planning processes to the registered participants. These materials can be found in Attachments A-C.

- 2013 Long-Term Services and Supports Gaps Analysis: Transportation-Related Services
- Summary of Minnesota State Council on Disabilities Transportation Forums (2008-2012)
- Planning for Enhanced Transportation Access and Efficiency: Synthesis of 2011 Greater Minnesota Local Human Services Transit Coordination Plans

---

[5] http://www.dhs.state.mn.us/main/groups/olmstead/documents/pub/dhs16_180147.pdf

Registrants also received a document giving examples of innovative transportation services. (Attachment D)

Noel Shughart, Minnesota Department of Transportation, Office of Transit
This presentation focused on the 2011 Greater Minnesota Transit Investment Plan process. (Attachment E)

The governmental agencies that have responsibility for designing, building and maintaining Minnesota's transit infrastructure rely upon community planning efforts to guide their investments. The Minnesota Legislature mandated that the Department of Transportation develop an investment plan to meet the transit needs in Greater Minnesota, with 90% of those needs to be met by 2025. The Greater Minnesota Transit Plan assesses how to invest to meet the transit needs and priorities in Greater Minnesota. The Department used a variety of methods to learn about these needs, through outreach and marketing activities.

Surveys were sent to 10,000 users of transit services in Greater Minnesota. Respondents were asked to rate the importance of five desired changes to service. One focus group of non-riders was held in each of the 12 Regional Development Commission regions. Participants discussed current traveling experiences, transit perceptions, marketing and future alternatives. Presentations were given to over 50 groups statewide. Those in attendance were asked to rank six potential changes in service. Structured interviews were held with 15 key stakeholders, including state agencies, local governments, chambers of commerce, social service agencies and citizens. Interviewees were asked about days and time of service, geographic coverage, cost-effective performance, and promotional needs and pricing. The planning project worked with a technical advisory committee which gave input, as did the representatives from the Regional Development Commissions.

There continue to be opportunities for the public to participate in planning. There are various advisory groups that individuals can join, and a new round of local human services transit planning will be starting in 2015. That effort is being developed now.

Cyndi Harper, Metropolitan Council
This presentation focused on the metro transit services and the Service Investment Plan. (Attachment F)

Metro Transit is the fixed route operating system of the Metropolitan Council. Metro Mobility and Transit Link are administered through the Metropolitan Council, but are not part of Metro Transit. Met Transit covers the seven metropolitan counties, encompassing 90 cities. It has 128 routes, light rail, commuter rail, and bus rapid transit.

Work is currently underway on the Service Improvement Plan which is a 10-15 year plan focusing on service improvements on local and express bus routes. The Service Improvement Plan will consider which evaluation measures and transit values should be used to prioritize these investments, as well as

the timing of and resources needed to make these improvements. It is important to note that these improvements all assume that additional funding becomes available.

To set priorities, Metro Transit seeks public engagement in a variety of ways, including stakeholder workshops, surveys, on-board brochures and signs, and a customer newsletter. It also combines information from prior public involvement activities and new daily information through the Customer Relations Department, with an on-going effort to serve traditionally underserved audiences. The Service Improvement Plan included a survey about individual travel patterns, specific service improvements, and overall goals and priorities. This was done from November 2013 through February 2014, resulting in 4000 responses.

Survey results fell into six main categories:

1. Improve core urban routes: less waiting on high ridership routes, more night and weekend service.
2. Improve suburban coverage and connections: riders don't want to have to travel downtown and transfer to travel between suburbs; add routes that connect to suburban transit centers and improve coverage.
3. Improve urban crosstown connections: fill in the grid, improve the span and frequency of existing routes, make it easy to travel between neighborhoods without having to go downtown and transfer, ensure local access to rail and BRT.
4. Improve express options: increase parking capacity at overcrowded park and rides, improve the span and frequency of existing routes, add express service to areas outside of the downtowns and U of M.
5. Faster travel times: customers riding all types of transit would like the trip to be faster. Ways to do this include fewer stops, eliminating boarding delays with off-board fare collection, and ways to bypass congestion.
6. Improve customer amenities: more comfortable waiting areas, basic route and way-finding info, ticket vending machines and bike racks.

Rolf Hage, Minnesota Department of Human Services, Continuing Care Administration and Minnesota Board on Aging

This presentation was about the Board on Aging's role with transportation, the 2013 Long-Term Services and Supports Gaps Analysis and the Minnesota Council on Transportation Access.

The Department of Human Service's Aging and Adult Services and the Minnesota Board on Aging focus on adults who are age 55, 60 or 65 (depending on program), regardless of income. Services for older adults are primarily services that are delivered to people in their own homes or in community settings. Although the intent is to support people living in their communities, living in the community often involves reliance upon transportation services that don't adequately support freely moving about in the community. For example, transportation services are often restricted to certain geographic areas which don't align with where an individual wants to go.

June 12, 2014 Olmstead Transportation Forum
Final Report

Transportation services for seniors are never going to reach 100% of the people, 100% of the time. Among other factors, disconnects between transportation providers, human services, and aging services entities creates barriers to users. People who rely upon transportation services and their advocates need to be educated about the issues of transit and become actively involved in planning and maintenance.

The Olmstead Plan provides an opportunity to focus interest and action regarding transportation so that the State can move incrementally to a better system. Providers and stakeholders need to be involved in parallel development and planning processes.

Summary of Public Comments

The second half of the Forum was set aside for public comments about common strategies that have emerged out of these past events, or about access issues people experience. (Attachment G)

The strategies that have been commonly identified through previous planning processes are:

- Improving coordination of services and resources
- Increasing awareness
- Implementing mobility management strategies
- Expanding services
- Reducing expenses and increasing efficiency
- Overcoming regulatory barriers

Several speakers commented on how the current systems are not adequately meeting people's needs and the negative impact that results. There were also questions about current services and planning opportunities. There were observations about how planning processes, this event included, do not bring in the full scope of perspectives—particularly people with disabilities.

Not many spoke to the strategies that were given, but those that did prioritized improving coordination, expanding services and overcoming regulatory barriers.

Synthesis

While the Olmstead Transportation Forum had participation from around the state by people from various perspectives, there was low participation by people with disabilities. Having people with disabilities involved in the implementation of the Olmstead Plan, and in the delivery of their services in general, is an essential goal of the Olmstead Plan and of this event. People with disabilities consistently express their desire to be part of the decision-making process as the systems that serve them are designed, and yet, efforts to engage them often fall short. Policy-makers and planners need to assess the approaches they traditional use and develop new practices that result in better engagement of the people most affected.

The planning processes and forums in the past have produced several documents that capture transportation barriers and issues, and strategies for addressing them. The same items, more or less, are identified consistently across all the planning efforts. In fact, the issues that are identified as being concerns for people with disabilities often are the same as those identified for the general population. The impact of the barriers, however, may be different for different groups or individuals.

For example, it is important to understand how poor transportation impacts people with mental illness. When transportation impedes access to things that support mental health recovery (e.g., therapy, medication, medical appointments, work) there can be serious mental health repercussions.

High on everyone's list are not enough service, insufficient routing, lack of coordination between systems, geographic limits to service, cost of the service and a system that in general is inflexible/regulation-bound. In addition to differential impact of transportation barriers, there may be different solutions that can be targeted to the population of people with disabilities or to individuals with disabilities. While some people with disabilities have challenges that set them apart from the rest of the populations, they also may have access to additional resources.

Despite policy efforts, many of the transportation issues that confound people with disabilities remain. One step in turning this around could be changing the way we measure transportation outcomes. The traditional measure of transportation success is "performance", but to meet the needs of people with disabilities, decisions can't be made solely on performance.

There is a tension between supply and demand. This is particularly true in rural Minnesota and suburb-to-suburb transportation. Simply finding more efficiencies will not be sufficient alone to close the supply/demand gap. In addition, external factors, beyond what was examined in the forum, affect the ability of people to obtain transportation. Finding solutions is likely going to require innovative responses that pull together new alliances and various resources, formal and informal. While the solutions may not be solely driven by state, or even local government, they may require policy changes to support greatly flexibility. For example, the private sector is already driving change in transportation with services like Uber and Lyft which connect riders to drivers.

Moving from a service-based transportation model to a client-based model could have cost consequences. At the same time, there are rapidly developing technologies that might mitigate the cost impact. There is currently existing technology that could facilitate coordination across the system.

Recommendations

While not typically the case, there are currently additional resources coming into the system to expand service over the next few years. In 2015, 40,000 hours of service will be added to Greater Minnesota transit. This opportunity should be seized, in part by altering State and local government's traditional planning practices, to make improvements to outcomes for people with disabilities.

The next Investment Plan process must include the disability community. One way to ensure this would be to have opportunities specific to people with disabilities. It also is helpful to dig down deeper than lumping all people with disabilities in one group, as the needs of people with different types of disability vary. Use a sampling approach, rather than trying to get full community participation. Use performance measures to see how well community engagement efforts are proceeding.

The next round of Investment Plan development will take place in 2015. A big piece of the plan is likely to be expanding services (nights and weekends), as this is consistently a highly-ranked priority. Any service expansion that results from this will take two years to be implemented.

The Section 5310 program was established by the Federal Transit Authority as a discretionary capital assistance program. In cases where public transit is inadequate or inappropriate, the program awards grants to private non-profit organizations to serve the transportation needs of elderly persons and persons with disabilities. The Minnesota Department of Transportation awards grants under this program annually. The 2014 solicitation is currently being developed and offers the opportunity for developing some new approaches to building the transportation infrastructure. The 2014 solicitation could be written to address some of the issues that were raised at the Forum. By distributing the solicitation more widely than has been done in the past, and providing technical assistance to entities that might not be aware of the program, would open the process to potential new partners and innovative approaches. Incorporating people with disabilities and older Minnesotans into the review process would be a significant step towards engaging the effected communities in the planning process.

The Olmstead Plan includes many activities centered on greater engagement of the people with disabilities—related to transportation and other topic areas. When possible, taking a coordinated approach to these activities will increase the meaningful involvement of people with disabilities and reduce "participation fatigue".

Attachment A: 2013 Long-Term Services and Supports Gaps Analysis: Transportation-Related Services

Long Term Services and Supports Gaps Analysis: Transportation-Related Services

Stump, Todd

13

Long-Term Services and Support Gaps Analysis, 2013

This report summarizes the status of transportation-related long-term services and supports for older adults, people with disabilities, children and youth with mental health conditions, and adults living with mental illnesses through calendar year 2012. It was developed in response to a legislative mandate (M.S. 144A.351) to biennially update the legislature on the effects of legislative initiatives to "rebalance" the state's long-term services and supports system.

The term *long-term services and supports* (LTSS) refers to on-going supports that an individual needs due to a chronic health condition or disability. These services can be delivered in a person's home, in another community setting, or in an institutional setting. Currently, long-term services and supports is the nationally recognized term for this range of services and is used by the federal government. The term *home and community-based services* (HCBS) refers to long-term services and supports that are delivered in homes or other community-based settings, not in institutional settings. Home and community-based services are a subset of long-term services and supports.

Beginning in 2001 and repeated in 2003, 2005, 2007 and 2009, the Minnesota Department of Human Services (DHS) has reported on the current capacity and gaps in long-term services and supports and housing to support *older adults* in Minnesota. The primary source of this report was a survey completed by the counties to describe the capacity for these services in their local areas. In 2012, the Legislature amended state statute to expand the scope of the survey and resulting report to include *people with disabilities*, *children and youth with mental health conditions* and *adults living with mental illnesses*.

As required by statute, this report includes demographic trends; estimates of the need for transportation-related long-term services and supports; summary of statewide trends in their availability; and recommendations regarding the goals for the future of transportation-related long-term services and supports.

Counties contributed data and comments on the changes that have occurred in the availability of services over the past two years. The most frequently identified gaps in service availability across these groups were chore service, companion service, respite care, transportation and adult day care. Counties were asked to report the availability of several Long-Term Services and Supports. Answers are *exceeds demand*, *meets demand*, *available but limited* or *not available.* Due to several counties reporting their results as part of collaboratives, such as Lincoln Lyon and Murray Counties (LLM), there were fewer responses than actual counties in Minnesota. For Disability Services, more counties reported as a county collaborative, resulting in lower N values for this survey.

A "gap" is defined as a service that is reported as being *available but limited* or *not available*. The table below indicates the services in which the highest percentages of counties reported as gaps during the past 5 Gaps Analyses, and where *transportation* fell within the top gaps:

Type of service	Rank	% of counties
2003 (72 counties)		
Transportation	**1**	**42%**
Chore service	2	28%
In-home respite/ caregiver supports*	3	22%
Adult day service	4 (tie)	21%
Home delivered meals	4 (tie)	21%
2005 (76 counties)		
Transportation	**1**	**55%**
Evening and weekend care**	2	50%
Chore service	3 (tie)	47%
Adult day service	3 (tie)	47%
In-home respite/ caregiver supports*	5	42%
2007 (79 counties)		
Transportation	**1 (tie)**	**63%**
Companion service	1 (tie)	63%
Chore service	3	62%
Respite care, in-home	4	51%
Respite care, out-of-home	5	47%
Caregiver/ family support training	6	46%
Adult day care	7	44%
2009 (87 counties)		
Non-medical transportation*	**1**	**66%**
Chore service	2 (tie)	60%
Companion service	2 (tie)	60%
Respite care, out-of-home	4	58%
Medical transportation *	**5**	**56%**
Respite care, in-home	6	55%
Adult day care	7	51%
Caregiver training & support	8	44%
2013 (87 counties)		
Chore service	1	65%
Companion service	2	64%
Non-medical transportation	**3**	**60%**
Medical transportation *	**4**	**58%**
Adult day care	5	57%
Respite care, in-home	6	55%
Respite care, out-of-home	7	49%
Prevention/Early Interv (Beh/Cog Health)	7	46%

*In 2007, Transportation was split into two categories: *Medical* and *Non-Medical*

As evidenced by the table above, Transportation has remained among the top gaps reported by Minnesota counties. However, once we split this service into medical and non-medical, we found that other services exceeded medical transportation in regards to the least available service; with non-medical transportation serving as the greatest gap until 2013, when both

transportation-related services were passed by other LTSS. Perhaps this was the case in the two previous surveys.

I. Home and Community-Based Services, Barriers to Relocation and Other Survey Subject Matter

Counties were asked to report on any recent *changes* in home and community-based service (HCBS) capacity as well as the *current* service capacity in their county. Counties also reported on local issues or barriers related to HCBS capacity along with their county's priorities for HCBS development. The HCBS-related questions included *transportation, medical* and *transportation, non medical*. Secondly, counties were asked if there were any persons receiving services in their jurisdiction who could relocate from congregate settings and/or provider-controlled housing into their community if they had adequate supports available – and what barriers or issues prevented such relocation. *Access to transportation* was offered as an answer choice. Within the Disability Services survey, counties were asked if there was a systematic strategy to increase competitive employment and earnings for persons receiving disability services in their jurisdiction. *Access to transportation* was offered as an answer choice for this question, as well.

A. Aging and Adult Services

1. Changes in Service Capacity since January 2011, Transportation-related services (N=84)

	less available	no change	more available
Transportation (medical)	20%	67%	13%
Transportation, non-medical*	15%	71%	11%

2. Current Service Capacity as of January 2013, Transportation-related services (N=84)

	not available	available but limited	meets demand	exceeds demand
Transportation	0.0%	58.3%	41.7%	0.0%
Transportation, non-medical*	2.4%	58.3%	36.9%	0.0%

3. Description of Limitations for Transportation-related Service Gaps

Transportation, non-medical: Counties report that reimbursement rates, and in particular the elimination of reimbursement of non-load miles, has had an impact on the availability of transportation in their area. Transportation programs that utilize volunteers have been particularly impacted because fewer volunteers are willing to provide this service given the changes in mileage reimbursement. When volunteer programs do exist they prioritize providing medical transportation over transportation for non-medical needs. Access in rural areas, for out of county travel and evening and weekend travel continue to be barriers across
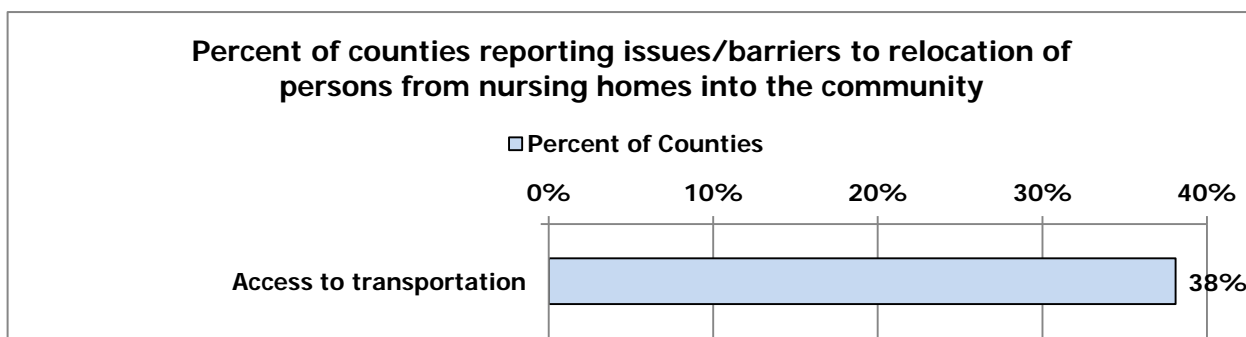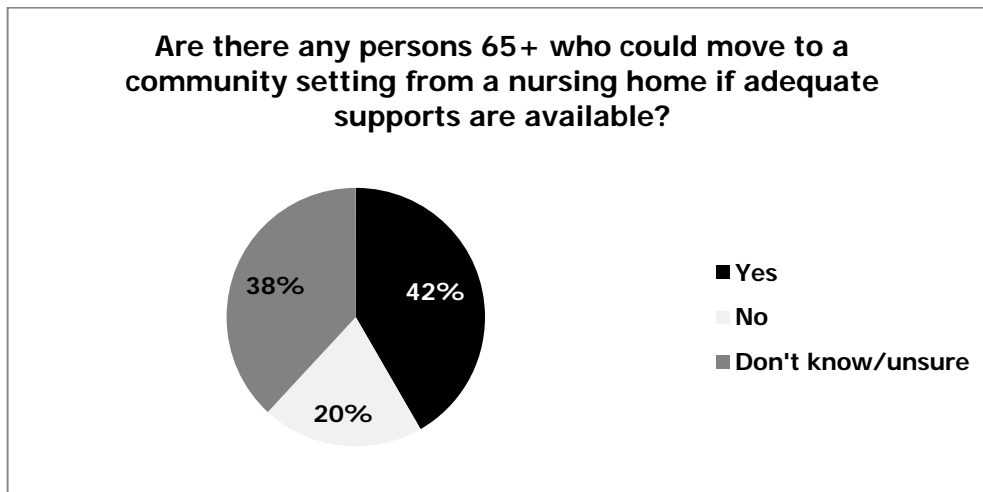
the state. In addition, many counties rely on the capacity of the local public transportation system and often reported limitations with the availability and accessibility of these systems. Older adults who are not eligible for public assistance face additional barriers to access affordable transportation. (See also Transportation, medical)

Transportation, medical: Counties face similar barriers to the availability of medical transportation as reported for non-medical transportation (see above). In general, counties report more resources are available for medical transportation. Many counties reported prioritizing the use of volunteer drivers for medical transportation.

4. Issues/Barriers Ensuring Home and Community-Based Support Options, 2013-2014 (N=84)

	Percent of Counties
Transportation for non-medical needs	68%
Distance/isolation	61%

5. Are there any persons 65+ who could move to a community setting from a nursing home if adequate supports are available, and what are the barriers/issues to such reloaction?

Are there any persons 65+ who could move to a community setting from a nursing home if adequate supports are available?

- Yes: 42%
- No: 20%
- Don't know/unsure: 38%

Percent of counties reporting issues/barriers to relocation of persons from nursing homes into the community

Percent of Counties

Access to transportation: 38%

B. Adult Mental Health Services

1. Changes in Service Capacity since January 2011, Transportation-related services.

There were no specific transportation-related services listed on this portion of the survey.

2. Current Service Capacity as of January 2013, Transportation-related services.

There were no specific transportation-related services listed on this portion of the survey.

3. Description of Limitations for Transportation-related Service Gaps

While there were no HCBS on the survey specifically concerning transportation, the subject was referenced within descriptions of why certain services were gaps.

Respondents from rural and frontier counties often pointed to the practical issues intrinsic to their geography: low population density, high travel distances ("windshield time"), and professional workforce shortages. Here are some comments from Greater Minnesota:

- "Individuals living in [G]reater Minnesota have to travel further for recovery oriented services options … [and] Individuals in [our county] are very isolated from peer supports."
- "Transportation to programs is always an issue for us."
- "We have a lot of windshield time that is not covered."
- "[More] mental health professionals living and working in this area of the state would be most beneficial to ensure recovery-oriented service options."

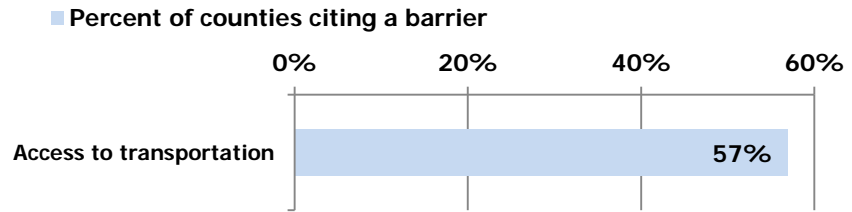4. Issues/Barriers Ensuring Home and Community-Based Support Options, 2013-2014.

There were no specific transportation-related services listed on this portion of the survey.

5. Are there any adults living with mental illness in your jurisdiction who could move to a community setting from a nursing home if they had adequate supports available, and what are the barriers/issues to such reloaction?

Adults living with mental illness that could be relocated into the community, percent of counties

- ■ Yes
- ■ No
- ■ Don't Know/unsure

15%
42%
43%
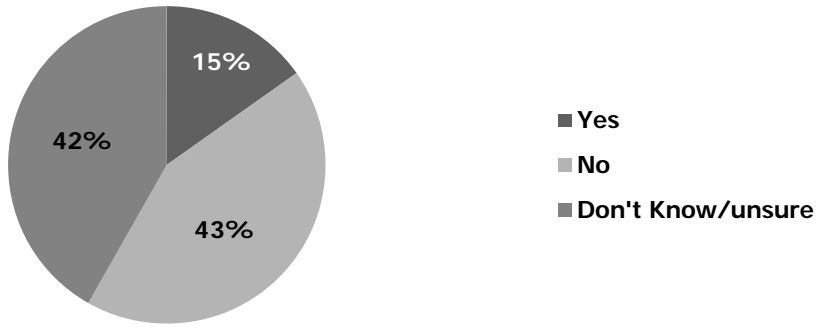
Barriers to Relocation to the Community, 2011-2012

■ Percent of counties citing a barrier

Access to transportation — 57%

0% 20% 40% 60%

C. Children's Mental Health Services

1. Changes in Service Capacity since January 2011, Transportation-related services (N=84)

This question as not asked on the CMH survey.

2. Current Service Capacity as of January 2013, Transportation-related services (N=84)

There were no transportation-specific items within this survey. The only transportation-related service to appear in this section of the survey is below.

Inpatient Hospitalization Psychiatric Care				
	Exceeds demand	Meets demand	Available but limited	Not available
Children's Mobile Mental Health Crisis Response	3%	32%	27%	38%

3. Description of Limitations for Transportation-related Service Gaps

Despite the lack of transportation as a specific topic of the survey, it was cited as a barrier and/or issue for numerous services. Transportation to specific therapists is a barrier to accessing culturally appropriate services. Secondly, counties overwhelmingly responded that *lack of transportation to service providers* is a major obstacle (especially in rural counties). Some counties report that families must drive up to three hours each way to see a provider, necessitating them to take an entire day off from work for a single appointment. It is a barrier regardless of whether a child is covered under a Managed Care Organizations (MCO) and or the fee-for-service (FFS), particularly in areas where limited options exist with no public transportation necessitating reliance on family or volunteer drivers.

4. Issues/Barriers Ensuring Home and Community-Based Support Options, 2013-2014 (N=84)

See number 3 above.

5. Are there any persons receiving residential treatment services who could move to a community setting from a nursing home if adequate supports are available, and what are the barriers/issues to such reloaction?

Figure 5. Individuals receiving residential treatment services who could move to community setting with adequate supports

22%

18%

60%

- Yes
- No
- don't know
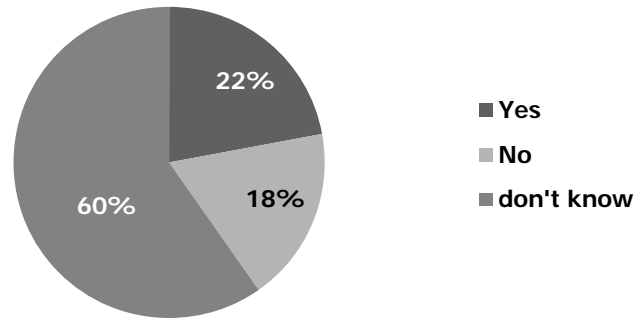
Top Ten Barriers to relocating Individuals Within Residential Facilities to the Community

- Percent of Counties

	0%	25%	50%
Access to transportation	27.3%		

D. Disability Services

1. Changes in Service Capacity since January 2011, Transportation-related services (N=78)

	Added/ New	Expanded/ Improved	No Change	Decreased/ Eliminated
Transportation	1%	10%	79%	10%

2. Current Service Capacity as of January 2013, Transportation-related services (N=78)

Unlike the other three surveys, the Disability Services edition asked counties to report the age groups and waiver status of the populations impacted by the service availability (or lack thereof).

	Exceeds Demand	Meets Demand	Available but Limited	Not Available
Transportation	0%	33%	65%	1%

	Age 65 and Older	Under Age 65, on a Waiver	Under Age 65, NOT on a Waiver
Transportation	53%	67%	67%

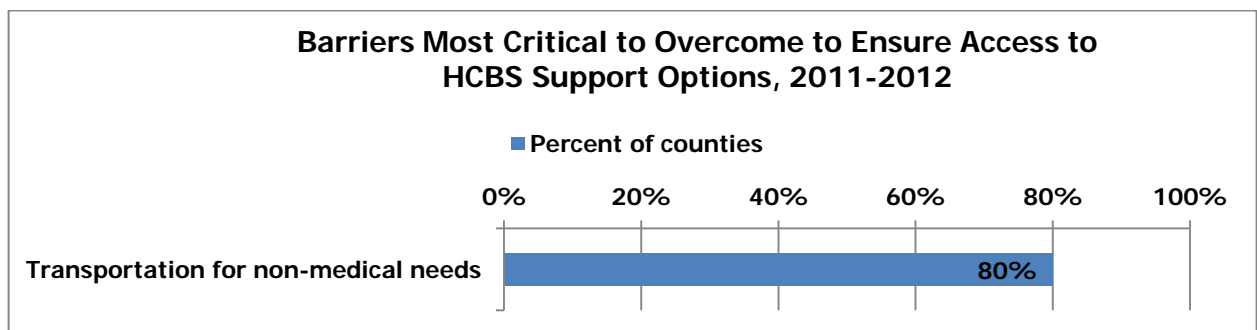3. Description of Limitations for Transportation-related Service Gaps

Of all services, transportation was reported as a gap by the highest percentage of counties at 66%. Comments specific to this service include:

- Lack of accessible transportation.

- Funding limitations impede number of individuals that can access service.

- Public mass transit on very limited routes, public individual transit is too limited and/or too expensive.

- Limited providers in rural areas, many rely on program-based transportation to get to work.

- Transportation systems are costly and funding to develop these systems is scarce.

- One county reported that most of their transportation is provided by volunteer organizations which rely on older adults who may be less able to transport individuals with disabilities or behavioral health challenges.

- Scope, frequency, and on-demand transportation is limited.

- One county pointed out that health plans always require 24-hour notice and therefore emergencies are uncovered.

- Especially listed as a concern in rural and semi-rural counties.

- Transportation service is not always available to travel outside of a city or county, and hours are during traditional business hours only.

- Multiple counties mentioned "no load" miles as an issue that makes it difficult for counties that have long distances to travel to many services.

- Non-medical transportation is extremely limited.

- Transportation for participants at hospital discharge is challenging when a hospital is over sixty miles from their home.

- Division of Rehabilitation Services does not recognize the use of public transit as a viable option for work purposes and will not fund a consumer for work services to work if the client is dependent upon public transit.

- One county mentioned liability as a concern.

- Transportation can be difficult to coordinate between providers when attempting to promote resource sharing.

As for decreases in services since 2011, the most reported were, escending order: crisis respite, foster care, transportation (9% of counties reporting a decrease), respite, and adult companion services.

4. Issues/Barriers Ensuring Home and Community-Based Support Options, 2013-2014 (N=78)

Barriers Most Critical to Overcome to Ensure Access to HCBS Support Options, 2011-2012

■ Percent of counties

|	0%	20%	40%	60%	80%	100%
Transportation for non-medical needs					80%	

5. Are there any persons with disabilities who could move to a community setting from a nursing home if adequate supports are available, and what are the barriers/issues to such reloaction? (N=78)

Are there persons receiving disability services who could move to own home from provider-controlled housing if adequate supports were available?

- Yes: 50%
- No: 19%
- Unsure: 31%
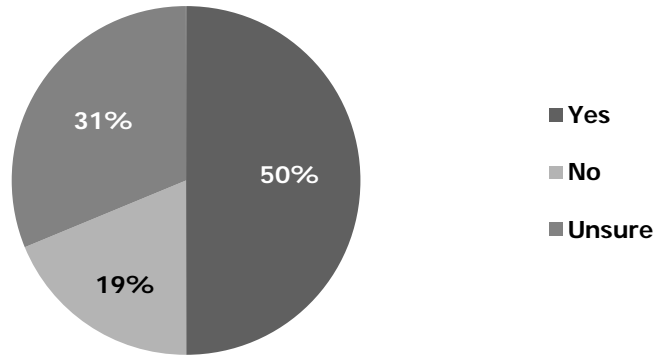
Barriers most critical to overcome to relocate persons with disabilities into homes of their choice, 2011-2012

■ Percent of counties

Access to transportation: 75%
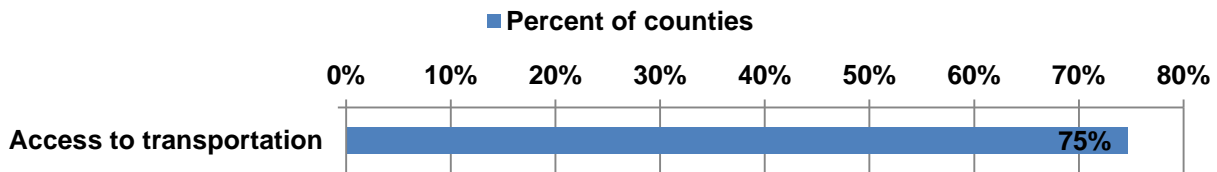
6. Barriers most critical to overcome to increase employment for people with disabilities, 2011-2012 (N=78)

This question is specific to this particular survey.

Barriers most critical to overcome to increase employment for people with disabilities, 2011-2012

■ Percent of counties

Access to transportation	83%

(0% 10% 20% 30% 40% 50% 60% 70% 80% 90%)
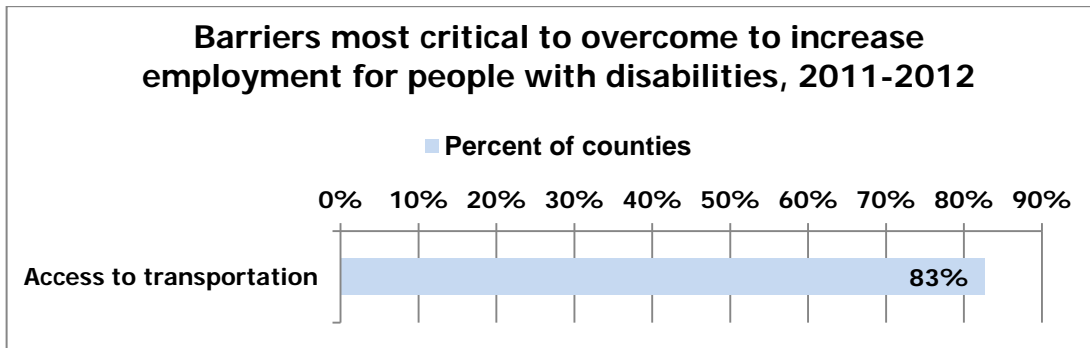
Attachment B: Summary of Minnesota State Council on Disabilities Transportation Forums (2008-2012)

Minnesota State Council on Disabilities Transportation Forums – 2008-2010

Background

From 2007 – 2010 a series of public forums on the topic of transportation for people with disabilities occurred around Minnesota. These Transportation Dialogues were convened by the Minnesota State Council on Disability with support of Pathways to Employment (a collaboration of the Minnesota Department of Human Services, the Minnesota Department of Employment and Economic Development, and the Minnesota Department of Education and the Minnesota State Council on Disability), and local Centers for Independent Living.

The first event, in November, 2007, was held in St. Paul and attended by 84 key stakeholders. Attendees present represented state agencies, transportation providers, non-profit organizations, employers and consumers of transportation. The common goal was to discuss methods to improve transportation and eliminate the barriers that exist for people with disabilities as they attempt to utilize transportation when seeking employment opportunities.

The success of this event, coupled with the need to reach out to Greater Minnesota, prompted the Minnesota State Council on Disability to offer two more dialogues the following year (2008) in Crookston and Fergus Falls. Four more dialogues occurred in November 2009 in Marshall, Mankato, Brainerd, and Hibbing. To ensure the entire state was covered; a final transportation and employment dialogue took place in Rochester in June 2010.

The purpose of each dialogue was to hear from experts, both locally and nationally, regarding transportation issues, learn about road blocks to transportation and employment and create solutions and partnerships in the local communities.

This document summarizes the common themes that emerged from those events.

Transportation-related barriers to employment

Most common themes
1. Scheduling (includes frequency, days of the week, times throughout the day)
2. Funding
3. Lack of availability/routes

Additional recurring themes
1. Need more collaboration/communication
2. Affordability
3. Marketing/training/education/communication
4. Geographical disconnects/distances

Common issues for rural Minnesota

<u>Most common themes</u>
1. Scheduling (includes frequency, days of the week, times throughout the day)
2. Availability/routes
3. Geographic connections
4. Distances to travel, the time that requires and the subsequent impact on cost

<u>Additional recurring themes</u>
1. Marketing and training; people don't know the routes
2. Funding
3. Too few riders to be cost efficient
4. Affordability

Recommended policy changes

<u>Most common themes</u>
1. More funding
2. More collaboration at all levels, including between funding sources

Attachment C: Planning for Enhanced Transportation Access and Efficiency: Synthesis of 2011 Greater Minnesota Local Human Services Transit Coordination Plans

Planning for Enhanced Transportation Access and Efficiency

Synthesis of 2011 Greater Minnesota Local Human Services Transit Coordination Plans

Table of Contents

Executive Summary

The goal of transit coordination is to enhance transportation access and efficiency. Human services public transit coordination specifically aims to improve transportation access for people with disabilities, older adults, and individuals with low incomes. Coordination also encourages communities to make the most effective use of transportation resources funded through public and private sources. Local human services transit coordination plans are intended to improve a region's collective ability to provide transportation services to customers by bringing together diverse stakeholders to identify strategies to overcome local barriers to coordination.

To develop local coordination plans in Greater Minnesota, the Minnesota Department of Transportation (MnDOT) Office of Transit partnered with local planning organizations in Greater Minnesota's twelve economic development regions in 2011. These plans engaged diverse stakeholders in identifying strategies for regional transportation coordination and articulating specific projects that could advance coordination strategies in each region.

This synthesis highlights the themes found in the 2011 coordination plans, which include the need to improve the coordination of services and resources, increase public awareness, implement mobility management strategies, expand services, reduce expenses, and overcome regulatory barriers.

Strategies commonly identified to meet these needs in the future include convening regional coordination bodies, conducting educational campaigns, hiring mobility managers, expanding volunteer driver programs, and partnering for the joint purchase of vehicles. Regions would also like to encourage state and federal agencies to simplify procedures and allow more flexibility in the use of transportation dollars.

This synthesis also outlines the accomplishments and implementation challenges that have occurred throughout Greater Minnesota since the completion of the 2006 coordination plans. Accomplishments include raising awareness of transit coordination, expanding services and programs, coordinating services, and completing marketing initiatives. Common challenges included a lack of funding, leadership, local partnerships, and policymaker support. Policies and regulations were another barrier to coordination efforts.

Overall, the development of the local human services transit coordination plans in Greater Minnesota has identified coordination strategies that could be successfully implemented in many regions in the future. Continued support for these plans will advance coordination strategies throughout the state.

Full versions of the twelve local coordination plans completed in 2011 are available online at CoordinateMNTransit.org.

Background

The goal of transit coordination is to enhance transportation access and efficiency. Human services public transit coordination specifically aims to improve transportation access for people with disabilities, older adults, and individuals with low incomes. Coordination also encourages communities to make the most effective use of transportation resources funded through public and private sources. Strategies include minimizing duplicated services and facilitating the most appropriate and cost-effective transportation possible for each individual.

The key to successfully coordinating transportation is encouraging stakeholders from a broad range of organizations to work together. This involves agreeing on transit coordination challenges, identifying and implementing strategies to overcome barriers, and increasing the awareness of transit providers and users.

Local human services transit coordination plans are intended to improve a region's collective ability to provide transportation services to its customers. These plans are a federal requirement under the Safe Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU). A project must advance strategies identified in a locally developed coordination plan in order to be eligible for transit and human services federal funding programs that target people with disabilities, older adults, and people with low incomes. These funding programs include Transportation for Elderly Persons and Persons with Disabilities (Section 5310), Job Access and Reverse Commute (Section 5316), and New Freedom Initiative (Section 5317). Full descriptions of these federal funding programs are available in Appendix A.

To develop local coordination plans in Minnesota, the Minnesota Department of Transportation (MnDOT) Office of Transit partnered with local planning organizations in Greater Minnesota's twelve economic development regions in 2011. In areas without a local planning organization, MnDOT district staff assumed this role. The process did not include the Minneapolis/St. Paul metropolitan area or East Grand Forks, where plans were completed independently by local metropolitan planning organizations.

As part of the 2011 planning process, regional planning organizations convened stakeholders to define future coordination priorities and strategies. The planning process also assessed results of coordination plans previously completed in each region in 2006, including what strategies had been successfully implemented and

Full versions of the 2011 local coordination plans are available online at CoordinateMNTransit.org.
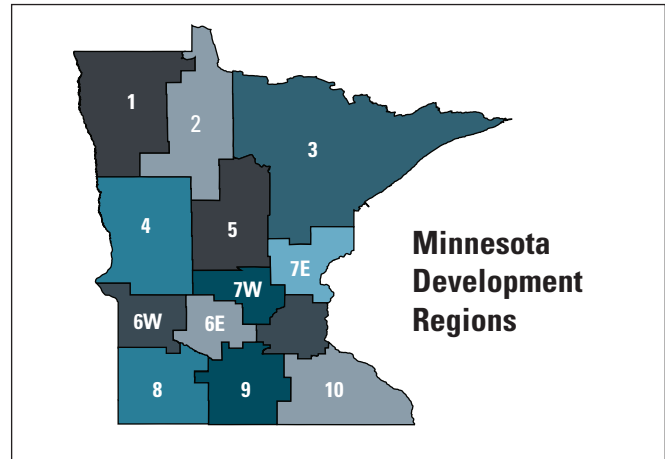

Figure 1 Minnesota's twelve Economic Development Regions (excluding the Minneapolis/St. Paul metropolitan area)

those that had not moved forward. A full description and analysis of the 2011 planning process is available in Appendix B.

Regional planning organizations that participated in the planning process were:

Region 1........Northwest Regional Development Commission (RDC)
Region 2........Headwaters RDC
Region 3........Arrowhead RDC
Region 4........West Central Initiative
Region 5........Region Five Development Commission
Region 6E.....Mid-Minnesota RDC
Region 6W....Upper Minnesota Valley RDC
Region 7E.....East Central RDC
Region 7W....MnDOT District 3 and St. Cloud Area Planning Organization (APO)
Region 8........Southwest RDC
Region 9........Region Nine Development Commission
Region 10......MnDOT District 6 and the Southeast Minnesota Area Transportation Partnership

Each region engaged public, private, and human services transportation providers; social services agencies; and members of the public in the planning process. These regional stakeholders brainstormed coordination project ideas and refined them in a collaborative setting.

The final project lists in the 2011 plans reflect the input of these diverse groups and provide a five-year blueprint for future coordination efforts.

This synthesis highlights the strategies outlined in Minnesota's 2011 coordination plans and reviews the accomplishments and implementation challenges of the 2006 plans. Full versions of the twelve local coordination plans completed in 2011 are available online at CoordinateMNTransit.org.

Future Strategies: Themes of 2011 Plans

Strategies and projects identified by stakeholders in the 2011 plans can be grouped according to the following themes: improving the coordination of services and resources, increasing awareness, implementing mobility management strategies, expanding services, reducing expenses and increasing efficiency, and overcoming regulatory barriers.

Plan strategies and projects were developed individually in each region through a uniform planning process that convened face-to-face stakeholder meetings and engaged diverse sets of transportation providers, human services providers, and public officials. As part of the process, stakeholders examined a common set of strategies and ranked those that would be most helpful for their region. They then identified specific projects that could help move their chosen strategies forward.

Improving Coordination of Services and Resources

Many 2011 plans identified strategies and projects aimed at improving the coordination of specific services and resources among transportation providers. Coordinating these individual services and resources could help establish a foundation for more centralized regional coordination throughout Greater Minnesota. In addition, it could foster communication and cooperation between providers that have not networked with each other since the 2006 plans were finalized. Implementing these strategies and projects could also make it easier for both providers and customers to recognize what services are available and how to use them most efficiently.

Preferred strategies identified by multiple regions include:

- Centralizing call taking, scheduling, rider services, and information and referrals among transportation providers
- Creating a regional provider database
- Expanding on existing steering committees by convening a regional coordination body with representatives from public, private, and human services agencies
- Creating a call center and/or website that could provide regional information and ride-planning services
- Sharing vehicles, facilities, support services, and other resources among providers

Table 1: Regions' preferred strategies for coordinating services

Region	Centralize call taking, scheduling, etc.	Create regional provider database	Expand on regional steering committees	Create a call center or website	Share vehicles, facilities, or other resources
Region 1	X	X	X	X	X
Region 2	X		X		
Region 3	X	X	X	X	X
Region 4	X		X	X	X
Region 5	X	X	X	X	X
Region 6E	X	X	X	X	
Region 6W	X	X	X		
Region 7E	X		X	X	X
Region 7W	X	X	X	X	X
Region 8	X	X	X		X
Region 9	X	X	X	X	X
Region 10	X	X	X	X	X

Some regions also presented unique project ideas that could be applied in multiple regions. Region 3 (Arrowhead RDC) proposed the creation of a rural transit hub where smaller transportation agencies could bring passengers to a central location for pick-up by larger transit providers.

Region 8 (Southwest RDC) expressed the need for affordable technology and software that could help schedule and organize client rides. This technology could also facilitate communication among providers in the region and make it easier to share resources and information.

Increasing Awareness

Another common theme of the 2011 plans is the need to increase the awareness of riders, social service providers, and transportation providers. Nearly all plans mentioned that more education is needed throughout the state to help riders and providers understand the range of available transportation options and how to access them. Locally preferred strategies to improve

> **Coordinating services and resources could help providers and customers better understand what services are available and how to use them most efficiently.**

awareness focused mainly on education, marketing, and training initiatives.

Strategies identified by multiple regions include:
- Offering travel training to potential riders
- Educating regional officials and human services professionals about transportation resources and needs
- Conducting marketing campaigns and community outreach to the general public to increase knowledge and change perceptions about available transportation services
- Developing or improving training programs for drivers and volunteers to help them better assist and educate riders

Table 2: Regions' preferred strategies for improving awareness

Region	Offer travel training	Educate officials or other providers	Conduct marketing or educational campaigns	Develop a driver training program
Region 1	X	X	X	X
Region 2	X		X	
Region 3	X	X	X	X
Region 4	X	X	X	X
Region 5	X	X	X	X
Region 6E	X	X	X	
Region 6W	X	X	X	X
Region 7E		X	X	X
Region 7W	X			X
Region 8	X	X	X	X
Region 9		X	X	X
Region 10		X	X	

One example of a project idea to improve awareness comes from the Region 9 plan. The plan outlines a project involving the establishment of education roundtables to help transportation agencies, human services agencies, advocates, and community members determine how to educate the public about available options. The region's plan also proposed an open house that would convene transportation providers, existing customers, and potential customers.

The Region 6W (Upper Minnesota Valley RDC) plan suggests a campaign to market transportation

> **Nearly all regions identified strategies to educate the public, local officials, or human services agencies to increase awareness.**

services at schools, community organizations, daycares, and human services agencies. This could help parents become more aware of available transportation options for children.

Implementing Mobility Management Strategies

To meet the transportation coordination goals of enhancing access and efficiency, all regions proposed implementing new mobility management strategies or enhancing existing strategies in the 2011 plans. Both case management and systemwide mobility management strategies were recommended by a number of regions.

Implementing mobility management could help improve overall coordination and education efforts in each region. Case management strategies, such as hiring a mobility manager, could specifically assist agencies in consolidating business functions and securing new funding. For example, a mobility manager could work on creatively piecing together funding from a variety of sources—a strategy that many entities currently strug-

> **All regions cited the need to implement mobility management strategies, either on a case management or systemwide level.**

gle with because they lack dedicated staff time.

Eight regions suggested implementing mobility management on a case management level by hiring a mobility manager to oversee the education of riders about available services. Six regions proposed a systemwide approach to facilitate coordination among transportation and human services providers and ensure the availability of a range of transportation options. At least two regions cited needs for both types of mobility management.

Table 3: Regions' mobility management needs

Region	Case management mobility management	Systemwide mobility management
Region 1	X	
Region 2		X
Region 3	X	
Region 4	X	
Region 5	X	X
Region 6E		X
Region 6W	X	
Region 7E	X	
Region 7W	X	X
Region 8		X
Region 9	X	
Region 10		X

Expanding Services

The need to expand available transportation services to riders was another common theme of the 2011 plans. The most important outcome of expanding these services is improved transportation access for riders. Limited service hours in the early morning, evening, and on weekends throughout much of the state can make it difficult for many riders to access the transportation they need. In some rural areas, transportation services may be limited to certain days or times of day, making it difficult for riders to access convenient options.

Specific services that regions proposed expanding in the future include:
- Morning, evening, and/or weekend service
- Door-through-door service
- Service to smaller communities and rural areas
- Service that crosses county (or state) lines

> **The most important outcome of expanding services is improved transportation access for riders.**

- Aides and escorts for specialized and new clients

Strategies to help meet expanded service goals include:
- Establishing or expanding volunteer driver programs
- Implementing subsidized taxi-based solutions
- Connecting regional population/trade centers with transportation routes
- Coordinating worksite or educational rides, or coordinating schedules with common shift start and end times

Table 4: Regions' preferred strategies for expanding services

Region	Expand volunteer driver programs	Implement taxi-based solutions	Connect regional population centers	Coordinate worksite rides or schedules with start/end times
Region 1	X	X		X
Region 2	X			
Region 3	X	X	X	
Region 4	X	X	X	X
Region 5	X		X	X
Region 6E	X			X
Region 6W	X	X		X
Region 7E	X	X		
Region 7W	X		X	X
Region 8	X			X
Region 9	X	X	X	X
Region 10	X	X		

Region 2 (Headwaters RDC) identified a project that would expand service to a specific population. The region's plan suggests working with public transportation, human services agencies, and volunteer drivers to create a 24-hour, 7-day-a-week service for individuals with a mental illness who have a medical emergency after service hours. This would involve a collaboration of public transit agencies, disability advocates, volunteer drivers, and human services agencies.

Reducing Expenses and Increasing Efficiency

Many regions identified the need to reduce expenses and increase efficiency in their 2011 plans. Funding is a common issue for human service transportation, and implementing cost-saving coordination strategies can help providers make the most of limited budgets while

> **Cost-saving coordination strategies can help providers make the most of limited budgets while maintaining service.**

maintaining service to riders.
Strategies include:
- Joint purchasing of vehicles to create savings and foster cross-agency consistency
- Coordinating the purchase of insurance, driver training, and substance abuse testing
- Contracting with a common carrier, such as a public transit agency, to allow clients of multiple agencies to ride on the same carrier's vehicles
- Outsourcing or consolidating business functions, such as accounting, billing, or dispatching

Table 5: Regions' preferred strategies for reducing expenses

Region	Joint purchasing of vehicles	Coordinate the purchasing of insurance, etc.	Contract with a common carrier	Outsource or consolidate business functions
Region 1	X	X	X	X
Region 2			X	X
Region 3	X	X	X	X
Region 4	X		X	X
Region 5	X			
Region 6E	X	X		
Region 6W			X	X
Region 7E	X	X		
Region 7W		X	X	X
Region 8	X		X	X
Region 9	X	X	X	X
Region 10	X		X	X

Region 1 (Northwest RDC) also proposed sharing mechanics between providers, a project idea that could be implemented in multiple regions. The Region 9 plan recommended the use of smaller vehicles for times of minimal demand.

Overcoming Regulatory Barriers

The need to overcome regulatory barriers—a commonly cited challenge facing regional coordination efforts—was another theme of the 2011 plans. Regulatory barriers often hinder coordination efforts by making it difficult for various agencies to pool resources or share clients.

Regulatory barriers from funding agencies can limit who is eligible to receive rides or constrain ridesharing due to data privacy regulations. The need for prior authorization makes it difficult to coordinate last-minute

Regulatory barriers may include eligibility or medical plan requirements.

rides, and differences between various medical plans and their coverage limitations can make it difficult to schedule trips far enough in advance to coordinate rides. Billing and payments between agencies can be another challenge. Most agencies lack the staff time and resources to dedicate to solving these problems.

To overcome these obstacles, the Region 4 (West Central Initiative) plan suggested encouraging state and federal agencies to simplify procedures and allow more flexibility in the use of transportation dollars. Region 8 (Southwest RDC) proposed the use of a website to work with insurance companies to set up policies that make ridesharing easier.

Recent Progress: Themes of 2006 Plans

In 2011, plan steering committees from most regions examined the actions outlined in their previously completed 2006 coordination plans. They assessed previously proposed coordination strategies and determined whether "action," "some action," or "no action" had been taken on each initiative. Nearly all regions had taken at least some action on more than half of their 2006 initiatives. This discussion allowed stakeholders to examine what strategies had succeeded, identify strategies to

continue pursuing in the future, and discuss the barriers to coordination each region had encountered.

Some themes of the 2006 plans were similar to those of the 2011 plans, such as coordinating resources, expanding services, and adopting mobility management techniques. Other 2006 plan strategies included pursuing additional funding for new vehicles or programs and making better use of volunteer drivers.

Table 6: Results from 2006 Local Coordination Plan strategic initiatives

Region	Total Number of Initiatives	Action	Some Action	No Action
Region 1	16	8	4	4
Region 2	10	6	3	1
Region 3	35	11	20	4
Region 4	15	5	8	2
Region 5	13	1	5	7
Region 6E	38	18	20	0
Region 6W	71	6	60	5
Region 7E	4	1	3	0
Region 7W	15	1	9	5
Region 8	112	23	48	41
Region 9 RDC	27	3	14	10
Region 10	9	2	5	2

Accomplishments

The 2006 plans raised awareness of transit coordination as a topic in Greater Minnesota. They also prompted many agencies to give more attention to coordination issues. After the creation of the plans, Greater Minnesota's twelve regions had a better understanding of their local coordination needs and service gaps. The planning process also helped stakeholders from a wide range of organizations form positive working relationships, often for the first time. This foundation was perhaps the most important success of the plans and helped state and local agencies work together more successfully in the 2011 planning process.

Individual accomplishments facilitated by the plans included the addition of new services and programs, the expansion of existing services, the coordination of services across agencies, and the completion of marketing efforts.

Expanded services and programs

Many regions experienced the most success with strategies aimed at expanding services to passengers and establishing new programs. Many public transit and nonprofit providers throughout Greater Minnesota added extra service hours, provided transportation on new days of the week, or offered services to new towns, cities, or counties that had previously been underserved.

Other examples of expanded services include:
- Purchasing additional transit vehicles to provide additional or specialized service (such as vehicles with wheelchair lifts for passengers with disabilities)
- Offering specific work-route and medical appointment transportation services
- Providing workshops and other trainings on how to use public transit
- Expanding volunteer driver programs to increase ride availability

Region 3 and Region 6E provide specific examples of how 2006 project ideas were implemented successfully. Both regions took action on projects to establish new programs. Region 3 (Arrowhead RDC) established its Rural Rides program, which funds staff at workforce centers in four counties. These staff members help low-income residents connect with volunteer drivers or co-workers who can take them to work. In Region 6E (Mid-Minnesota RDC), the creation of the SMART RIDE program—which includes bus, minivan, and volunteer driver service—has made service available 24 hours a day, seven days a week as long as there is a driver willing and able to volunteer.

Successfully coordinated services

Several regions also implemented efforts to coordinate services across agencies. Examples of coordinated services include:
- In Region 1 (Northwest RDC), two providers worked together to coordinate ride pick-up and drop-off locations
- In Region 2 (Headwaters RDC), providers created a web-based directory including locations, days, and hours of operation to facilitate information exchange and coordination
- Region 6E also encouraged coordination between school districts and public transit for students to attend after school events or activities
- Region 7W (MnDOT District 3/St. Cloud APO) facilitated increased communication between various volunteer driver programs to improve coordination
- Region 8 (Southwest RDC) identified opportunities for public transit agencies to coordinate services across county boundaries
- In Region 9, nonprofit agencies worked together to coordinate inter-county and long-distance rides to the Twin Cities or Rochester for medical appointments

In spite of these coordination successes, many regions acknowledge that there is more work to be done in this area in the future.

> **Agencies successfully coordinated rides to medical appointments and across county boundaries.**

Completed marketing efforts

In many regions, marketing campaigns were conducted to educate riders about available services and increase overall ridership.

Specific initiatives included:
- Implementing marketing plans at the agency level
- Updating and distributing a brochure of transit providers
- Promoting transit services as user-friendly and cost effective
- Providing vouchers and gift certificates
- Identifying the misconceptions of potential riders

and developing strategies to address them
- Working to improve sources of information available through non-provider websites, databases, and phone directories
- Promoting the availability of passenger assistants or escorts for first-time or infrequent users
- Using social media to promote available services

Many regions successfully implemented marketing strategies that led to increased ridership, but they also reported a need to expand these educational efforts in the future. Several regions noted that marketing efforts were only completed on an individual agency level. In the future, many regions plan to conduct a more strategic, coordinated campaign including multiple providers. Many regions also found that a travel trainer or other specialized rider training would be helpful as part of future efforts to educate new users about available services. There is also a continued need for the education of local officials and human services agencies.

> **Marketing efforts included distributing a brochure, providing vouchers, and using social media.**

Challenges

Although many strategies from the 2006 plans were implemented successfully, others encountered challenges. Some regions struggled to complete any action on some of their 2006 plan strategies, and other strategies were implemented but achieved limited results. Overall, the regions reported that challenges were not project-dependent, but the result of larger, more systemic issues that made it difficult to implement a wide range of strategies. Successful implementation typically hinged on the presence of a project champion, a stable source of funding, and strong regional support. This meant that strategies implemented successfully in several regions—such as mobility management—did not move forward in other regions where they had less support.

Examples of specific projects that had little or no action taken include:
- Holding regular meetings of a regional coordination body
- Creating an inventory or web-based provider directory
- Centralizing regional facilities or dispatch
- Sharing volunteers across agencies

- Standardizing volunteer driver training across agencies
- Developing a tool for user evaluation of services
- Increasing the use of technology, such as GPS, to improve tracking and management of vehicles

The most commonly cited barriers to successful implementation were a lack a funding, a lack of regional leadership or project champions, inflexible policies and regulations, and insufficient local partnerships. Many regions also struggled to educate and influence policymakers, in spite of increased efforts to communicate with local and state officials.

Funding

Many regions said that projects from the 2006 plans were not implemented because they lacked funding. Although federal funds through the Job Access and Reverse Commute and New Freedom programs are available to get projects started, other funding sources are needed to help programs remain stable and successful over the long term. Some projects rely on these specific federal funds repeatedly because there are so few other options. The lack of stable funding sources can also make it hard for local agencies to take over projects and coordination activities.

Funding is also often directed only toward specific initiatives, leaving a gap for ongoing or alternative activities. Some regions' plans state that more technical assistance to access funding streams and coordinate funding options—as well as more education about funding regulations—would be helpful.

Leadership

The lack of regional leadership or a project champion was also a barrier for regions when attempting to implement strategies from the 2006 plans. Regional leadership is needed to conduct large-scale efforts, develop regional standards and policies, search for available funds, and move implementation efforts forward. Based on the results of the 2006 plan strategies, stakeholders in several regions suggested that creating a regional coordinator position or holding regular meetings of a regional coordination body would help address this issue.

In multiple regions, ideas were not implemented because they lacked a project champion, and in some cases there was a lack of understanding regarding leadership roles. When reviewing the 2006 plans, stakeholders demonstrated varying understanding of the roles of state agencies and expectations of hands-on leadership

at the local level. Local stakeholders did not have a good understanding of what could or should have been done at the grassroots level, and agencies often did not take the initiative to get projects going independently.

Policies and regulations

Nearly all regions cited a need to overcome a variety of policy and regulatory barriers in order to more easily implement coordination strategies. Examples of specific policy and regulation challenges include:

- Inflexible state and federal funding policies
- Insurance policy challenges
- Inconsistent medical plan requirements
- Liability issues when sharing vehicles across agencies or using them for multiple purposes
- Prior authorization requirements from medical plans, which require prior approval from a health insurance provider before a passenger can receive transportation services
- Local restrictions against crossing county boundaries and federal regulations involved in crossing state lines
- Regulations that require extensive driver certification, drug and alcohol testing, and training

Inflexible funding policies, medical plan requirements, and liability issues can be regulatory barriers to coordination.

To overcome these challenges, some regions' plans suggest projects that would encourage insurance providers to revise policies so they facilitate rather than hinder coordination opportunities. At least one region's plan also proposed that state and federal agencies simplify regulations and procedures to allow greater flexibility in the use of transportation dollars.

Local partnerships

Another common obstacle for several regions was the lack of partnerships and networking among transit agencies and human services agencies. Human services agencies were not accustomed to transferring the management of their clients' transportation needs to transportation organizations. Human services representatives have also had limited or no participation in coordination efforts in some regions, making it difficult to form the partnerships needed to successfully coordinate rides and services. When reviewing the 2006 plan strategies, stakeholders in several regions identified a continued need for networking between different agencies to foster new ideas for working together, riding together, lining up billing and client services, and more.

Most regions reported that their efforts to educate legislators and local officials achieved limited results.

Policymaker support

Most regions increased their efforts to educate and communicate with legislators and officials at the state, county, and city level about barriers to coordination, but most achieved limited results. Regions held legislative forums focused on the need for funding, testified about the positive impacts of investing in rural transit, and attended state-level workshops to discuss coordination and funding. However, most regions reported that their efforts had made a minimal difference. Moving forward, several regions suggested the need for a regional committee or policy group that could help influence local and state legislators and spark discussions about coordination issues.

Conclusion

Findings from the 2011 plans highlight the many common coordination needs throughout Greater Minnesota's twelve regions and outline regional priorities for future action. All regions cited the need to improve the coordination of services and resources, increase awareness, implement mobility management strategies, expand services, reduce expenses, and overcome regulatory barriers in order to improve overall transportation access and efficiency.

To meet these needs, each region identified strategies and projects that could be starting points for future action and improvement. Many of the strategies were common to most or all of the participating regions. Some of the most frequently identified strategies include centralizing call taking and scheduling, convening a regional coordination body with representatives from a variety of stakeholder groups, educating regional officials about transportation resources and needs, conducting marketing campaigns and community outreach to increase the knowledge of the general public, and

establishing or expanding volunteer driver programs to improve service and availability.

The development of the local human services transit coordination plans in Greater Minnesota has been valuable in developing relationships between local human services agencies and transportation providers and in identifying and implementing transit coordination strategies. Continued support for these plans will advance coordination strategies throughout the state. With reduced transit funding, it is essential to be creative about ways to derive maximum value from every taxpayer dollar. By continuing to improve transportation coordination in Minnesota, it is possible to reduce duplication of services and strive to give all Minnesotans access to transportation that meets their mobility needs.

Full versions of the twelve local coordination plans completed in 2011 are available online at CoordinateMNTransit.org.

Appendix A: Explanation of Federal Transit Funding Sources

Government spending that targets transportation for older adults, people with disabilities, or people with low incomes is distributed through a variety of transit and human services funding programs. Three specific transportation programs that mandate coordinated planning as a prerequisite for funding are the Elderly Persons and Persons with Disabilities (Section 5310), Job Access and Reverse Commute (Section 5316), and New Freedom Initiative (Section 5317).

Elderly Persons and Persons with Disabilities (Section 5310)

The Elderly Persons and Persons with Disabilities program is designed to serve older adults and people with disabilities. It is a capital assistance grant program that provides 80 percent federal funding for the purchase of wheelchair-accessible vans and buses. Eligible organizations include private nonprofits that serve older adults and people with disabilities, public bodies that coordinate services for older adults and people with disabilities, or any public body that certifies to the state that nonprofits in the area are not readily available to carry out these services. In Minnesota, the MnDOT Office of Transit funds approximately 30 to 35 new vehicle purchases annually through this program.

Job Access and Reverse Commute Program (Section 5316)

The Job Access and Reverse Commute (JARC) program was established to address the unique transportation challenges of people with low incomes seeking to obtain and maintain employment. Many jobs are located in suburban areas, and individuals with low incomes often have difficulty accessing these jobs from their urban or rural neighborhoods. In addition, entry-level jobs may require working late at night or on weekends—times when conventional transit services are often either reduced or nonexistent.

JARC-funded projects focus on connecting low-income workers to job sites or employment training opportunities. Eligible organizations include state or local governments, nonprofit organizations, operators of public transportation services, private operators of public transportation services, and tribal governments. The local match requirement is 50 percent toward operating and 20 percent toward capital funds. Examples of Greater Minnesota projects funded through JARC include extending the hours of a fixed-route system to cover the needs of nightshift workers or adding a volunteer driver program specifically targeted to transporting employees to and from job sites.

New Freedom Initiative (Section 5317)

The goal of the New Freedom Initiative is to increase transportation access for older adults and people with disabilities. It is intended to provide funding for new transportation services and public transportation alternatives beyond the requirements of the Americans with Disabilities Act. These services and alternatives must help individuals with disabilities and older adults access transportation. The local match requirement is 50 percent toward operating and 20 percent toward capital funds. In Greater Minnesota, New Freedom funds have been awarded to create mobility management positions, volunteer driver service coordinator positions, and travel training programs that target older adults and individuals with disabilities.

Appendix B: 2011 Planning Process Analysis

The goal of the 2011 plans was to identify coordination strategies to improve transportation services that meet the needs of older adults, individuals with disabilities, and individuals with low incomes. The 2011 plans were developed individually in each region using a uniform statewide planning process designed to facilitate the identification of these strategies. As part of the process, a wide range of stakeholders met to discuss the outcomes of the 2006 plans, review the needs of their communities, and identify strategies for future action.

Plan Process

The 2011 planning process combined a needs assessment with public outreach tools to identify strategies for improved human services transit coordination in every region.

Needs assessment

The needs assessment established baseline conditions for each region by analyzing demographic trends and identifying available resources for human services transportation. Key elements of the needs assessment included:

- Identifying and analyzing regional demographic and transportation trends
- Mapping transit-dependent demographic groups, existing transit services, and key regional destinations
- Developing an inventory of public, private, and nonprofit transportation provider capabilities and resources

Public outreach

Public outreach informed the strategies and projects identified in each plan. Outreach occurred through regional steering committee meetings and regional public workshops held in the spring/summer of 2011.

The plans' steering committees closely guided decision making in each region. Steering committee duties included evaluating strategies and assessing outcomes of projects identified in the 2006 coordination plans, developing project ideas and identifying priority strategies as part of the public workshop, and prioritizing project ideas identified at the public workshop for inclusion in the final plans.

Strengths

One of the biggest accomplishments of the process was achieving uniformity and consistency in coordination plans across all regions in Greater Minnesota—a great improvement from 2006. Leadership by MnDOT and state agency partners encouraged all twelve regions to use a similar process and template. This made the plans more readable and comparable across regions, helping to highlight regional coordination differences and similarities.

The process also encouraged representatives of diverse groups to join together in identifying specific projects that could advance coordination strategies throughout the state. Participating organizations included veterans' organizations, tribal representatives, and area agencies on aging. The final project lists reflect input of a broad range of regional stakeholders and provide a five-year blueprint for future coordination efforts.

The process helped establish relationships and ideas that can be continued or expanded on by each region in the future. Overall, stakeholders liked the process and expressed a desire to continue regional steering committee meetings to address coordination challenges.

Weaknesses/Challenges

Participants experienced a variety of challenges throughout the planning process.

One weakness was that certain stakeholder groups were not included in the planning process. For instance, public officials have traditionally been the agents of change within their communities, but these officials have not yet been heavily involved in the planning process. It is important to include this group in future planning because they could assist with implementation efforts.

Another issue is the level of participation that can be expected from county case managers and human services managers. Transportation is not a primary component of their jobs, so it was often difficult for them to dedicate substantial time to the coordination planning process. However, meetings attended by county human services managers were reported to be more productive. It was similarly difficult to get stakeholders from other related organizations (e.g., health plans, hospitals, and clinics) to an all- or half-day transportation meeting, especially if they had little prior education on the importance of transportation coordination.

Throughout the process, participants were often unclear about the differences between a coordination plans and an implementation plans. The coordination plans were designed to identify needs and strategies rather than specifically outline the steps for implementing

projects. Stakeholders often struggled with their desire to create implementation plans, which should lay out how to accomplish elements of the coordination plans.

An additional weakness of the process was that it did not capture information about any informal transportation coordination occurring in the regions.

In terms of project development, participants struggled to develop strategies for identifying potential partners and funding sources. Since the completion of the initial coordination plans in 2006, there has been a decrease in the amount of available dedicated funding.

This limited funding environment forces agencies to be more creative, which is often difficult because of limited staff time and knowledge.

Developing a complete provider inventory was also a challenging task for each RDC, mainly because it was difficult to get transit providers to participate. The information being requested by the RDC was often something these organizations already reported to MnDOT, and many providers questioned why they needed to provide it again.

Attachment D: Innovative Transportation Services for Minnesotans with Disabilities

Transportation for Minnesotans with Disabilities: Innovative Services

There is no "one size fits all" transportation solution for Minnesotans with disabilities. Communities work together to develop services that fit their unique needs and resources. This document describes innovative services that have been developed by some communities.

There are some strategies that are commonly used by communities across the country. These include:

- Vehicle sharing
- Volunteer drivers
- Travel training
- Community steering committees
- Mobility managers
- Collaboration between counties
- Collaboration between agencies
- Integration with existing travel services
- Technology
- Challenging traditional beliefs
- Marketing (aka "getting the word out")

Examples of Innovative Services in Minnesota

Newtrax, Inc. Metropolitan area
Merrick, Inc., and Phoenix Alternatives, Inc. (PAI), are nonprofits in the same geographical area using vehicle sharing to provide services to people with disabilities. In 2011 they formed a jointly owned separate entity, Newtrax, Inc., that owns and operates their vehicles. Newtrax vehicles pick up consumers at their homes and bring them to program sites. The two organizations consolidated routes, transported the same number of consumers, with 15 fewer vehicles, and saved money.

DARTS, Dakota County
DARTS has provided transportation services for people with disabilities since 1979. Its 35 vehicles provide Dakota County with Metro Mobility and TransitLink Services. It is involved in several vehicle sharing activities. One of these is a bus, purchased with federal funds administered through the county for transportation for consumers with disabilities and older adults. The bus is shared with the City of Farmington, and other community partners. All of DARTS drivers receive professional training. DARTS recently hired a mobility manager to coordinate travel in the county.

http://www.darts1.org

FAR North Transit Senior Medical Travel Program, Roseau County

This program is part of FAR North Transit, using all volunteer drivers to provide medical transportation within 200 miles of county lines. Trips are offered as needed to medical facilities in the region. Trips to the Twin Cities Metro Area are provided if approved by a county social worker. The program was started as a result of the Committee on Aging assessment that found this kind of transportation was needed in this very rural part of the state.

http://www.farnorthtransit.com/medical-travel.html

Arrowhead Transit, Northeastern MN

Serving eight counties, this is now the largest public rural transportation system in the country, with nearly 70 routes in and around the region. It has four dispatchers in eight counties, who help consumers determine the best transit option. All 87 of its buses are accessible. Arrowhead Transit provides a rural rides program, bus service, taxi services, and volunteer drivers. It also contracts for transit services with a number of agencies in its region.

http://arrowheadtransit.com

Transportation Resource Center (TRC) Benton, Morrison, Sherburne and Stearns

TRC is a project of Tri-County Action Program, Inc., (Tri-CAP). Its target populations are seniors and people with disabilities in Central Minnesota needing rides to medical appointments. A mobility manager helps people find rides through existing services. If that doesn't work, the manager makes a referral. Generally, volunteer drivers are used, but, if necessary the Center will contract with a local for-profit company with professional drivers. The mobility manager tracks the overall transportation network, to eliminate duplicate or overlapping trips by different organizations, allowing each organization to make the most efficient use of its resources. A New Freedom grant provides funding for agencies giving rides for medical appointments for older adults and people with disabilities. These agencies submit monthly statements to the TRC and are reimbursed for a portion of the cost. Tri-CAP partners with faith based organizations, the American Cancer Society and the Central Minnesota Council on Aging to coordinate TRC transportation services. It also works closely with medical facilities, assisted living facilities, and adult day centers in the area. TRC has no vehicles, relying on about 175 drivers from various
agencies. http://www.tricap.org/transportation_resource_center.html

Metro Bus Travel Training, St. Cloud

The St. Cloud Metropolitan Transit Commission offers travel training on the existing transportation system. Primary audiences are seniors, people with disabilities, and the general public. The program has training components: individual, step-by-step training sessions, and, larger community classes. St. Cloud Metro Bus has limited resources for

dial-a-ride services, which are easier to schedule. Even after recertifying consumers, the resources were not adequate. In offering the training, Metro Bus had to overcome caregiver and family beliefs that seniors and consumers with disabilities could not safely use fixed route transportation. The travel trainers had to market training services to overcome this belief. Metro Bus can provide special services, e.g., if a number of people need rides to the same place at the same time, they can take fixed routes to a central location, where a dial-a-ride bus will take them to their destination. The training program has allowed outreach to low income and minority populations. http://www.ridemetrobus.com/transit_center.php

Tri-Valley Transportation, Northwestern Minnesota

Also known as T.H.E. Bus (The Heartland Express), this is a program of the Tri-Valley Opportunity Council with offices in Crookston and Thief River Falls. They started providing travel training as a result of human service agency staff believing that consumers with disabilities and older adults did not know how to use fixed route transit. As a result, consumers used the more costly volunteer driver programs. The trainer works with both individuals and groups, and is open to the general public. The trainer also markets travel training, seeking to dispel the idea that it is only for people with disabilities and older adults. http://www.tvoc.org/services/transportation/travel-training/

SMARTLINK, Scott and Carver Counties

It began providing MA rides in their counties in 2010, resulting in SMARTLINK MA Travel. It has 33 accessible vehicles. If a consumer has a medical appointment outside the county lines, SMARTLINK MA Travel contracts with other carriers. One important part of providing efficient travel for all riders has been the installation of mobile data computers on buses. These computers show real-time positioning, allow instant dispatching to each bus driver, and thus improve efficiency. http://www.smartlinktransit.com

University of MinnesotaRouting Algorithms

Researchers in industrial and systems engineering departments, working with the University of Minnesota's Center for Transportation Studies, have developed an algorithm to improve vehicle routing and passenger assignments. It has been tested by two human service agencies in St. Paul, with a 12% improvement in routing and assigning. Using this algorithm, small nonprofit agencies can more efficiently schedule rides. These agencies cannot afford the larger databases used by larger transportation agencies. Further work is needed to refine the algorithm, and to make it user friendly. http://www.cts.umn.edu

Innovative Services Outside Minnesota

San Mateo County, California

Transportation Authority began an 18 month pilot program that would allow members

to take advantage of passenger vehicles not being used through an online registry. The pilot program began in January 2013. Members included cities, counties, and other public agencies. Initially, there were many legal hurdles and getting buy-in from insurance companies and risk managers. Forum members needed to sign in with the registry, listing vehicle availability. Members needing vehicles could look online to find what they needed. Then, the two members would need to have a written agreement between them. This has proven cumbersome. http://www.smcta.com

Taxi Programs
While expensive, taxicabs often provide the quickest response to a need for transportation. Here examples:

- Accessible Cambridge Taxicab Program, MA. In 2011 the City of Cambridge issued a Request for Proposals for accessible taxi dispatch and awarded the contract to the Checker Cab Company, the fields all calls for wheelchair accessible taxi rides. The cabs are available 24 hours a day, seven days a week. They operate as other taxis do, and consumers can hail them from the street. https://www.cambridgema.gov/license/Hackney.aspx

- Access Express, Cape Cod, RI, is a livery service, which is similar to taxi services. Livery service vehicles are not allowed to accept hails from the street and are less heavily regulated. The Cape Cod Regional Transit Authority contracts with the Habilitation Corporation, a for-profit company that provides day habilitation. The service operates seven days a week, from 5:00 a.m. to 2:00 a.m. http://accessexpress1.com/our-fleet.html

Attachment E: Shughart Presentation, "Public Involvement in the 2011 Greater Minnesota Transit Investment Plan"

Public Involvement in the 2011 Greater Minnesota Transit Investment Plan

March 26, 2014

Olmstead Workshop

Your Destination...Our Priority

Supporting Legislation

The commissioner shall develop a greater Minnesota transit investment plan that contains a goal of meeting at least 80 percent of total transit service needs in greater Minnesota by July 1, 2015, and meeting at least 90 percent of total transit service needs in greater Minnesota by July 1, 2025. The plan must include, but is not limited to, the following:

– an analysis of ridership and total transit service needs throughout greater Minnesota

– a calculation of the level and type of service required to meet total transit needs

– an analysis of costs and revenue options

– a plan to reduce total [unmet] transit service needs

Minnesota Statute 174.24 Subdivision 1a

Public Involvement:
Public Outreach and Market Research

Market Research

- Onboard Surveys
- Focus Groups
- Structured Interviews

Public Involvement:
Public Outreach and Market Research

Public Outreach

- Technical Advisory Committee (TAC)

- Plan Advisory Committee (PAC)

- Information sharing (visiting groups, website)

- Outreach Meetings and Stakeholder Presentations

- Public Hearing

Highlights:
On-Board Survey Results

- 10,000 surveys of users of current transit systems (Spring 2010)

- Level of satisfaction
  - Very: 68% (large urban lower)
  - Somewhat: 27% (large urban higher)

- Percent of transportation needs met
  - Overall: 68%

Highlights: On-Board Survey Results

Desired service changes

Desired Improvement	Statewide	Urban	Rural
Longer hours	34%	38%	27%
Less waiting time	23%	26%	19%
Cheaper fares	17%	15%	22%
Service on more days	13%	9%	20%
Service to more areas	13%	13%	13%

Focus Groups: Non-riders

- One focus group in each RDC region (12)
- 10 – 12 participants each
- Discussions focused on:
  - Current Traveling Experiences
  - Transit Perceptions
  - Marketing
  - Future Alternatives

Focus Group Highlights

- Used personal vehicles for trip; never thought of using transit

- Knowledge of existing service varied by area

- Fares are reasonable (if they had knowledge of the fare price)

- Thought more promotion was needed

Focus Group Highlights

- Main reasons for not using transit: Time, convenience and lack of independence

- Other barriers: safety, cleanliness, and availability

- Used personal vehicles for trip; never thought of using transit

- Yes to transit use – "in the future."

Structured Interviews

- 24 structured interviews with key stakeholders underway

- Purpose is to have an in-depth discussion about service priorities. Topics include:
  - Days and time of service
  - Geographic coverage
  - Cost-effective performance
  - Promotional needs and pricing

Stakeholder Presentations

- Conducted by RDC planners to over 50 groups statewide

- Over 700 people in total attendance

- Organizations included senior centers, transit agencies, tribal representatives, planning boards, elected officials, economic development orgs., etc.

Stakeholder Presentations

- 250+ comment cards submitted

- "Please rank the changes below in the order that would be most desirable to you or the organization you represent."

1. Service to more areas
2. Service more days of the week
3. Longer hours of service
4. Less waiting time
5. Cheaper fares

Investment Priority Activity

- Solicit direct input on preferences for priorities

- TAC (7 Mn/DOT district staff, 7 transit system reps) completed

- RDC Commissions (8 of 12 completed, others pending)

Investment Priority Activity

- Created two game board scenarios with limited dollars to spend

- Priorities included service expansion and service contraction

Investment Priority Activity: Preliminary Results- TAC

Expansion
- Add new service in rural areas within jurisdiction of an existing system
- Add new service in municipal areas within jurisdiction of an existing system
- Increase marketing

Contraction
- Reduce weekend service
- Reduce volunteer driver program operating subsidy

Investment Priority Activity: Preliminary Results- RDC

Expansion

- Add county to county service

- Expand volunteer driver programs

- Provide greater frequencies

- Add weekend service

Contraction

- Contract weekend service

- Contract route headways

Questions

Noel C. Shughart

Principal Planner

MnDOT Office of Transit

noel.shughart@state .mn.us

Attachment F: Harper Presentation, "Metro Transit and the Disabled Community"

Olmstead Transportation Forum:
Metro Transit and the Disabled Community

Cyndi Harper
Manager of Route Planning
March 26, 2014

Introduction to Metro Transit

- Fixed route transit operating division of the Metropolitan Council

- Metro Mobility and Transit Link are also part of the Metropolitan Council, but not part of Metro Transit

- 128 routes, including a light rail line, a commuter rail line and a Bus Rapid Transit (BRT) line

- 81.4 million bus and train rides in 2013

- Service area includes parts of 7 metro counties, 90 cities

Persons with Disabilities Riding Metro Transit Buses and Trains

- Reduced fares available at all times
- All 988 vehicles are accessible; many are low-floor
- Disabled customers board buses first and exit last
- Facilities and bus stops meet ADA standards or being brought into compliance
- Customer Advocates give "How to Ride" presentations
- Transportation Accessibility Advisory Committee (TAAC)

Metro Transit Service Planning Approach

- Seek broad public engagement
- Understand transit demand patterns
- Apply transit service design principles that are the most effective
- Apply this approach to:
  – Region-wide service planning
  – Service Improvement Plan

# What does effective and efficient transit service accomplish?

- Carries people
- Uses public resources in a cost-effective manner
- Supports efficient, sustainable development
- Provides a basic level of access region-wide

Urban Design Factors:
Where is Transit More Effective?

- Locations that encourage higher population and activity density with a mixed-use land development pattern

- Places that are pedestrian-friendly and have a grid-pattern street network

- Areas with lower rates of auto ownership

Metro Transit
a service of the Metropolitan Council

Market Area / **Typical Services**

- **Area 1** — Express, Urban Radial, Urban Crosstown, Downtown Circulator
- **Area 2** — Express, Urban Radial, Urban Crosstown, Suburban Local
- **Area 3** — Express, Urban Radial, Suburban Local, Circulators, General Public Dial-a-Ride*
- **Area 4** — Peak Period Express, General Public Dial-a-Ride
- **Area 5** — General Public Dial-a-Ride

Market Area 3 Dial-a-Ride is appropriate in some circumstances
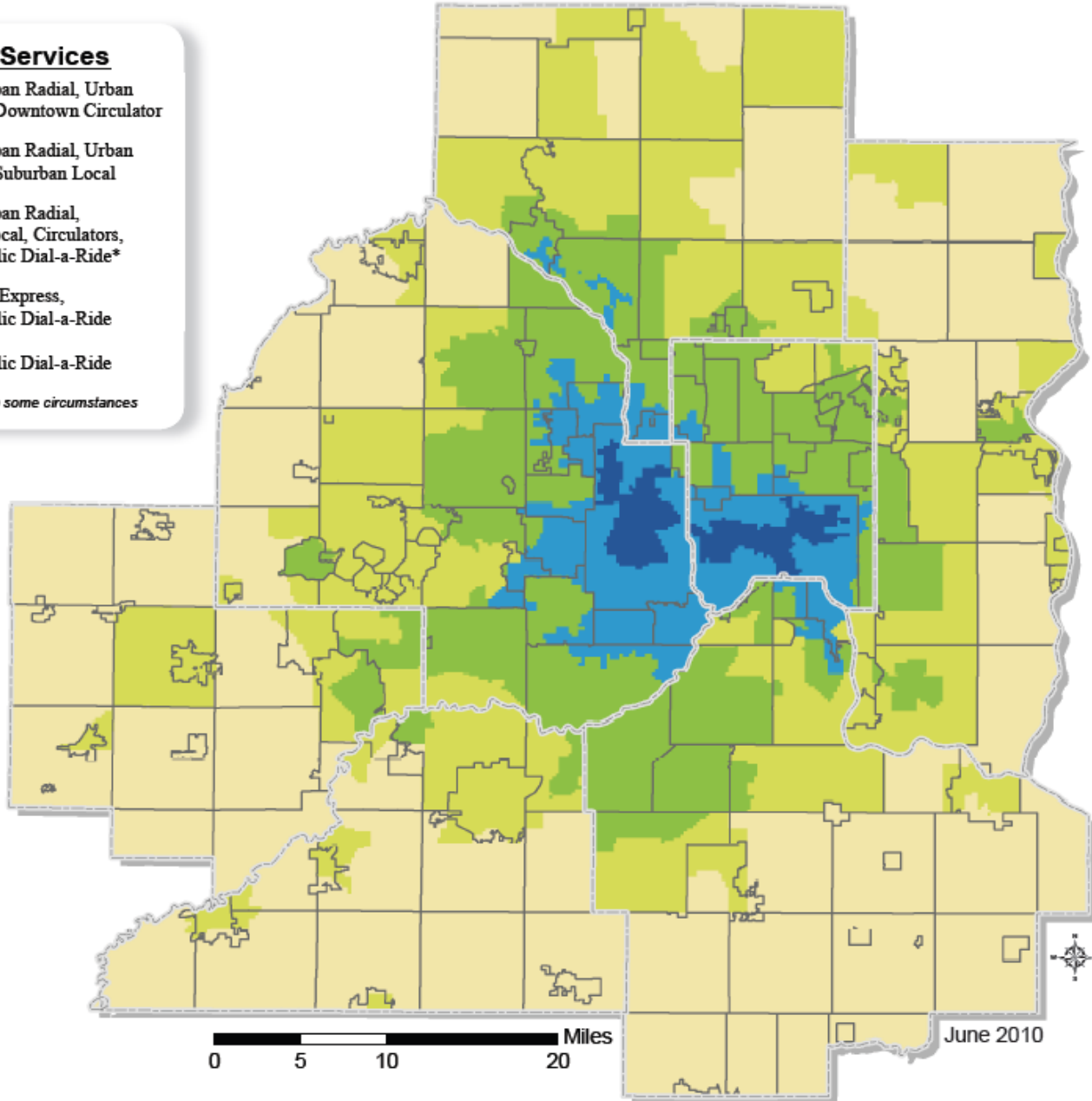
- ADA paratransit service follows federal and state regulations in the regular route service area

- Additional details on market areas and service standards are available in **Appendix G**

- Market area geography was calculated at the census block group level.

Miles
0   5   10   20

June 2010

Figure 7-19: Transit Market Areas

7

Service Improvement Plan (SIP)

- What types of improvements should we make to expand the local and express bus network?

- How should we prioritize these improvements; what measures and values should we use?

- When should we make these improvements?

- What resources are needed to make these improvements?

8

SIP Public Engagement

- www.metrotransit.org/sip

- Stakeholder workshops, survey, on-board brochures and signs, customer newsletter

- Public input essential to development plan that meets region's needs

- Combine past input with focused effort to hear more variety of voices

9

SIP Survey

- Detailed survey asking for
  - Individual travel patterns
  - Specific service improvements
  - Overall goals and priorities
- Open Nov. through Feb.
- Received nearly 4,000 responses
  - 85% online, 15% paper
  - Successful promotion via Facebook, 1,500+ clicked the link

Help shape the future of Metro Transit bus service

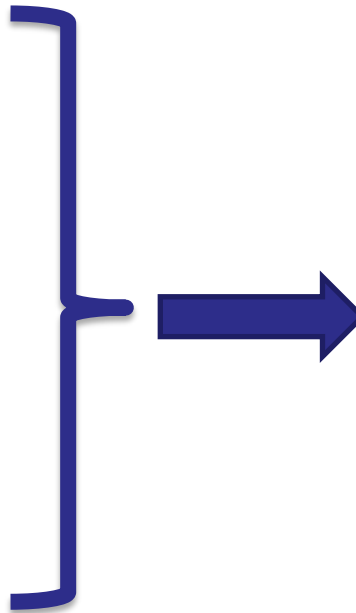We're setting priorities for our growing transit system

What We're Hearing

SIP Survey

Corridor Studies

Thrive MSP 2040

Customer Relations

Higher Frequency on Core Urban Routes

Better Suburb to Suburb Connections

More Urban Crosstown Routes

New Express Service

Faster Travel Times

Improved Customer Amenities

Metro Transit
a service of the Metropolitan Council

SIP Evaluation and Prioritization

- Can't meet all needs cost-effectively
- How to select and prioritize service improvements
  - Performance metrics: Cost effectiveness, ridership, productivity, subsidy
  - Improved access to transit and access to destinations
  - Focus on communities most reliant on transit
  - Linkage to planned development projects

12

SIP Next Steps

- Review survey and other customer feedback and draft a plan (Spring, Summer 2014)

- Public review and comment (Fall 2014)

- Finalize SIP (Late 2014)

Thank you.

Cyndi Harper
612-349-7723
cyndi.harper@metrotransit.org

Attachment G: March 26, 2014 Olmstead Transportation Forum—Public Comments

Comments made during the March 26 Olmstead Forum. (Comments have been condensed to capture the main points made.)

- Speaker would like to see database of the results from the 10,000 surveys that Noel Shughart referenced, specifically, the number of respondents who were people with disabilities, age groups, and economic status.

- Sidewalks and streets need to be cleared and maintained. Even if the bus is accessible, the sidewalk to the bus is not.

- Consumers could not have gotten to the Duluth videoconference site for this event using public transit.

- There was a lack of involvement from Greater Minnesota in this event.

- In the Arrowhead Region, getting to health care that is vital to people with disabilities is costly due to insufficient, affordable public transportation.

- Many of the issues with transportation are local issues could be solved locally, but cost is the limiting factor. Local entities don't have the resources for the fixes.

- People with disabilities need Metro Mobility past 7:30 p.m.

- It is going to require a "collective effort" to get transportation for people with disabilities. It requires a statewide effort to improve coordination and that involves a paradigm shift because so much planning and implementation is done at a local level.

- Speaker talked about her daughter who has a serious and persistent mental illness. She recently landed a job, which she is thrilled about, but what is a 19 minute car ride will take her two hours to get there by Metro Mobility.

- Speaker critiqued the panelists. She felt Noel Shughart's presentation lacked framework and context. She wanted to know how many of the 10,000 surveys came from Greater Minnesota and advocated for including rural communities in planning. She suggested that funds be re-directed from park and rides (which serve people who have cars) to expanded bus services. Presenters did not explain the strategies that were listed for people to respond to which made it difficult for people who use the services to know what they mean and to respond.

- Allow Metro Mobility to cross county lines to reduce waiting times.

- Currently $11 billion is invested in transportation for people with disabilities and older Minnesotans. It is often used to purchase vehicles. Is there any data about how they are used?

June 12, 2014 Olmstead Transportation Forum
Final Report

- Metro Transit does not adequately serve the NE metro area. The Metropolitan Council looks at capitol costs and operating costs—where are there enough population and enough employment to support the system? There is a lot of water and not many people in that part of the metro area.

- Beltrami County only as Dial-a-Ride and that is available only Monday-Friday and some Saturdays. Only runs to 5 p.m. This limits social and occupational possibilities. People will need transportation as the move out of group homes. We need to expand services.

- Unreliable transportation really affects mental health service access and mental health stability. A problem with volunteer drivers is that they often cancel, resulting in consumers missing medical and other appointments. In some cases, if a person misses an appointment their provider won't continue to see them. If a person can't get medications in a timely manner, they may slip into a mental health crisis.

- Physically disability adults rely on these drivers to get to jobs. Speaker dreads the day when her car gives out because she'll no longer be able to get to work. Her work is the key to her independence.

- People using wheelchairs feel like they are too much work for drivers so drivers don't want to serve them.

- Speaker from Renville County observed that the population density is so low that it is considered a "frontier" county. She seconded the previous idea of not paying for park and rides for people who have cars. She thought volunteer drivers worked okay. People choose to live in these remote areas because there is affordable housing and that can make the difference for people with disabilities who have low incomes. Speaker also was concerned that this event was not adequately advertised to people involved with mental health.

- Opportunity Partners provides transit and support services. They have 80 vehicles and a contracted provider for Metro Mobility. The speaker was directed to contact the Minnesota Council on Transportation Access to explore becoming a non-medical transportation provider.

- There was a lack of participation at this event by people of color.

- There can be problems between transit drivers and riders, especially if there are cultural differences.

Comments submitted by e-mail during the March 26 Forum:

- Are there resources available to connect and car pool to help individuals get from one city to another? A speaker responded that Duluth does have a carpooling system, but it is used only 2

or 3 times a year. Information about it can be found on the internet by searching "Rideshare Duluth

- I need more information about the strategies for improving transit in order to respond. Noel Shughart responded by going through the list.

- Metro Mobility is constantly late. It may take 1.5 to 2 hours for a one-way trip. It seems as though the routing the driver uses is more about his convenience than mine—I live near the garage.

- More information needed about Transit Link. Responder gave more information:

  - Previously called "Dial-a-Ride"

  - Has a 30 minute response time

  - Available to the general public

  - Intention is to provide a ride solution for each of the seven metro counties

  - Fare: less than 10 miles is $2.25; more than 10 miles is $4.50-$6.75

- Transit planning leaves out NE Metro. Many people with disabilities live there.

- Need for more citizens to be active. How can citizens become more involved? Responders suggested: put comments on the Department of Transportation website; contact your local transportation provider—all local transit systems have advisory groups; when planning events happen, take the opportunity to participate. There are currently vacancies on the Metropolitan Council's Transportation Accessibility group. The ADA transition plan will be updated this year—look for announcements in May. Keep an eye on the Olmstead Plan as that will continually be updated. Go to Metro Transit website to see opportunities for transit planning: metrotransit.org

- Marshall Transit (Lyon County) would be the best people to contact for information about gaps in services in Lyon County. It is a truly rural area.

  - Coordinating with the disparate populations is a challenge.

  - Getting to medical or employment appointments is expensive, and often not worth it.

  - Even transit in larger cities has limited hours.

- Montevideo (Chippewa County) needs work on coordination and ride sharing.

- There has been a lot of feedback at the Olmstead Transportation Forum around the need for more government-funded options (more routes, more vehicles, more stops, more frequency). In order to keep in line with the spirit and intent of Olmstead to further integration, instead of creating more programs specifically for people with disabilities, I would suggest the group working on this issue familiarize themselves with the notion of 'Abundant Community' (www.abundantcommunity.org) so that the part of our action plan supports and incents regular community resources. Examples include:

    - Working with cities to allow and promote the Pink Mustache people to operate legally, explaining this charge and exploring ways we can collectively improve this issue across community and populations (www.lyft.me).

    - Work with communities of faith and other organizations who have masses of volunteers who could drive but are reluctant because of the liability and the insurance premiums. Brainstorm ideas like working with insurance companies, or figuring out a way to offer insurance subsidies for willing drivers.

Comments submitted by e-mail to the Department of Transportation Olmstead web page after the March 26 Forum:

- The Minnesota Statewide Independent Living Council (MNSILC) wishes to make a number of comments on the transportation needs of Minnesotans with disabilities. Whenever MNSILC does a forum in Minnesota or visits areas of Minnesota where we have opportunities to talk with consumers, we hear comments about transportation needs. This happens routinely regardless of whether the topic of conversation is directly about transportation or another area.

    Transportation is key to people with disabilities being able to live in communities and further that being communities of their choosing.   The needs for efficient, effective transportation are the same as all Minnesotans. People with disabilities have some specific additional issues: the need for accessible transportation, a greater dependency on public transportation because of the nature of their disability, and the limits to independent living that lack of this effective, efficient transportation places on their lives.

    During the recent forum, the difficulty of hearing from individuals with disabilities was mentioned. MNSILC would like to point out that transportation systems that meet specific needs cannot be designed without feedback from consumers. The goal of any transportation system is to get individuals where they need to go in an efficient and effective way. To this end, 1.Sufficient time must be taken to give adequate notice when feedback is needed

    2.Communications must be done in a way that is multi-modal. While we live in a world filled with quick, easy computer contact, the facts are that many individuals with disabilities cannot afford computers. They are consistently among the poorest of poor in national studies. Further,

there are many places in Minnesota that have poor to no coverage for connections. This means there is heavy reliance on print materials and notices in many areas and specifically among people with disabilities.

3.Collaboration is essential. Many state councils, agencies, and organizations have constant contact with individuals with disabilities from all over the state. Develop the relationships with these groups so when you need feedback, there is a methodology already in place to begin hearing from consumers all over the state.

Communication about transportation is critical to people with disabilities. As mentioned above, this communication may require time, multi-modal opportunities, and collaboration. When changes occur in systems or new systems are developed, how you communicate with consumers will be key to them knowing what is available and how to use it. This impacts their ability to improve employment, housing, daily life activities, community involvement and social opportunities.

Cost-effective, reliable, and accessible transportation needs are the same for people with disabilities regardless of where they live. Further, the needs of people with disabilities for transportation are the same as for that of the general population. Definitions and standards need to be consistent across communities in Minnesota. In addition, incentives might be needed to encourage communities to develop or improve systems that would benefit individuals with disabilities.

It may be necessary for current programs to be evaluated to see if they are functioning as intended. Reasons for poor functional quality need to be assessed and dollars need to be directed to those programs that offer good quality service.

It is critical that barriers to transportation are eliminated. There are transportation systems in place all over Minnesota that need to have key barriers removed. Then these systems would serve people with disabilities in their communities in a way that is greatly improved.

Metro: Improve the efficiency and effectiveness. Late arrivals, long commutes for short distances impede the ability of Minnesotans to locate and maintain employment, travel to medical appointments effectively, or participate in social opportunities with family and friends. In addition travel between communities is often impaired if using general transportation systems by having to go downtown and back out to reach a community that may only be a short travel distance by auto. By increasing standing orders and scheduling those first, then filling in with one-time requests, Metro Mobility might be able to provide more reliable trips for those who are obtaining an education or employed. Current practices put jobs at risk and increase anxiety for riders and their families/caretakers.

Outstate: Many existing transportation systems operate on business hours. This does not effectively serve Minnesotans with disabilities. They may not access employment opportunities unless those jobs operate between the existing time frames of service. The same is true of medical appointments, social opportunities, community involvement and personal business needs. Further, existing transportation systems often serve limited areas. An individual in community M may not be able to take advantage of a job opportunity in community J because it is just across a county line. Even though that driving distance may be as little as 20 minutes, there is no way for the person to get to the job.

We encourage you to consider the needs of Minnesotans with disabilities for efficient, effective transportation to support their ability to live independently in the community. We would be happy to answer any questions you may have on this topic. You can contact our Coordinator, Pam Taylor, at mnsilc1215@gmail.com Thank you.

- This is not necessarily a new idea; it was discussed previously as part of Collaborative Action Network Developing Opportunities (CAN DO) efforts 6-7 years ago.   There doesn't seem to exist any inventory of publicly funded transportation assets: bus cards, autos, vans, buses, (hopefully not planes & trains) etc. that health and human services provider organizations use to purchase, lease, and maintain.

   As noted at the transportation hearing, NFs, ICFs/DD, HWS, Assisted Living, HCBS settings, DT&Hs, IRTS, ACT, etc. . . .   all have receive(d) state and/or federal funding (and continue to receive more) for these purposes. Many of these publicly funded transportation assets are handicap accessible and only used for a few hours each day . . .

   This apparently occurs because there is no coordination, communication or collaboration . . . each provider organization buys, maintains and uses them for their own (maybe limited) purpose(s).

   For example, what if a provider's van became a dial-a-ride resource during certain hours or days? Maybe it wouldn't be the provider's van, but a state vehicle for the provider's use at certain times and community use at other times? (Treating the van like a conference room-- available to all qualified users and which can be reserved for standard trips and occasional trips.)