

**ACTION TRANSMITTAL – 2019-54**

**DATE:** January 8, 2019  
**TO:** Transportation Advisory Board  
**FROM:** Technical Advisory Committee  
**PREPARED BY:** Heidi Schallberg, Senior Planner, 651-602-1721  
**SUBJECT:** Twin Cities Public Transit and Human Services Transportation Coordinated Plan  
**REQUESTED ACTION:** That the Twin Cities Public Transit and Human Services Transportation Coordinated Plan be adopted by the Metropolitan Council.  
**RECOMMENDED MOTION:** Recommend the Metropolitan Council adopt the Twin Cities Public Transit and Human Services Transportation Coordinated Plan

**BACKGROUND AND PURPOSE OF ACTION:** This plan is intended to support coordination of transportation services between transit providers and human service agencies that provide transportation, with a focus on people with disabilities, older adults, and people with low incomes. The plan identifies barriers and challenges faced by both riders and providers of these services and also identifies strategies and potential work to be done to address these barriers.

Projects funded through the Federal Transit Administration’s Enhanced Mobility of Seniors and Individuals with Disabilities program (often referred to as Section 5310) must address strategies that have been identified in a local coordinated plan.

This plan update was guided by a steering committee with 14 members representing state agencies, counties, MnDOT, transit and medical transportation providers, Metro Mobility, the Minnesota Board on Aging, and nonprofits that serve people with disabilities. A stakeholder workshop was held where participants reviewed mobility barriers and strategies to address those barriers. The Council’s Transportation Accessibility Advisory Committee, which includes riders and advocates for older adults and people with disabilities, has also participated in the plan development with representatives at the stakeholder workshop and presentations at its regular meetings. The steering committee prioritized strategies to address the identified barriers. Strategies are grouped in three categories and prioritized as high, medium, or lower priorities: Coordinate and Consolidate Transportation Services and Resources; Mobility Strategies; and Communication, Training, and Organizational Support.

A public comment period to review the draft plan opened November 12 and closed on December 27, 2019. Comments were received from 10 individuals and organizations. The comment report is attached with staff responses noting where changes in the plan have been made.

**RELATIONSHIP TO REGIONAL POLICY:** The Coordinated Plan is a federal requirement for distributing funding within the region from the Federal Transit Administration’s Enhanced

Mobility for Seniors and Individuals with Disabilities program (also referred to as Section 5310), which is administered by MnDOT.

**COMMITTEE COMMENTS AND ACTION:** At its November 14, 2019, meeting, the TAC Planning Committee voted unanimously to recommend adoption of the plan, pending public review and comment.

At its December 4, 2019, meeting, the TAC voted unanimously to recommend adoption of the plan, pending public review and comment.

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**ROUTING**

<b>TO</b>	<b>ACTION REQUESTED</b>	<b>DATE COMPLETED</b>
TAC Planning Committee	Review & Recommend	November 14, 2019
Technical Advisory Committee	Review & Recommend	December 4, 2019
Transportation Advisory Board	Review & Recommend	
Metropolitan Council Transportation Committee	Review & Recommend	
Metropolitan Council	Review & Adopt	

**DATE:** January 8, 2020  
**TO:** Transportation Advisory Board  
**FROM:** Heidi Schallberg, Senior Planner  
**SUBJECT:** Summary of Public Comments on Draft Public Transit and Human Services Transportation Coordinated Plan

The Council held a public comment period on the Draft Twin Cities Public Transit and Human Services Transportation Coordinated Plan from November 12 through December 27, 2019. Comments were accepted by email, mail, or telephone. During this time, the Council used its web site, email lists, and social media to promote the public comment period. Staff also made presentations about the draft plan to the Minnesota Department of Human Services Transportation Coordination Work Group and the Washington County Transportation Consortium Steering Committee.

The Council's use of its web site and social media to promote the public comment period resulted in the following:

- 312 Web page users
- 41 Twitter likes and retweets
- 27 Facebook post likes, shares, comments, and clicks

The Council received public comments by email and mail from 10 individuals and organizations. The full comments are included after this summary. Commenters are referenced in the summary tables by the corresponding numbers shown below:

1. Kathryn Barton
2. Dennis Westlin
3. East Metro Strong
4. Susan Sanger
5. Washington County Board of Commissioners
6. Washington County Community Development Agency
7. Roger Wilson
8. SouthWest Transit
9. Saint Therese Woodbury
10. Vocational Rehabilitation Services

While the Council is the lead agency in producing this plan, the work needed to address the varied transportation needs of older adults and people with disabilities involves a wide range of partners, such as other public transit providers, human and social service agencies, and non-profit agencies. Because of the Council's role in providing services such as Metro Transit, Metro Mobility, and Transit Link, some of the comments addressed existing service concerns with these services. Comments on this plan are also valuable inputs for other broader planning processes, including Metro Transit's Network Next bus service planning. Comments are summarized below with staff responses.

Comment Number	Comment Summary with Staff Response	Commenter
1	Pilot more Lyft/Uber style programs to provide more freedom to riders.	1, 4
Staff Response:	The Council has issued an RFP for subsidized on-demand service for Metro Mobility customers and hopes to implement a pilot by the third quarter of 2020. Other agencies in the region are also piloting these types of services; current pilots in Dakota and Washington Counties are described in the pilot programs section of the Existing Conditions chapter of the plan.	
2	Expand the ADA zone for Metro Mobility to areas with heavy use that are limited	1
Staff Response:	The plan includes a strategy to expand Metro Mobility service based on feedback from stakeholders during the plan process.	
3	Host Metro Mobility community conversations throughout the metro, not at just one central location.	1
Staff Response:	The comment has been forwarded to staff who work on these events.	
4	Train drivers and reservationists in customer service.	1
Staff Response:	The plan includes a strategy to provide consistent training for transportation providers.	
5	Concerns about safety on regular route transit can deter potential riders, especially among vulnerable adults such as older adults or people with disabilities.	4
Staff Response:	During the plan process, we heard many concerns about challenges using fixed-route transit, including personal safety. Service providers in the region are aware of the concerns and working to make transit a more comfortable experience for all users.	
6	Bus capacity issues for riders who use wheelchairs and experience service delays that could be more than 30 minutes because a bus is already at capacity for accommodating riders with wheelchairs.	4
Staff Response:	When buses are already at capacity for riders who use wheelchairs, Metro Transit drivers are required to immediately call in reports of any of these riders who cannot be accommodated to ensure they have appropriate alternatives within 30 minutes. If another bus with capacity is not scheduled within 30 minutes, other transportation is provided within that time frame. Metro Transit monitors data on these situations.	

Comment Number	Comment Summary with Staff Response	Commenter
7	Concerns about Transit Link/Smart Link dial-a-ride service ending in Chaska and Chanhasen; other available options do not provide the same type of service and lack of assurance of timely service	2
Staff Response:	<p>There are many demands for transit service that go beyond what can be supported by the Council's current resources. The avoidance of duplicative coverage is key to meeting the needs of more residents. The Council supports expansion to unserved and underserved populations. The discontinuation of Transit Link trips wholly within the SouthWest Transit service area is consistent with service delivery in the communities of Plymouth and Maple Grove. From the beginning of Transit Link service in 2010, trips wholly within those communities were served by Plymouth and Maple Grove, who had existing dial a ride service to eliminate service duplication.</p> <p>SouthWest has jurisdiction in the cities of Chanhasen, Chaska and Eden Prairie and determines what services will be provided and the program rules around those services. SouthWest Transit chose the service model currently in place for those communities.</p> <p>Metro Mobility is ADA complementary transit service and uses a different funding source than those managed by SouthWest Transit so Metro Mobility services will continue to be managed by the Metropolitan Council and will continue to provide trips wholly within the SouthWest Transit jurisdiction.</p>	
8	Concerns about driver shortages and hours of Metro Transit customer support that affect service.	7
Staff Response:	<p>Challenges with hiring and retaining drivers affect all transportation services in the region, from Metro Transit and other service providers as well as volunteer driver programs. This plan is intended as a higher-level strategic plan with areas for needed improvement for all transportation services in the region that serve older adults and people with disabilities. All providers that experience ongoing driver shortages continue to work to address these challenges. The Transit Information Center is open by phone on weekdays from 6:30 a.m. to 9 p.m. and on weekends and holidays from 8 a.m. to 4:30 p.m. NexTrip also provides automated information online or by phone 24 hours a day.</p>	
9	Strategies for making technology enhancements don't address ongoing maintenance needs and existing challenges with current technology.	7
Staff Response:	<p>The strategy related to technology enhancements for riders has been edited to include maintenance. Complaints about Metro Transit-specific technology and maintenance issues have been shared with Metro Transit staff.</p>	

Comment Number	Comment Summary with Staff Response	Commenter
10	When identifying duplicative service and making changes to services provided, all providers and users should be engaged to ensure any transition addresses all needs.	8
Staff Response:	<p>When Transit Link was created in 2010, there was no general public dial-a-ride available within SouthWest Transit. To the contrary, the Suburban Transit Providers (Maple Grove and Plymouth) that had existing dial-a-ride programs continued to provide rides wholly within their jurisdiction and Transit Link provided rides that crossed boundaries of providers. This was consistent with a basic program premise of eliminating duplication given constrained resources.</p> <p>SouthWest Transit recently added Prime to their menu of serviced options and it has clearly moved beyond the pilot stage. Therefore, to be consistent with one of the original program principles of Transit Link, and given that we still have constrained resources, the Council has made the decision to not duplicate geographic coverage with the same mode of service.</p> <p>SouthWest Transit determines the service model and has the prerogative to adopt changes to meet the needs of its residents.</p>	
11	Plan references daily activities but does not include enough emphasis on access to employment.	3, 5, 6, 10
Staff Response:	<p>The plan is intended to address higher-level strategies across the region and provide flexibility to the many different transportation providers, both public and private, that operate in the region. Additional information was included in the Needs chapter about incomplete access to all destination needs, including employment and healthy food access. Rather than identifying separate strategies for the wide range of different potential destinations, broader strategies identified in the plan can be applied to different contexts as appropriate by implementing service providers. The strategy for local shuttles or circulators has been changed to also reference employers to more clearly address this concern and has been recategorized as a high-priority strategy (from medium priority).</p>	

Comment Number	Comment Summary with Staff Response	Commenter
12	Use data from the SHAPE public health survey to supplement or replace ACS data used in the plan. Concerns about ACS data not being current.	3, 5
Staff Response:	<p>The plan uses American Community Survey (ACS) data from the Census Bureau for identifying demographic distribution within the seven-county region. This data is consistently available for the entire region covered by the plan, and new estimates are released each year. The survey is administered on a continuous monthly basis by the Census Bureau. The 5-year data estimates used in the plan represent an average of this monthly survey across the 5-year period. We appreciate your bringing the six-county SHAPE public health survey to our attention. Because this survey does not cover the entire seven-county region, it could not replace the use of ACS data for the scope of this plan. Once data is published for all counties that participated in the 2018 SHAPE survey, we will review that data for use in future updates to the plan or other relevant planning work. In addition, the Council's Travel Behavior Inventory, which collects data on how people travel in the region, has changed from being collected every decade to being collected every two years. As current data from this survey becomes available, we can look for ways to use it to further help illustrate how older adults and people with low incomes travel.</p>	
13	Recognize the impact of transportation on access to healthy foods.	5, 6
Staff Response:	<p>The plan is intended to address higher-level strategies across the region and provide flexibility to the many different transportation providers, both public and private, that operate in the region. Additional information was included in the Needs chapter about incomplete access to all destination needs, including employment and healthy food access. Rather than identifying separate strategies for the wide range of different potential destinations, broader strategies identified in the plan can be applied to different contexts as appropriate by implementing service providers.</p>	

Comment Number	Comment Summary with Staff Response	Commenter
14	Consider including a representative from the Suburban Transit Association on the Steering Committee for the next plan update for broader representation.	8
Staff Response:	We have noted this suggestion for the next update of the plan. All of the suburban transit providers were invited to the stakeholder workshop for this plan that identified current needs and brainstormed strategies. This workshop was considered one of the three Steering Committee meetings and included stakeholders beyond the Steering Committee. Our records indicate that staff from Plymouth Metrolink was able to attend this workshop; other service providers such as non-profit organizations that provide circulator, shuttle, or volunteer driver service also participated in this workshop.	
15	Consider other public or private providers for providing service beyond current Metro Mobility service hours and area. Strategy to expand Metro Mobility service strains state funding.	8
Staff Response:	Comment noted. The strategy to expand Metro Mobility service is driven by stakeholders. The Council understands the implications to funding and is not currently proposing service expansion.	
16	Medical Assistance requirements should be more flexible to allow public providers to provide service.	8
Staff Response:	Comment noted. The plan includes a strategy to address regulatory issues related to shared transportation.	
17	Concerns about obstacles for non-profit or volunteer transportation services	4
Staff Response:	The plan includes strategies for regional partners to address obstacles for providing volunteer transportation services, such as addressing insurance issues, providing stipends, and providing training.	
18	Elevate vanpooling as a viable option for commuters as a core transit option rather than viewing it as competitive with transit. Prioritize commuting destinations such as warehouses and other locations with large numbers of entry-level jobs.	3, 5, 6, 9, 10
Staff Response:	We are evaluating the vanpool program in 2020 and have forwarded this comment for consideration in that process.	

Comment Number	Comment Summary with Staff Response	Commenter
19	Include implementing site-specific shuttles or last-mile connections for major employers, institutions, or retail destinations.	3, 5, 6, 9, 10
Staff Response:	The plan currently includes a strategy to provide local shuttle or circulator service to connect with transit stations or destinations. This strategy can include these types of shuttle and last-mile connections. The strategy description has been changed to also reference employers to more clearly address this concern and has been recategorized as a high-priority strategy (from medium priority).	
20	Pilot services to make connections with destinations in adjoining counties outside the plan scope (i.e. the 7-county metro region).	5, 6
Staff Response:	Text was added to the needs section of the plan about the challenges with coordinating service to destinations outside the 7-county region scope in the plan. Strategies identified in the plan can be applied to these contexts as appropriate where they are locally supported.	
21	Pilot flexible microtransit options with a focus on reverse commute challenges.	6, 9, 10
Staff Response:	The plan currently includes a strategy to provide local shuttle or circulator service to connect with transit stations or destinations. The text was edited to include microtransit options.	
22	Seek opportunities to share information.	5
Staff Response:	Text was added to the strategy for mobility management programs to include sharing information.	
23	Include a map illustrating projected populations of older adults across the region to provide a more complete picture of needs for potential investments.	3, 5, 6
Staff Response:	Staff is working with Council forecast data to include this information in the final plan before it is presented to the Transportation Committee. A placeholder is currently noted in the plan.	

Comment Number	Comment Summary with Staff Response	Commenter
24	Include the Metro Mobility Task Force report recommendations in this plan to support, strengthen, and sustain Metro Mobility.	3, 5, 6
Staff Response:	The Metro Mobility Task Force report is discussed in the Existing Conditions chapter section on Metro Mobility, including task force recommendations that have since been implemented. The recommendations referenced in the comments are currently being addressed. Legislation in 2019 provided for data sharing between the Council and the Department of Human Services (DHS) to enable the Council to seek federal reimbursement for eligible Metro Mobility rides, and the Council is currently working with DHS on this data sharing. The recommendation to explore creating a service specifically for DHS clients is a follow up step after the data sharing collaboration is complete. Also in 2019, the Minnesota Legislature provided separate funding for Metro Mobility with structural changes in the budget. The Council has also issued an RFP for subsidized on-demand service for expanded service options for Metro Mobility customers and hopes to implement a pilot by the third quarter of 2020.	
25	Add cities to provider area in the list in Appendix A	8
Staff Response:	Change made in the final plan.	
26	Correct service area for SouthWest Transit description on page 25	8
Staff Response:	Correction made in the final plan.	

The full text of the comments received follows this summary.

## Comments Received

From: Kayte Barton <littlebarty@me.com>  
Sent: Tuesday, November 12, 2019 2:36 PM  
To: PublicInfo <public.info@metc.state.mn.us>  
Subject: Comments on proposed plan

I use Metro Mobility, and have gone to using Uber due to the lack of a time window, and overhead bus ride time. Metro Mobility isn't reliable enough to use. This Metro Mobility is my only option for transportation, I live close to a bus stop and cannot use Transit Link.

I have to plan my work hours around Metro's time frame, which some employers don't like. This is another nice thing about Uber/Lyft, can use it anytime.

1. Pilot more Lyft/Uber programs. This would grant us more freedom, and not rely on Metro Mobility and reduce the number of riders, reduce the stress of the drivers, even put Uber/Lyft into your same day cab option.
2. Expand ADA zone to areas with heavy use, that are limited.
3. Host community conversations in all metro areas, not just one central location.
4. Train drivers, and reservationists in customer service. Some drivers are rude, and don't escort. Some reservationists are short, and don't have the patience to get rides set up.

I would be happy to talk in person too, and help provide guidance.

Kathryn Barton

**From:** dennis <[denwest@comcast.net](mailto:denwest@comcast.net)>  
**Sent:** Wednesday, November 13, 2019 4:08 PM  
**To:** PublicInfo  
**Subject:** Met Council Transportation Coordinated Plan

November 13, 2019  
Metropolitan Council  
390 Robert St. N.  
St. Paul, MN 55101

[public.info@metc.state.mn.us](mailto:public.info@metc.state.mn.us)

Public Transit Human Services Transportation Coordinated Plan for the Twin Cities Area

Looking at your proposed Transportation Coordinated Plan, I did not see mention of discontinuing the SmartLink dial-a-ride service within the cities of Chaska, Chanhassen and Eden Prairie – for those riding in these cities only, of which I am included.

In reviewing your proposed Transportation Coordinated Plan, one strategy listed was for Increased dial-a-ride Capacity, by expanding the dial-a-ride service, adding drivers and vehicles to meet demand for the service. This appears to be contrary to what is happening.

My understanding of the 'Discontinued Service' letter I received in the mail, is that beginning January 1, 2020 I would not be eligible to use this service as my ride starts in Chaska, and ends in Chanhassen. I've been using the dial-a-ride service for six years, within these cities. During the years I have used the service, I rarely rode the bus with anyone that was going to an area outside these three identified cities. This will impact a lot of current passengers.

I am aware of the other available providers, namely Metro Mobility and SW Transit (both of which I have used), but I think their services are not the same as the current SmartLink dial-a-ride. On one you can request a ride in advance, but even with advance notice it may be difficult to obtain a ride, and/or the ride time may be lengthy. On the other, the On-Demand is sometimes good, but it can also lead to excessive waits and/or missed appointments – there is no assurance you will get a ride in a timely manner.

Dennis Westlin  
Chaska, MN 55318  
[denwest@comcast.net](mailto:denwest@comcast.net)

**From:** Susan Sanger <[suesanger@comcast.net](mailto:suesanger@comcast.net)>  
**Sent:** Friday, December 20, 2019 2:26 PM  
**To:** PublicInfo  
**Subject:** Public Transit & Human Services Transportation Coordinated Plan

I have reviewed the above draft plan and offer the following comments:

I do not have concerns about what is stated in the draft plan, but rather what is not covered therein. Specifically, given that the demand for Metro Mobility services is not currently fully accommodated, and that this demand will only grow as our population ages and develops more disabling conditions, it seems obvious that Met Council should support more programs and services that could help riders use “regular” mass transit and other community services whenever feasible, thus allowing Metro Mobility to serve the most disabled passengers. To this end, I hope that Met Council will address:

1. What are the current barriers or challenges that deter some older riders from using mass transit? I am an older, visually-impaired person who uses “regular” busses and trains, not Metro Mobility. In my experience, and that of others with whom I have spoken, the biggest challenge is safety. While threatening and criminal behavior on busses, trains and at the stations can be a problem for all riders, it can be a particular challenge for vulnerable adults. Until Metro Transit addresses this seriously, some potential riders will be deterred. Another issue I have observed on several occasions is when bus drivers won’t pick up a waiting wheelchair user because there are already two wheelchair users on the bus. This means that the waiting individual must wait till the next bus, which could be another half hour or more, depending on the route - again, a factor which could encourage that rider to opt for Metro Mobility, instead.
2. What are the obstacles to operating non-profit or volunteer transportation services? I previously used the services of one non-profit senior transportation provider which had to close because, in significant part, the insurance requirements were unaffordable. There may be other obstacles as well. Anything that Met Council can do to assist such organizations would be helpful introducing the demands on public services.

Additionally, I noted in the report that some entities are subsidizing taxi rides for seniors and/or disabled persons, but was startled to see no mention of similar subsidy programs using ride-hailing services. Since Uber and Lyft offer rides that are significantly cheaper than taxis (and, in my experience, are also fair more timely and reliable than taxis), I hope Met Council will explore contracting with these services.

Thank you for studying this issue.

Susan Sanger  
St. Louis Park

**From:** Roger Wilson <rogerw@alpineblue.com>  
**Sent:** Friday, December 27, 2019 10:49 AM  
**To:** PublicInfo <public.info@metc.state.mn.us>  
**Cc:** Schallberg, Heidi <Heidi.Schallberg@metc.state.mn.us>; Lindstrom, Peter <Peter.Lindstrom@metc.state.mn.us>  
**Subject:** Public comment on the Draft Public Transit and Human Services Transportation Coordinated Plan

To whom it may concern:

The [Draft Public Transit and Human Services Transportation Coordinated Plan](#) is an ambitious plan for the Minneapolis Metro region. It is good to see the Metropolitan Council undertaking this effort to improve communication between transit providers to assist older adults, individuals with disabilities, residents with low incomes, and households without vehicles. However, I have some significant concerns about the capability of Metro Transit being able to deliver on these promises.

Section 5 of the document talks about the different strategies and priorities to make this plan a reality. Page 32 talks about “Increase dial-a-ride capability”, page 33 mentions “Expand Metro Mobility service beyond current service hours and area”, page 35 mentions “Provide local shuttle or circulator service”, page 37 mentions “Increase transit service within and connecting between suburbs”. These are great goals/objectives and each of these require a significant increase in drivers, vehicles, and other resources.

Over the past 2 years, Metro Transit has struggled in finding enough drivers and working busses to manage their current commitment of published routes and current ridership levels. Metro Transit operations and customer support centers promptly close at 4:30pm before the evening rush when riders need that type of support. When Metro Transit is pressed to provide a reason why busses failed to make the scheduled runs then the excuses of “no driver available” or “bus had an equipment problem” are given, but there seems to be no public long-term plan to fix the underlying issue. For example, every month there are days that Metro Transit fails to provide reliable and on-time service on the 264C route, either in the morning or in the evening, requiring me to take alternative modes of transportation to get to/from work. While I have the opportunity of taking other modes of transportation, others – like those that this plan is targeting – do not have that flexibility. What is the plan to acquire, train, and retrain transit drivers and to ensure that there is enough drivers to support this proposed increase?

Section 5, page 32 mentions “Make technology enhancements for riders” and “Make technology enhancements for scheduling” – again great objectives for improvement. The existing NextTrip signs provided by Metro Transit are a great communication tool and definitely fall under these objectives to “Use technological improvements to provide real-time information to riders”, unfortunately the signage at the County Road C/I35W Park & Ride, 200 Iona Rd, Roseville constantly has the incorrect time. I’ve opened numerous cases with Metro Transit throughout 2019 and the time is corrected for a day or two then the time starts to drift again; which makes me wonder how many other signs have the same issue. If Metro Transit is unable to support the technology they currently have in place, what is the plan to ensure that there are enough technical and trained resources available to support new technology solutions?

Section 5, page 32, mentions “Create and maintain accessible pathways and transit stops”, which discusses the possibilities to “encourage development of technology for clearing snow and ice, such as heated sidewalks...”, again, another great suggestion for improving ridership. However, Metro Transit has failed to maintain the heaters in the Bus Stop Enclosures; a similar solution of using an electric

heating device. For example, the heater for the bus stop enclosure at 2<sup>nd</sup> and 5<sup>th</sup> downtown Minneapolis has been vandalized and out of service since early fall. This is yet another example of where Metro Transit is unable to manage their current infrastructure. What is the plan to manage (and fix) the existing infrastructure before taxpayers invest in new infrastructure that is susceptible to the same type of maintenance issues?

Overall I feel that this plan is very optimistic and ambitious, however, it is unfair to make the promises that this plan makes without an action plan to resolve the on-going issues at Metro Transit, specifically with regards to the driver shortage, the constant “equipment failures”, and high-tech infrastructure management.

Sincerely,

Roger Wilson

**From:** Dave Jacobson <[djacobson@swtransit.org](mailto:djacobson@swtransit.org)>  
**Sent:** Friday, December 27, 2019 1:13 PM  
**To:** PublicInfo <[public.info@metc.state.mn.us](mailto:public.info@metc.state.mn.us)>  
**Cc:** Fyten, Matt <[mfyten@swtransit.org](mailto:mfyten@swtransit.org)>  
**Subject:** Comments from SouthWest Transit (SWT)

To Whom it May Concern:

Thank you for the opportunity to comment on the Draft Public Transit and Human Services Transportation Coordinated Plan. SouthWest Transit (SWT) has a few comments listed below:

### **Duplicate Service**

When the Metropolitan Council decides on replacing “duplicative” services, consider what duplicative means. For example, a dial-a-ride service is not the same as a micro transit service. Transit Link and SW Prime have vastly different operating rules. SW Prime service does not have standing orders or take advanced booking and the rider needs to be able to navigate the system by understand how it works and the ability to use technology. Additionally, all of those being served need to be contacted about the elimination of one of the service as well as the entity considered its replacement. There also needs to be operating and capital dollars to transition those who are able to make the move to a micro-transit system or any system. These are always issues when attempting to replace duplicative service with one service because one size doesn’t always fit all. A better job of understanding what is being removed and what is being replaced will help reduce the confusion of the transition for not only the providers but those who receive services.

### **Medicaid/Medical Assistance and Public Providers, page 24**

Public providers would like to see MA requirements for providing service be more flexible by allowing public providers, like Metro Mobility and suburban providers, the ability of being a service provider. Remove the barriers.

### **Page 25, First Paragraph**

In the middle of the paragraph the write-up refers to “Ridgeview medical facilities in Waconia and Excelsior”. Instead of Excelsior it should read Chanhassen. This change has also been sent to Heidi Schallberg of Met Council staff requesting change.

### **5. Strategies, page 33.**

In this section one of the suggested strategies is to expand Metro Mobility service beyond current service hours and area. The current Metro Mobility program does exceed the ADA definition. The Legislature has created a budget line in the General Fund for Metro Mobility too. Operating costs are an issue with Metro Mobility and when the ADA is exceeded it only causes more strain on the General Fund as well as takes funding away from other transit providers. Consider other public/private providers for serving beyond the ADA definition.

### **6. Plan Process, Steering Committee**

With the exception of Metro Transit and Metro Mobility there are no operators as part of the Steering Committee. A vast majority of those on the Steering Committee are consumers or policy makers. I

would suggest that more providers should be included the next time the plan is updated. The Suburban Transit Association (STA) is a potential source for a representative.

**Appendix A: Transportation Providers**

Please add the Cities of Carver and Victoria to the list. SWT, in addition to the areas identified, also serves Carver and Victoria as a contracted provider.

Dave Jacobson,

SouthWest Transit

Ms. Molly Cummings, Interim Chair  
Metropolitan Council  
390 Robert Street North  
Saint Paul, MN 55101

By email

December 20, 2019

Dear Ms. Cummings:

Thank you to Metropolitan Council staff for their work on the Draft 2020 *Twin Cities Public Transit and Human Services Transportation Coordination Plan*, and for seeking comments on it. East Metro Strong is pleased to submit these comments.

The Draft Plan opens by observing:

“For people with disabilities or older adults, transportation to daily activities can be challenging.”

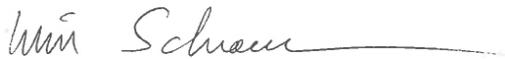
In many cases these “daily activities” include traveling to work. In many other cases they *should include* traveling to work, but do not, because the regional transportation system contains too many gaps and barriers.

The Draft Plan recognizes the transportation barriers that wholly or partially preclude access to employment for persons with disabilities, and low-income persons who cannot drive and/or do not have access to a vehicle that they can legally operate and financially maintain. And the Draft Plan describes innovative work being done around to region to help overcome some of those gaps and barriers.

However, we believe it is fair to say that overall, the Draft Plan does not give this important regional challenge the attention that it needs, and particularly not in the recommended strategies.

We appreciate the opportunity to provide these comments and look forward to our continuing work together to support greater access and connectivity in our region.

Sincerely,



Will Schroer  
Executive Director

cc: Heidi Schallberg

## Comments:

### The Draft Twin Cities Public Transit and Human Services Coordination Plan Update

East Metro Strong is a public/private partnership between Washington and Ramsey Counties, six east metro cities, several large employers, and the Saint Paul Area Chamber of Commerce. Our mission is to work together and with stakeholders like the Metropolitan Council to improve transit in the east metro. While our members support better transit service for many reasons, access to employment is a primary interest, and our comments focus there.

#### 1. Transportation barriers related to travel to work

The Draft Plan opens by observing. “For people with disabilities or older adults, transportation to daily activities can be challenging.” These “daily activities” include traveling to work; in many cases they *should include* traveling to work, but do not, because the regional transportation system contains too many gaps and barriers.

The Draft Plan recognizes (especially on page 9) the transportation barriers that wholly or partially preclude access to employment for persons with disabilities, and low-income persons who cannot drive and/or do not have access to a vehicle that they can legally operate and financially maintain. And the Draft plan describes innovative work being done around to region to help overcome some of those gaps and barriers.

However, we believe it is fair to say that overall, the Draft Plan does not give this important regional challenge the attention that it needs. Of the 33 recommended strategies, perhaps 7 deal directly with the challenge of getting to work.

The region has already done quite a bit of work on this subject. A short and incomplete list would include:

- *Washington County Transit Needs Study*
- “Those who Need it Most: Maximizing Transit Accessibility and Removing Barriers to Employment in Areas of Concentrated Poverty,” Fan and Guthrie, U of M Center for Transportation Studies

We recommend the Plan focus further on this important area, and consider additional strategies to address gaps and barrier. These include:

- Implementing site-specific shuttles or last-mile connections for major employers, institutions, or retail destinations. Metro Transit has been examining piloting such; this Plan would be a good opportunity to underline the value of doing so.
- Elevating vanpooling as a viable option for commuters by treating it as a core transit option, rather than as competitive with transit. Identified as a core transit option, outreach, engagement, and partnership efforts to reach commute destinations, such as warehouses and other locations with large numbers of entry-level jobs, should be prioritized.

## **2. Support, Strengthen, and Sustain Metro Mobility**

It is unlikely that Metro Mobility will ever become a service than can be reliably used to get to work. However, in a report aimed at coordination and searching for efficiencies, the region should be looking for every opportunity to put more people on Metro Mobility vehicles that are already in service.

The following strategies were included in the Metro Mobility Task Force Report provided to the Minnesota Legislature in February 2018. We believe these recommendations should also be integrated into the Region’s Plan. These include:

- Facilitate collaboration between DHS and Metro Mobility by modifying Data Practices language to allow the agencies to share available non-medical data for limited purposes, including leveraging available federal funding.
- Explore creating a service specifically for DHS/County-waivered clients and medical assistance transportation program.
- Advocate for a dedicated funding source to ensure Metro Mobility demand is met.
- Pilot the expanded service options approach described in the Metro Mobility Task Force Report.

Advocating in particular for dedicated Metro Mobility funding would free up Metro Transit funds for closing some of the gaps in the regular-route system that create so many transportation challenges.

## **3. Demographic projections that illustrate the transportation challenges of the future**

As a Plan to guide work and investment over multiple years, we encourage the Metropolitan Council to include maps that illustrate the projected populations of older adults across the region. Per the Minnesota State Demographer, “the most pronounced demographic shifts over the next 30 years are expected to occur in the region’s five all-suburban counties... All five (suburban counties) will see their 65-plus populations more than double in that time.

While the maps in the Draft Plan illustrate where population are currently aggregated, having the forward view of those most likely to encounter transportation challenges would provide a more complete picture as the Draft Plan contemplates needs, and recommends potential investments.

Similarly, the life expectancy for persons with intellectual and developmental disabilities (IDD) has grown over the last few decades due to medical advances and improved living conditions. The US Census Bureau estimates that the number of adults with IDD age 60 years and older is projected to nearly double from 641,860 in 2000 to 1.2 million by 2030. While their disabilities alone would increase the likelihood that an adult with IDD may require transportation supports, it is the concurrent aging of their parents that will likely accelerate the need for innovative services and supports in which the Council should invest. These concurrent demographic changes—and their likely seismic impact- highlight the importance of developing tools that illustrate the likely future of transportation challenges and therefore, the shape of future investment.

## **4. Using “real-time” data that specifically speaks to the transportation barriers that the region’s residents encounter**

Public health agencies from six counties and three cities in the Metro region have administered the Survey of the Health of All the Population and Environment, or SHAPE. The counties and cities have intentionally oversampled those populations who are under-represented in traditional surveys, including young adults, lower-income families, residents with lower educational attainment, racially- and ethnically-diverse communities, and communities for whom English is not a primary language. Completed every four years since 2002, counties have added questions over time that capture demographic change and trending issues.

In 2018, the following question was added: “During past 12 months, how often did lack of transportation keep you from getting places where you needed to, such as jobs, medical appointments, or shopping?” The initial data provides significant nuance to the aggregate data offered by the American Community Surveys (ACS) on which most of the Draft Plan is based.

We encourage the Council to review this data and as feasible, and either opt for this data over the dated ACS data, or mediate its demographic mapping and conclusions with the benefit of this information.



Board of Commissioners

Fran Miron, District 1  
Stan Karwoski, Chair, District 2  
Gary Kriesel, District 3  
Wayne A. Johnson, District 4  
Lisa Weik, District 5

Ms. Molly Cummings, Interim Chair  
Metropolitan Council  
390 Robert Street North  
Saint Paul, MN 55101

Dear Ms. Cummings:

Washington County is pleased to submit comments on the 2020 update of the *Twin Cities Public Transit and Human Services Transportation Coordination Plan*. We commend the Metropolitan Council for updating this important plan.

Our comments are organized by our recommendations for inclusion of:

- Employment-related transportation barriers as a significant gap between current services and needs, with several proposed strategies that may minimize their impacts on those seeking work and those seeking talent;
- Access to food as a significant gap between current services and needs, with proposed activities and strategies that may increase options for older adults, persons with disabilities, and/or low-income residents;
- Activities that will strengthen and sustain Metro Mobility, efforts originally identified by the legislatively-mandated Task Force;
- Emerging opportunities to innovate;
- Demographic projections that illustrate the transportation challenges of the future; and
- Using “real-time” data that specifically speaks to the transportation barriers that the region’s residents encounter.

These recommendations reflect the collaborative work of multiple County Departments and the stakeholders who participated in the November 21 Washington County Transportation Consortium meeting in which the Council’s Senior Planner Heidi Schallberg presented the Draft Plan.

We appreciate the opportunity to provide these comments and look forward to our continuing partnership to support greater access and connectivity in our County and across the region.

Sincerely,

A handwritten signature in black ink that reads "Stan Karwoski".

Stan Karwoski  
Washington County Board Chair

cc: Heidi Schallberg

## **Washington County Comments:**

### **The Draft Twin Cities Public Transit and Human Services Coordination Plan Update**

#### **Employment-related transportation barriers**

A gap in the Draft Plan is specific recognition of the transportation barriers that wholly or partially preclude persons with disabilities and low-income persons who cannot drive and/or do not have access to a vehicle that they can legally operate and maintain for employment-related opportunities. The *Washington County Transit Needs Study* documented this issue. We recommend the plan consider strategies to address this barrier. These include:

- Implementation of “site-specific shuttles” or “last-mile connections for major employers, institutions, or retail destinations, providing a service that offers a link to and from a regional transit hub”.
- Piloting flexible microtransit options, such as demand responsive transit or pooled on-demand trips, that focus on reverse commute challenges
- Elevating vanpooling as a viable option for commuters by treating it as a core transit option, rather than as competitive with transit. Identified as a core transit option, outreach, engagement, and partnership efforts to reach commute destinations, such as warehouses and other locations with large numbers of entry-level jobs, should be prioritized.

#### **Access to high-quality, nutritious food**

We recommend the Plan include recognition of the impact of transportation on access to healthy foods for those who cannot drive and/or those unable to legally operate and maintain a vehicle. Strategies, activities, and projects that will address limited food access include

- Implementation of community circulators, subsidized taxi or ride hailing services, and volunteer driver programs.
- Working in collaboration with local communities, faith communities, food shelves, grocery stores, and others, deployment of these strategies may provide support to individuals who are otherwise challenged to access healthy foods.
- Piloting trips to high-quality, nutritious foods in a partnership with Non-Emergency Medical Transportation providers, including health plans, for beneficiaries experiencing or at risk for limited food access.

#### **Support, Strengthen, and Sustain Metro Mobility**

The following strategies were included in the Metro Mobility Task Force Report provided to the Minnesota Legislature in February 2018. We believe these recommendations should also be integrated into the Region’s Plan. These include:

- Facilitate collaboration between DHS and Metro Mobility by modifying Data Practices language to allow the agencies to share available non-medical data for limited purposes, including leveraging available federal funding.
- Explore creating a service specifically for DHS/County-waivered clients and medical assistance transportation program
- Advocate for a dedicated funding source to ensure Metro Mobility demand is met
- Pilot the expanded service options approach described in the Metro Mobility Task Force Report

### **Emerging Opportunities to Innovate**

The Region's Plan needs to be bold and recognize opportunities to innovate. We suggest these are such opportunities:

- Pilot and document services that efficiently connect individuals with disabilities, older adults, and low-income residents to destinations, particularly medical services, in adjoining counties, including those non-urban counties outside the seven metro counties
- Seek opportunities to share information and to encourage projects that braid federal funding

### **Demographic projections that illustrate the transportation challenges of the future**

As a Plan to guide work and investment over multiple years, we encourage the Metropolitan Council to include maps that illustrate the projected populations of older adults across the region. Per the Minnesota State Demographer, "the most pronounced demographic shifts over the next 30 years are expected to occur in the region's five all-suburban counties... All five (suburban counties) will see their 65-plus populations more than double in that time. Older adults are already the fastest growing population demographic in Washington County. While the maps in the Draft Plan illustrate where population are currently aggregated, having the forward view of those most likely to encounter transportation challenges would provide a more complete picture as investments are contemplated.

Related, the life expectancy for persons with intellectual and developmental disabilities (IDD) has grown over the last few decades due to medical advances and improved living conditions. The US Census Bureau estimates that the number of adults with IDD age 60 years and older is projected to nearly double from 641,860 in 2000 to 1.2 million by 2030. While their disabilities alone would increase the likelihood that an adult with IDD may require transportation supports, it is the concurrent aging of their parents that will likely accelerate the need for innovative services and supports in which the Council should invest. These concurrent demographic changes—and their likely seismic impact- highlight the importance of developing tools that illustrate the likely future of transportation challenges and therefore, the shape of future investment.

### **Using "real-time" data that specifically speaks to the transportation barriers that the region's residents encounter**

Public health agencies from six counties and three cities in the Metro region have administered the Survey of the Health of All the Population and Environment, or SHAPE. The counties and cities have intentionally oversampled those populations who are under-represented in traditional surveys, including young adults, lower-income families, residents with lower educational attainment, racially- and ethnically-diverse communities, and communities for whom English is not a primary language. Completed every four years since 2002, counties have added questions over time that capture demographic change and trending issues.

In 2018, the following question was added: "During past 12 months, how often did lack of transportation keep you from getting places where you needed to, such as jobs, medical appointments, or shopping?" The initial data provides significant nuance to the aggregate data offered by the American Community Surveys (ACS) on which most of the Draft Plan is based. We would encourage the Council to review this data and as feasible, to either opt for this data over the dated ACS data or to mediate its demographic mapping and conclusions with the benefit of this information.



WASHINGTON  
COUNTY  
Community  
Development  
Agency

7645 Currell Boulevard, Woodbury, MN 55125  
office: 651-458-0936 fax: 651-458-1696

December 19, 2019

Ms. Molly Cummings, Interim Chair  
Metropolitan Council  
390 Robert Street North  
Saint Paul, Minnesota 55101

Dear Ms. Cummings:

**On behalf of the Washington County Community Development Agency, I am pleased to submit the following comments as the Metropolitan Council seeks public input into the 2020 update of the *Twin Cities Public Transit and Human Services Transportation Coordination Plan*.**

Authorized by the Minnesota Housing and Redevelopment Act, Minnesota Session Laws of 1974, to undertake certain types of housing and redevelopment activities, the Washington County Community Development Agency (CDA) provides critical services and supports to individuals, families, and small businesses throughout the County. As the owner and operator of over 1,100 units of affordable housing, the CDA ensures that all of our neighbors, including older adults, persons with disabilities, and working families, have a good, safe, and decent place to call home. In collaboration with multiple community partners, the CDA has been actively engaged in supporting and funding critical services for individuals and families experiencing homelessness. Deploying its award-winning economic development staff, the CDA also provides tangible, targeted resources, services, and supports to small businesses and partners with major employers to ensure their continued growth and success.

The CDA has been deeply involved in the Washington County Transportation Consortium, whose development and engagement was a recommendation of the *Washington County Transit Needs Study* accepted by the County Board in February 2018. While I have served on the Consortium's Steering Committee, the Washington County Economic Development Agency Director has served on the Access to Employment Workgroup. Related, the Director of Housing Assistance and Administrative Services has served on the Access to Community and the Region Workgroup. Seeking to ensure that our Board, our staff, and our neighbors are aware of the County's mobility efforts, the CDA has facilitated multiple presentations and engagement processes with our Board, staff, and our neighbors across the County. ***Our organizational mission and work, as well as our active role in the County's mobility efforts informs our comments and recommendations.***

### **Unaddressed Gap: Employment-related transportation**

As an organization that dually provides safe and affordable housing that low-income working families call home and also supports the economic growth afforded by both small businesses and major employers, we are deeply concerned that the Draft Plan does not speak to the transportation barriers that constrain persons with disabilities and/or low-income families from pursuing and retaining employment.

Although Metro Transit provides express and fixed-route service in Washington County, the viability of these services as a connection to work in either the Twin Cities or in the County is highly constrained. Express services are largely limited in their usefulness to those who work “traditional 9 – 5” schedules, an approach that does not allow for the schedules most commonly associated with entry-level jobs. For those who do not live or work in the western portion of Washington County, fixed-route service is largely inaccessible.

Much of Washington County falls outside the federally-mandated ADA Service Area for Metro Mobility. Thus, trips to work that begin or end outside the federally-mandated Service Area are not guaranteed, but, are instead, placed on stand-by. Further challenging timely and regular attendance at work, Transit Link- which offers vital services to individuals throughout the County- is also capacity constrained.

The impact of these barriers is clear. With very few options for connecting to employment via express commuter services, fixed-route, or demand-response services, small businesses, major employers, *and their potential employees* cite chronic challenges in accessing and retaining employment. Able to patch together options initially, many low-income residents of Washington County are unable to maintain employment as these informal networks are often not flexible or sustainable over the long-term.

**We would recommend the following strategies, activities, and projects that will address employment-related gaps be added to the Plan:**

- **Per the February 2018 *Washington County Transit Needs Study*, the County Board adopted the implementation of “site-specific shuttles” as a specific strategy.**

Described as “last-mile connections for major employers, institutions, or retail destinations, providing a service that offers a link to and from a regional transit hub,” this approach focuses on offering the tangible connections that, in their absence, precludes or severely limits employment for persons with disabilities and low-income residents.

- **Piloting flexible microtransit options, such as demand responsive transit or pooled on-demand trips, that focus on reverse commute challenges**

Deploying microtransit pilots that focus on suburban first-mile/last-mile connections, including zone-based demand responsive transit (DRT) or pooled on-demand trips provides flexible options to respond to the specific commuting challenges that often confront persons who cannot drive and/or are unable to legally operate and maintain a vehicle.

- **Elevating vanpooling as a viable option for commuters by treating it as a core transit option, rather than as competitive *with* transit.**

While the Met Council’s vanpool program provides a vital service to the region, participation has leveled off and in fact, has fallen behind other regions that more directly invest in- and benefit from- vanpooling, according to the Shared Use Mobility Center’s *Twin Cities Shared Mobility Action Plan*. Envisioned as “competitive” with transit, Met Council-funded vanpools that travel to

downtown areas during peak hours are prohibited—a restriction initially adopted to avoid duplication of bus and rail routes.

For commuters in Washington County, however, these constraints have a perverse impact: Those unable to drive and/or those unable to legally operate and maintain a vehicle are not in danger of competing commute options, but instead, face fewer options as they are often without reliable or viable access to transit, rail, and vanpools that could connect them to work. Identified as a core transit option, outreach, engagement, and partnership efforts to reach commute destinations, such as warehouses and other locations with large numbers of entry-level jobs, should be prioritized.

Not only do these prohibitions minimize commute options in Washington County, they fail to acknowledge substantive differences between vanpooling and transit services. For low-income persons and/or individuals with disabilities, vanpooling may offer a more user-friendly option, one in which the challenges of outdoor conditions, pedestrian infrastructure, daily fare payments, and transfers between routes and vehicles are minimized. Often, traveling with the same individuals, vanpools create natural opportunities for social connectedness and support, personal relationships that often bolster the likelihood of retention and success in the workplace.

#### **Unaddressed Gap: Access to high-quality, nutritious food**

As an organization that seeks to support and enhance the quality of life of our neighbors across the County's communities, we are concerned that the *Draft Plan* does not speak to the impact of transportation on access to healthy foods for those who cannot drive and/or those unable to legally operate and maintain a vehicle. As described by the US Department of Agriculture's Economic Research Service's *Access to Affordable and Nutritious Food: Measuring and Understanding Food Deserts and Their Consequences*, "Some consumers are constrained in their ability to access affordable nutritious food... In small-town and rural areas with limited food access, the lack of transportation infrastructure is the most defining characteristic." (US Department of Agriculture- Economic Research Service. 2009. *Access to Affordable and Nutritious Foods*, v.)

**We would recommend the following strategies, activities, and projects be added to the Plan:**

- **Per the February 2018 *Washington County Transit Needs Study*, the County Board adopted the implementation of community circulators, subsidized taxi or ride hailing services, and volunteer driver programs, each strategies that might offset these critical challenges in particular locations.**

Working in collaboration with local communities, faith communities, food shelves, grocery stores, and others, deployment of these strategies may provide support to individuals who are otherwise challenged to access healthy foods.

- **Piloting trips to high-quality, nutritious foods in a partnership with Non-Emergency Medical Transportation providers, including health plans, for beneficiaries experiencing or at risk for limited food access.**

With the increased recognition of social determinants on overall health, particularly among older adults, persons with disabilities, and/or low-income families, piloting transportation to/from high-quality grocery stores, food shelves, farmers' markets, and other sources of high-quality nutritious foods in partnership with health plans may offer additional insights into the specific challenges that these trips present to older adults, persons with disabilities, and low-income individuals and the benefits that accrue when these challenges are overcome.

### **Unaddressed Gap: Support, Strengthen, and Sustain Metro Mobility**

Because the CDA owns and operates safe and affordable housing in partnership with persons with disabilities across the lifespan, we are particularly attuned to the challenges that confront the strength and sustainability of Metro Mobility as a critical transportation service.

**Drawing from the legislatively-mandated *Metro Mobility Task Force Report*, we recommend that each of the following elements should be integrated into the Plan:**

- **Facilitate collaboration between DHS and Metro Mobility by modifying Data Practices language to allow the agencies to share available non-medical data for limited purposes, including leveraging available federal funding.**

Currently, DHS and Metro Mobility are not able to share client information, so it is not possible to fully understand the clients involved, the programs they are enrolled in, the prevalence of Metro Mobility ridership, and the scope of federal funding lost. Having authority to share the information is a critical first step in understanding the return on investment and general approach to designing a new program structure and associated policies and procedures.

- **Explore creating a service specifically for DHS/County-waivered clients and medical assistance transportation program**

DHS programs are bound to federal "usual and customary" charge requirements, meaning a provider cannot charge more for a covered client than what is charged to other customers. It is possible and legal for Metro Mobility to charge more if the service provided is a higher level of service than service offered to other customers paying the public transit fare.

- **Pilot the expanded service options approach**

Within the Report, the Task Force proposed integration of taxi services and transportation network companies as expanded service options under the umbrella of Metro Mobility. With Metro Mobility continuing to provide the federally-compliant base services, the Task Force recommended implementation on a pilot basis and advised targeting the 30% of Metro Mobility trips that serve residents outside of the federally-mandated ADA area. While Metro Mobility will continue to provide critical safety net services in Washington County, both inside and outside of the federally-mandated service area, increasing access to a wider ecosystem of shared mobility options can fill gaps in times and places when these options are not available—particularly during peak hours. These additional options will support greater autonomy, independence, choice, and dignity among those persons with disabilities eligible for Metro Mobility.

### **Unaddressed Gap: Emerging opportunities to innovate services that parallel the travel needs of older adults, persons with disabilities, and low-income residents, including those in adjoining non-urban counties**

In its 2017 *Social Determinants of Health Series: Transportation and the Role of Hospitals*, the American Hospital Association identified that transportation barriers were the third leading cause of missing a medical appointment for older adults. While the mobility management efforts of some of the region's TCAPs aim to assist older adults in understanding whether their private or publicly-funded health plans offer a transportation benefit, significant challenges remain as Medicare does not. Because the political boundaries of counties and transit services do not necessarily match or mesh with where and when individuals need to travel, piloting and documenting innovations that reduce barriers to care- including those that cross county lines and transit service areas- should be included as a strategy in the Plan.

**We believe that the following recommendation should be integrated into the Plan:**

- **Pilot services that connect individuals with disabilities, older adults, and low-income residents to critical destinations in adjoining counties, including those non-urban counties outside the seven metro counties**

**Unaddressed Gap: Expanding the perspective of the Plan to include projected demographic data, thereby illustrating the transportation challenges of the future**

As a Plan intended to guide work and investment over multiple years, we would encourage the Met Council to consider and integrate data that illustrates the projected populations of targeted demographic groups across the region. Per the Minnesota State Demographer, "the most pronounced demographic shifts over the next 30 years are expected to occur in the region's five all-suburban counties... All five (suburban counties) will see their 65-plus populations more than double in that time." (**Source:** Emma Nelson. Suburbs brace for wave of older adults who want to age in their homes. *Star-Tribune*, February 13, 2016). As identified in the *Washington County Transit Needs Study*, older adults are already the fastest growing population demographic in Washington County.

**We believe that the following change, if integrated, would improve the Plan:**

- **Use both current and future demographic data and tools**

While the data cited in the Draft Plan illustrates where various demographic groups are currently aggregated, complementing this information with a future-forward view of where those most likely to encounter transportation challenges are expected to live, work, and/or play would provide a more complete picture as investments are contemplated.

In closing, as a Washington County Transportation Consortium Steering Committee member, I appreciated the November presentation of the Draft Plan by Heidi Schallberg. Leading an agency that engages and collaborates with diverse stakeholders, I also appreciate the complexity of the task and the diligent efforts of Met Council staff in developing this Draft Plan. On behalf of the individuals and families we serve, the businesses we support, and the communities with whom we partner, I appreciate the opportunity to provide these comments and recommendations.

Sincerely,



Barbara Dacy  
Executive Director

cc: Heidi Schallberg



Saint Therese  
WOODBURY

December 20, 2019

Ms. Molly Cummings, Interim Chair  
Metropolitan Council of the Twin Cities  
390 Robert Street North  
Saint Paul, Minnesota 55101

Metropolitan Council

JAN 03 2020

Received Chair's Office

Dear Ms. Cummings:

On behalf of Saint Therese of Woodbury, I am pleased to provide the following comments on the *Draft Public Transit and Human Services Transportation Coordinated Plan* released by the Metropolitan Council in November 2019. Focused on the specific transportation needs of older adults, persons with disabilities, and low-income residents, the Plan, once approved, is intended to prioritize needs, establish strategies, and guide regional investments.

***After careful review of the Draft Plan, we are concerned that the transportation-related barriers that limit talent recruitment, acquisition, and retention are not specifically identified as a gap.*** Metro Transit provides very limited express and fixed-route service *to and from* Washington County, constraining the viability of employment opportunities to which the region's residents can connect. For those who both live and work in Washington County, transportation options are even more limited as Transit Link is capacity-constrained.

**The impact of these barriers is very clear.** With very few options for connecting to employment via express commuter services, fixed-route, or demand-response public transportation, we confront chronic challenges in recruiting, employing, and retaining employee talent. **Although we offer living wage jobs and high-quality benefits,** many who express interest in employment do not apply because they cannot identify ongoing options for timely travel to and from work. **With few viable public transportation options that will flexibly connect employees to our site,** we lose talent as the patchwork of options they cobble together, including rides from family, friends, and co-workers, are not sustainable over the long-term.

**We would encourage the Council to include the following strategies, activities, and projects to address employment-related gaps in the Draft Plan:**

- **Per the February 2018 *Washington County Transit Needs Study*, the County Board adopted the implementation of "site-specific shuttles" as a specific strategy.**

Described as "last-mile connections for major employers, institutions, or retail destinations, providing a service that offers a link to and from a regional transit hub," this approach focuses on offering the tangible connections that, in their absence, precludes or limits employment.

- **Piloting flexible microtransit options, such as demand responsive transit or pooled on-demand trips, that focus on reverse commute challenges**

Deploying microtransit pilots that focus on suburban first-mile/last-mile connections, including zone-based demand responsive transit (DRT) or pooled on-demand trips, would offer an opportunity to respond to the

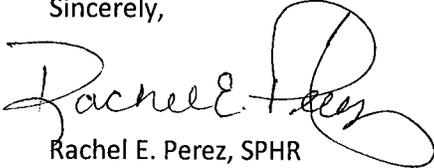
specific commuting challenges that often confront persons who cannot drive and/or are unable to legally operate and maintain a personal vehicle.

- **Elevating vanpooling as a viable option for commuters by treating it *as* a core transit option, rather than as competitive *with* transit.**

For some, vanpooling may offer a more user-friendly option, one in which the challenges of outdoor conditions, pedestrian infrastructure, daily fare payments, and transfers between routes and vehicles are minimized.

We appreciate the opportunity to provide input into this important regional Plan.

Sincerely,

A handwritten signature in black ink, appearing to read "Rachel E. Perez". The signature is fluid and cursive, with a large loop at the end.

Rachel E. Perez, SPHR  
Human Resources Director

December 26<sup>th</sup>, 2019

Ms. Molly Cummings, Interim Chair  
Metropolitan Council of the Twin Cities  
390 Robert Street North  
Saint Paul, Minnesota 55101

Dear Ms. Cummings:

On behalf of Vocational Rehabilitation Services, I am pleased to provide the following comments on the *Draft Public Transit and Human Services Transportation Coordinated Plan* released by the Metropolitan Council in November 2019. Focused on the specific transportation needs of older adults, persons with disabilities, and low-income residents, the Plan, once approved, is intended to prioritize needs, establish strategies, and guide regional investments.

***After careful review of the Draft Plan, we are concerned that the transportation-related barriers that limit talent recruitment, acquisition, and retention are not specifically identified as a gap.*** Metro Transit provides very limited express and fixed-route service *to and from* Washington County, constraining the viability of employment opportunities to which the region's residents can connect. For those who both live and work in Washington County, transportation options are even more limited as Transit Link is capacity-constrained.

**The impact of these barriers is very clear.** Because there are very few options for connecting to employment via express commuter services, fixed-route, or demand-response public transportation, the people we serve often confront chronic challenges in finding ways to get to jobs that offer living wages and high-quality benefits. Many who express interest in employment cannot identify ongoing options for timely travel to and from work. With few viable public transportation options that will flexibly connect employees to work sites, employers often lose talent as the patchwork of options they cobble together, including rides from family, friends, and co-workers, are not sustainable over the long-term.

**We encourage the Council to include the following strategies, activities, and projects to address employment-related gaps in the Draft Plan:**

- **Per the February 2018 *Washington County Transit Needs Study*, the County Board adopted the implementation of "site-specific shuttles" as a specific strategy.**

Described as "last-mile connections for major employers, institutions, or retail destinations, providing a service that offers a link to and from a regional transit hub," this approach focuses on offering the tangible connections that, in their absence, precludes or limits employment.

- **Piloting flexible microtransit options, such as demand responsive transit or pooled on-demand trips, that focus on reverse commute challenges**

Deploying microtransit pilots that focus on suburban first-mile/last-mile connections, including zone-based demand responsive transit (DRT) or pooled on-demand trips, would offer an opportunity to respond to the specific commuting challenges that often confront persons who cannot drive and/or are unable to legally operate and maintain a personal vehicle.

- **Elevating vanpooling as a viable option for commuters by treating it as a core transit option, rather than as competitive *with* transit.**

For some, vanpooling may offer a more user-friendly option, one in which the challenges of outdoor conditions, pedestrian infrastructure, daily fare payments, and transfers between routes and vehicles are minimized.

We appreciate the opportunity to provide input into this important regional Plan.

Sincerely,



Heather Felderman  
Rehabilitation Area Manager  
Vocational Rehabilitation Services  
6043 Hudson Rd, Suite #170  
Woodbury, MN 55125

# TWIN CITIES PUBLIC TRANSIT AND HUMAN SERVICES TRANSPORTATION COORDINATED PLAN



# The Council's mission is to foster efficient and economic growth for a prosperous metropolitan region

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## Metropolitan Council Members

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The Metropolitan Council is the regional planning organization for the seven-county Twin Cities area. The Council operates the regional bus and rail system, collects and treats wastewater, coordinates regional water resources, plans and helps fund multimodal transportation and regional parks, and administers federal funds that provide housing opportunities for low- and moderate-income individuals and families. The 17-member Council board is appointed by and serves at the pleasure of the governor.

On request, this publication will be made available in alternative formats to people with disabilities. Call Metropolitan Council information at 651-602-1140 or TTY 651-291-0904.

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## 1. Introduction

For people with disabilities or older adults, transportation to daily activities can be challenging. Coordinating the wide range of transportation services that may be available to individuals throughout the region into an efficient system that meets the mobility needs of older adults and people with disabilities is a long-term goal. These services from many different providers can include fixed-route buses or rail, paratransit, dial-a-ride, taxis, ride-hailing, shuttles, community circulators, and volunteer drivers.

This plan is intended to support coordination of these transportation services between public, private, and nonprofit transportation and human services providers, with a focus on people with disabilities, older adults, and people with low incomes. The plan identifies barriers and challenges faced by both riders and providers of these services and identifies strategies and potential work to be done to address these barriers.

A local Human Services Transportation and Transit Coordinated plan is a federal requirement under the Fixing America's Surface Transportation Act (FAST Act). Projects funded through the Federal Transit Administration's Enhanced Mobility of Seniors and Individuals with Disabilities program (often referred to as Section 5310) must address strategies that have been identified in a local coordinated plan. This federal funding program can be used for various projects designed to remove barriers to transportation and expand transportation mobility options for older adults and people with disabilities. Projects can include:

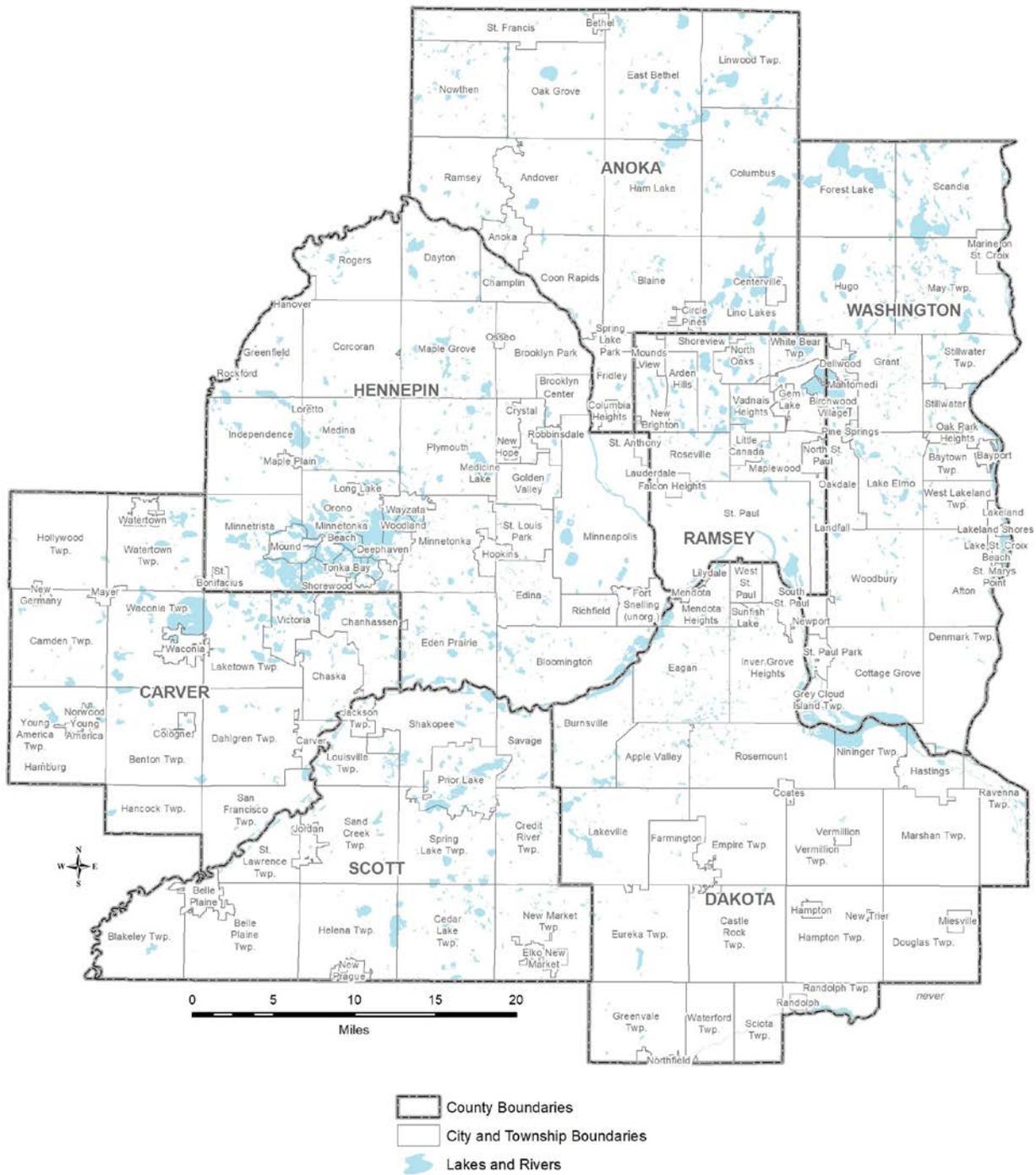
- buses and vans
- wheelchair lifts, ramps, and securement devices
- transit-related information technology systems, including scheduling/routing/one-call systems
- mobility management programs
- acquisition of transportation services under a contract, lease, or other arrangement
- travel training
- volunteer driver programs
- building an accessible path to a bus stop, including curb-cuts, sidewalks, accessible pedestrian signals or other accessible features
- improving signage or way-finding technology
- incremental cost of providing same day service or door-to-door service
- purchasing vehicles to support new accessible taxi, ride sharing and/or vanpooling programs

The plan is not intended to be an exhaustive document but to serve as a strategic tool for planning and implementing beneficial projects done by many partners within the region-

This plan identifies relevant demographics in the region and existing conditions. The plan also identifies barriers and challenges for riders and service providers and strategies to address those barriers. An inventory of known transportation providers is provided as an appendix.

The effective area covered by this plan includes the seven-county metro area as identified by Minn. Stat. sec. 473.121 sub. 2. "Subd. 2. Metropolitan area or area. 'Metropolitan area' or 'area' means the area over which the Metropolitan Council has jurisdiction, including only the counties of Anoka; Carver; Dakota excluding the city of Northfield; Hennepin excluding the cities of Hanover and Rockford; Ramsey; Scott excluding the city of New Prague; and Washington." (See Figure 1.)

Figure 1: Study Area



## 2. Demographic Profile

This section describes current data related to the mobility of older adults, individuals with disabilities and low-income residents in the Twin Cities metropolitan area. The Twin Cities region's population has increased 7.9% between 2010 and 2017. Between 2010 and 2017, Minneapolis and Saint Paul represented 28.9% of the population increase in the region.

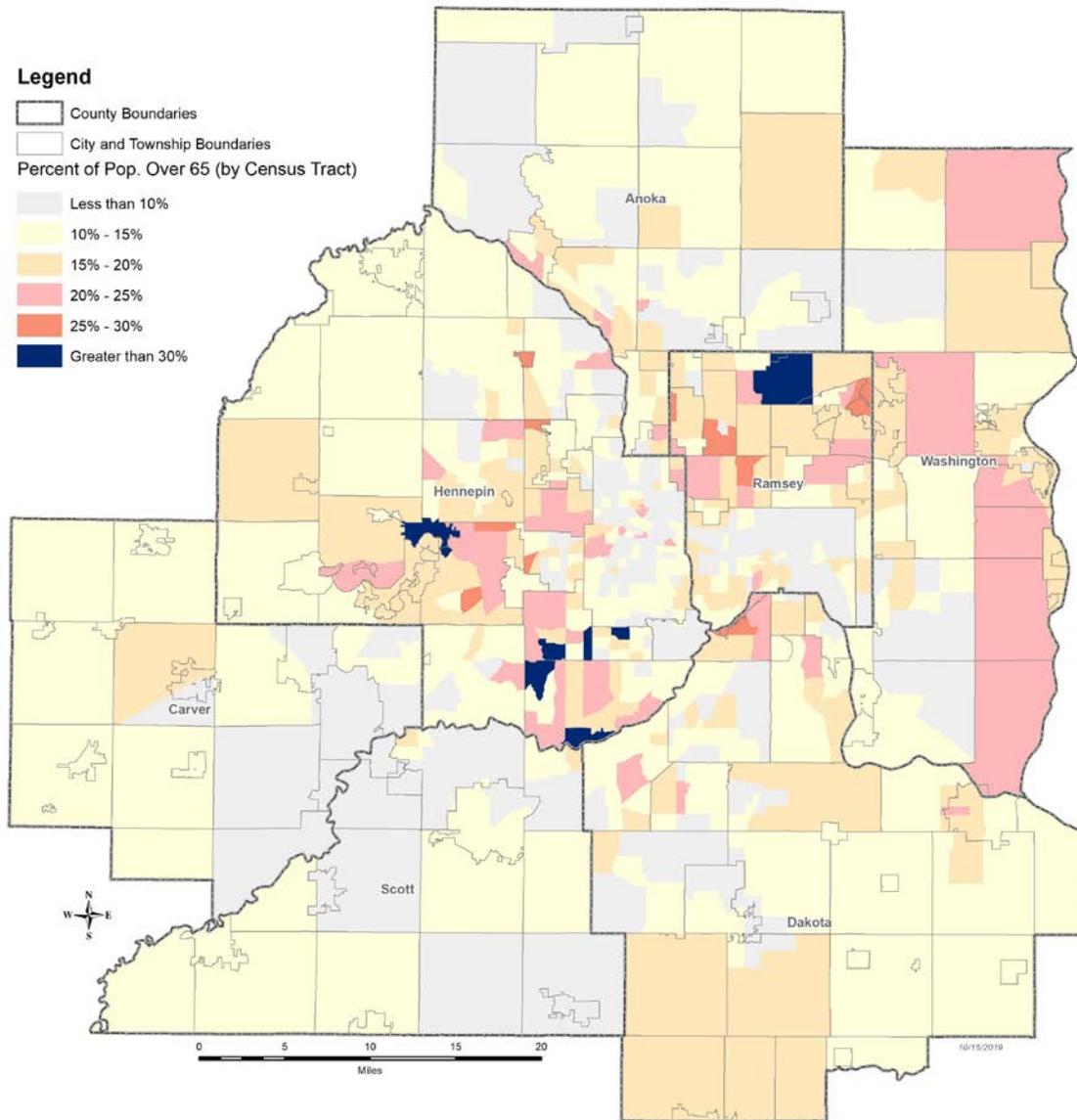
### Older Adults

The highest percentages of adults over the age of 65 are in areas within Hennepin and Ramsey Counties, as shown in Figure 2. Washington County includes several Census tracts with higher percentages of older adults. Overall this population group is growing in the region. As shown in Table 1, using data from the American Community Survey, the number of older adults is growing in each county in the region. In the region, the number of older adults grew 25% between 2010 and 2017.

Table 1: Percent of Population Over the Age of 65

	2010	2017	% Change
<b>Anoka</b>	32,232	43,117	34%
<b>Carver</b>	7,707	10,302	34%
<b>Dakota</b>	39,816	52,234	31%
<b>Hennepin</b>	130,814	158,332	21%
<b>Ramsey</b>	61,181	71,903	16%
<b>Scott</b>	10,016	13,567	35%
<b>Washington</b>	24,984	33,303	33%
<b>Metro Area</b>	306,750	382,758	25%

Figure 2: Percent of Population Over the Age of 65



[ADDITIONAL INFORMATION TO BE ADDED BY 1/22/20 FOR PROJECTED OLDER ADULT POPULATIONS]

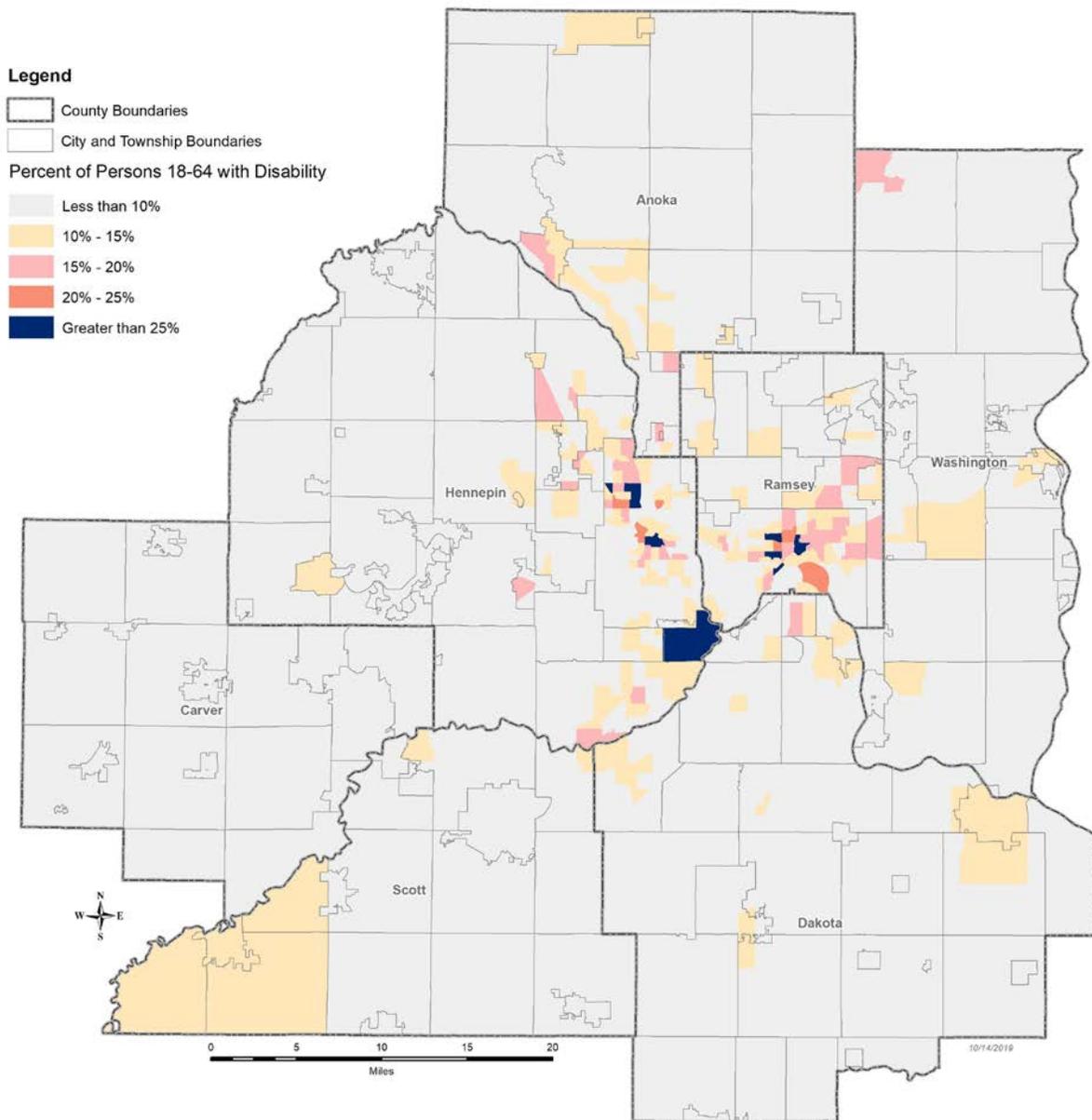
### *Individuals with Disabilities*

According to 5-year estimates for 2013-2017 from the American Community Survey, almost 10% of the region's population has a disability, with Ramsey County having the highest percentage of residents with a disability at 11.5%. Carver and Scott Counties have the lowest rates of disability. While this self-reported data does not specify if the disability impacts an individual's mobility, it can serve as an indicator that the population may need additional transportation assistance.

**Table 2: Individuals with Disabilities by County – Count and Percent of Population**

	<b>Persons with a Disability</b>	<b>Total Population</b>	<b>Percent of Total Population</b>
<b>Anoka</b>	34,464	342,522	10.1%
<b>Carver</b>	6,408	98,533	6.5%
<b>Dakota</b>	35,896	412,826	8.7%
<b>Hennepin</b>	121,099	1,215,746	10.0%
<b>Ramsey</b>	61,424	533,696	11.5%
<b>Scott</b>	10,657	139,907	7.6%
<b>Washington</b>	22,309	247,714	9.0%
<b>Metro Area Total</b>	292,257	2,990,944	9.8%

Figure 4: Persons Ages 18 to 64 with a Disability

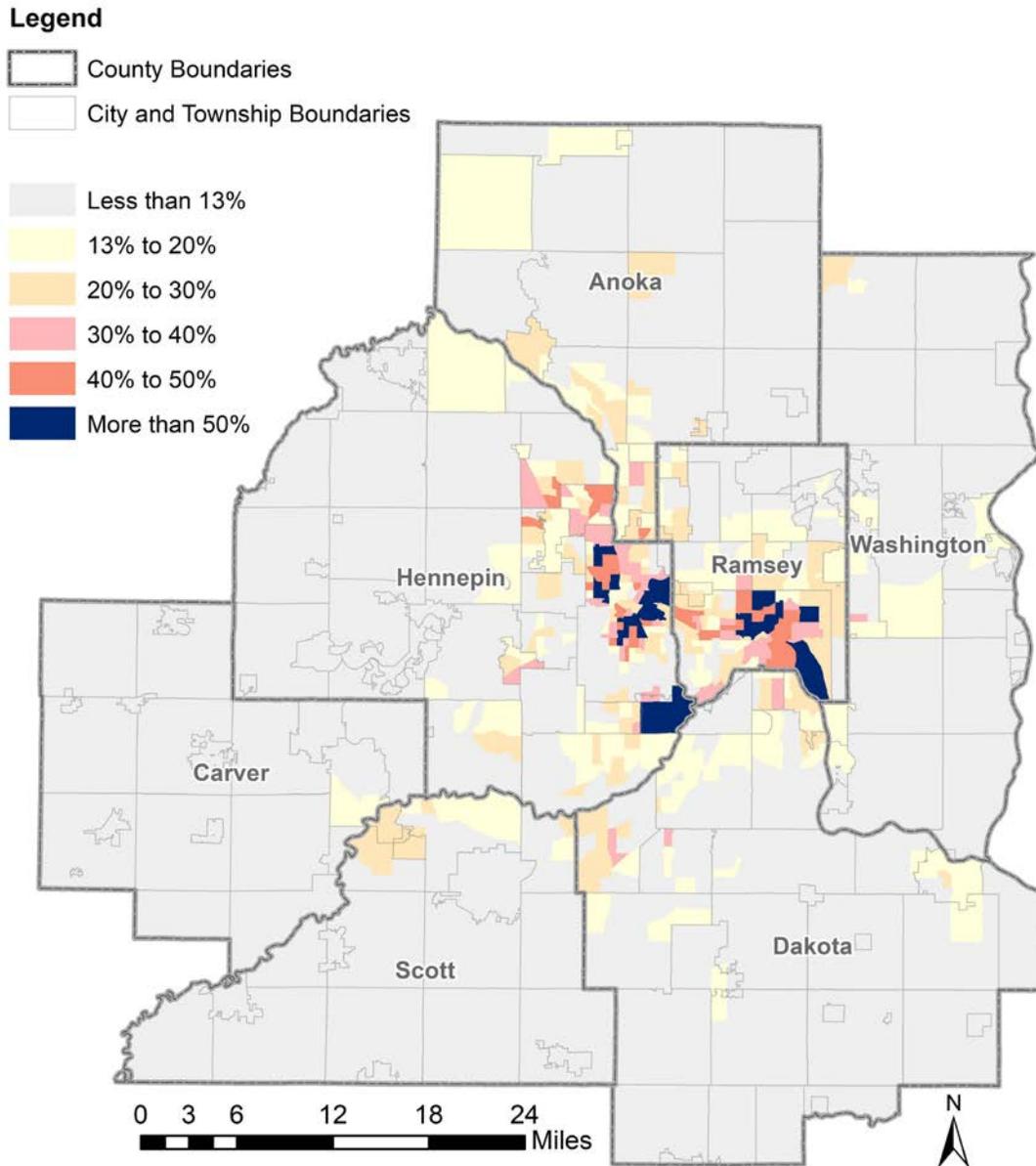


Source: American Community Survey 2013-2017 Five-Year Estimates

## Residents with Low Incomes

For the purposes of this plan, low income is defined as at or below 150% of poverty level. The areas with the highest percentages of people living with low incomes are in Hennepin and Ramsey Counties, and Carver County has the lowest poverty rates.

Figure 4: Percent of Population Living at or Below 150% of Poverty Level



Source: American Community Survey 2013-2017 Five-Year Estimates

## *Intersections of Age, Disability, and Income*

Analysis of American Community Survey data conducted by the Metropolitan Council in October 2017 found that one in every 11 residents reports living with at least one disability (about 9% of the total population). The most common disability types are ambulatory (affecting the ability to walk) and cognitive (affecting the ability to remember, concentrate, and make decisions). The October 2017 report, [Understanding Disparities by Ability Status in the Twin Cities Region](#), highlights the connection for area residents between having a disability and income status, employment, and age. Older adults are more likely to live with disabilities. People with disabilities are less likely to be employed or employed full-time and are more likely to have lower earnings or live below or near poverty levels.

The area's number of older adults will more than double between 2010 and 2030 and will continue to grow through 2040, according to the regional forecast for 2040. Older adults are more likely to live with disabilities. If the likelihood of disability with age does not change, the region will have around 60% more adults with disabilities in 2040.

There are also differences in disability status by race and ethnicity. The Council's analysis of American Community Survey data from the U.S. Census Bureau found that about one in every six American Indian residents report having a disability, which is the highest rate in the region; 17.2% of American Indian residents reported having a disability, while they were only 0.5% of the region's total population. Black residents have the second highest rate of disability in the region with 13.3%.

There are also differences in employment and income for people with disabilities. The Council's analysis of American Community Survey data found that two in every five residents with disabilities are not working, compared with one in every 15 people without disabilities. Almost twice as many people with disabilities are actively seeking work than people without disabilities – one in every 14 people with disabilities reported being unemployed and seeking work. A resident with a disability is more than three times more likely to have no earnings from work than a person without a disability. Employment status can be a result of the type of disability someone has, which may prevent them from working. Other people with disabilities may encounter discrimination in seeking employment. Inconsistent or unreliable transportation can add to challenges with finding and maintaining employment.

Like work status, earnings only tell part of the story. People without earnings from paid employment may have other sources of income, such as government programs that provide alternative sources of income.

Poverty rates, calculated by using an individual's total income, can provide a more holistic picture of economic well-being. Disparities based on ability status extend to poverty rates as well: one in every five people with disabilities in the region had incomes below the federal poverty level in 2011-2015. In contrast, only one in every 10 people without disabilities live in poverty. In other words, people with disabilities are more than twice as likely to live in poverty than residents without disabilities in the region.

## *Households without Vehicles*

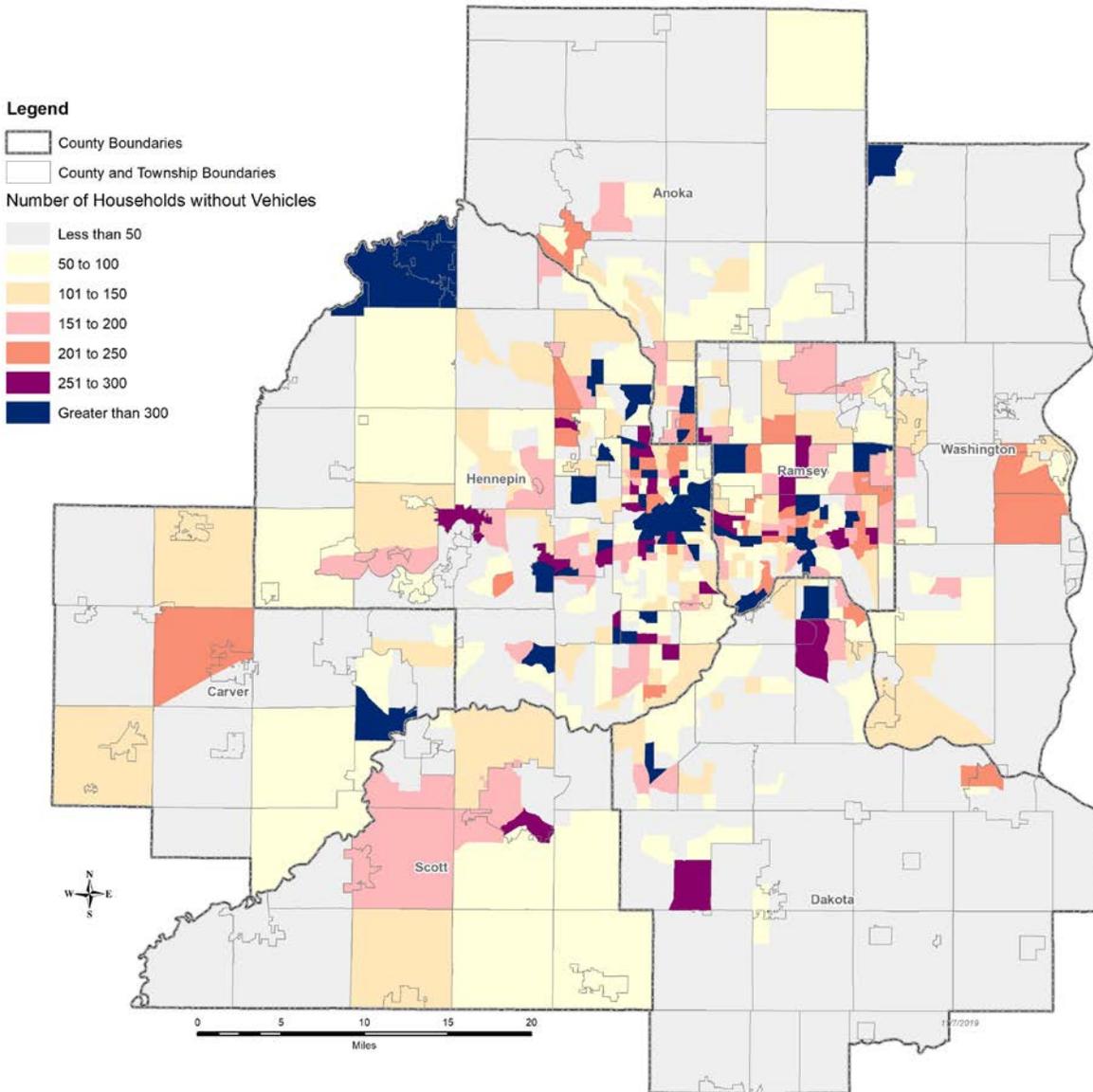
The percent of the region's households without a vehicle remained the same at 8% between 2010 and 2017, as shown in Table 3. Ramsey County has the highest rate of households without vehicles at 11%.

Table 3: Number of Households Without a Vehicle, 2010-2017

	2010	2017	% Change	Percent without Vehicle 2010	Percent without Vehicle 2017
<b>Anoka</b>	4,788	6,027	26%	4%	5%
<b>Carver</b>	784	1,317	68%	2%	4%
<b>Dakota</b>	6,175	6,805	10%	4%	4%
<b>Hennepin</b>	49,498	50,265	2%	10%	10%
<b>Ramsey</b>	22,589	22,232	-2%	11%	11%
<b>Scott</b>	1,256	1,606	28%	3%	3%
<b>Washington</b>	2,856	2,752	-4%	3%	3%
<b>Metro Area Total</b>	87,946	91,004	3%	8%	8%

The number of households without vehicles increased the most in Carver County, with a 68% increase, followed by Scott and Anoka Counties with increases of 28% and 26% respectively. Both Hennepin and Ramsey Counties remain the two counties with the highest percentages of households without vehicles. These are also the counties with the great levels of fixed-route transit service, which can make it less necessary to have access to personal vehicles.

Figure 5: Number of Households Without a Vehicle



Source: American Community Survey 2013-2017 Five-Year Estimates

### 3. Existing Conditions

Transportation is provided in many different forms in the region, with many different organizations having some involvement in providing transportation services in the region for older adults and people with disabilities. The main types of transportation services include:

**Fixed-route transit** on a regular schedule and route by any size of vehicle

**Demand-response transportation** provided on request from a rider

Other related services include travel training, which helps people learn how to use fixed-route transit, and financial assistance, such as transit passes provided to individuals to help them access transportation.

#### *Fixed-Route Transit Service*

Fixed-route service is primarily provided by the Metropolitan Council and the suburban transit providers in the communities within the seven-county region where a property tax is levied to pay for transit capital needs – this is called the Transit Capital Levy District. This district is established in state law but has changed as growing communities desire transit services and request to be included, most recently adding Lakeville, Forest Lake, Columbus, and Maple Plain. The services of each agency, while independent, work together to provide a cohesive, comprehensive regional system.

The Metropolitan Council operates the largest transit system in the state, Metro Transit, which includes a network of buses, light rail and commuter trains as well as resources for people who carpool, vanpool, walk or bike. Metro Transit provided 86% of the more than 94 million transit trips made by people in the region in 2018.

Metro Transit operates two light rail lines: The Blue Line connects destinations between downtown Minneapolis and the Mall of America in Bloomington, and the Green Line connects destinations between downtown Minneapolis and downtown Saint Paul. The transit agency also operates the NorthStar commuter rail line, a 40-mile route connecting Big Lake in Sherburne County with downtown Minneapolis.

Another division of the Metropolitan Council, Metropolitan Transportation Services, contracts regular-route service with private bus companies. These routes are approximately 10% of the fixed-route service provided by the Metropolitan Council. These contracted routes are typically suburban local or express routes with lower productivity that provide important coverage.

The region also has four suburban transit providers – Maple Grove Transit, the Minnesota Valley Transit Authority (MVTA), Plymouth Metrolink, and SouthWest Transit – which serve 12 suburban communities. These suburban transit providers carried more than 5.1 million riders in 2018. The Minnesota Valley Transit Authority serves the residents of Apple Valley, Burnsville, Eagan, Prior Lake, Rosemount, Savage, and Shakopee. SouthWest Transit communities include Chaska, Chanhassen, and Eden Prairie.

The University of Minnesota operates shuttle buses between its two campuses in Minneapolis and Saint Paul. This service provided over 4 million rides in 2018.

The regular route transit system serves each county in the seven-county region, with more frequent and longer service (in evenings and early mornings) concentrated in the urban areas of Hennepin and Ramsey Counties. Figures 6 through 9 show overall route coverage.

Figure 6: Twin Cities Metro Area Regular Route Service

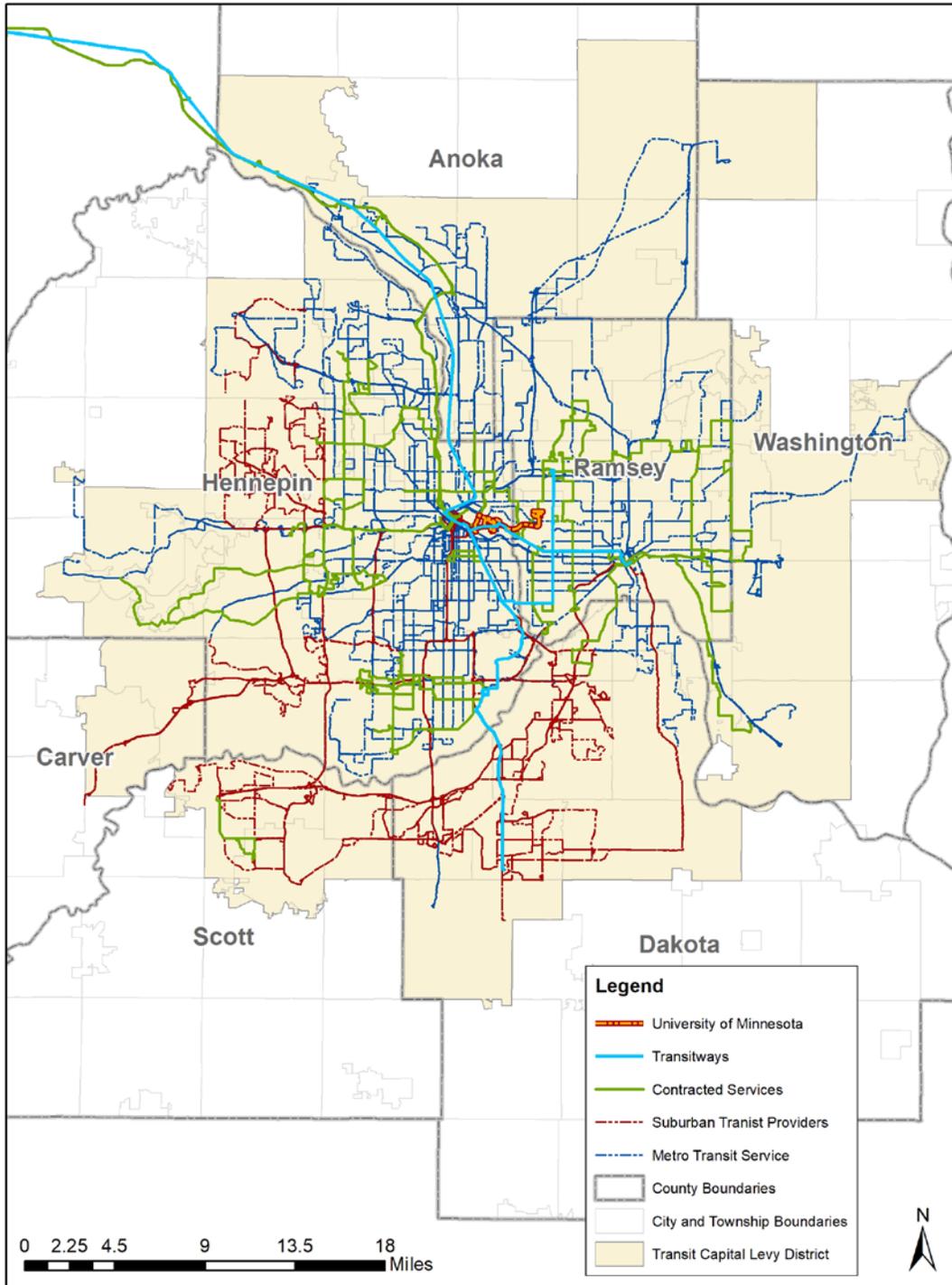
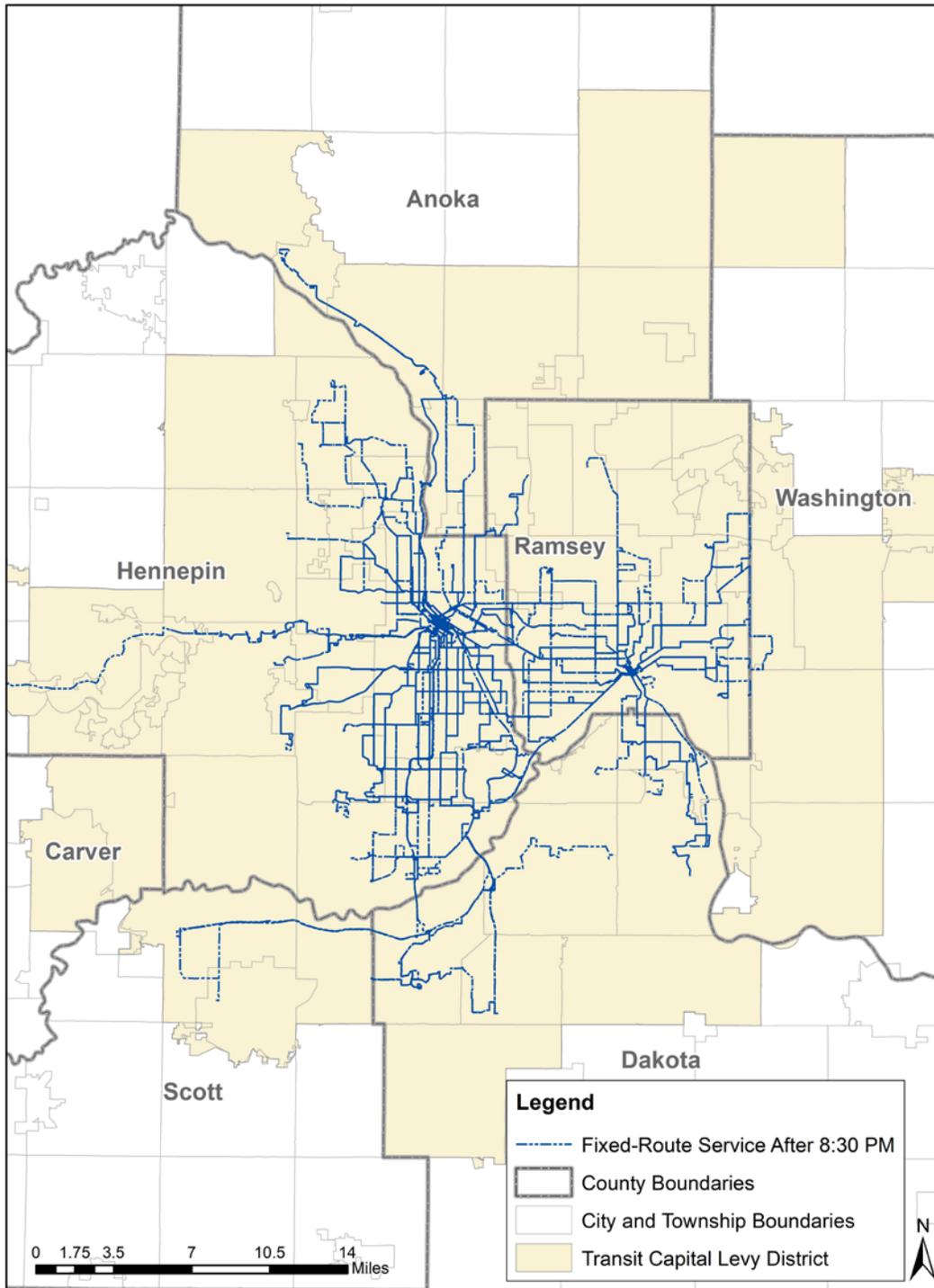
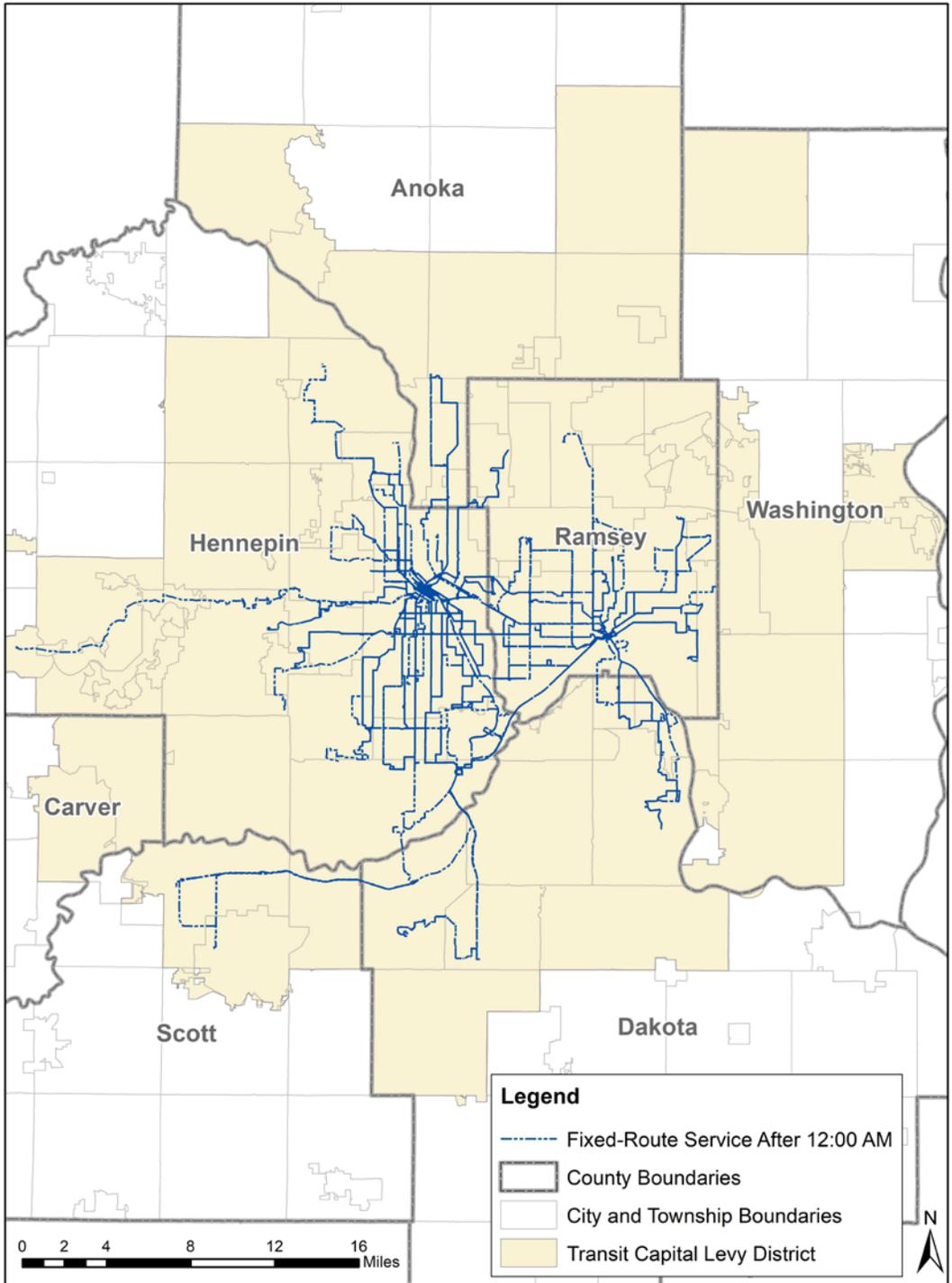


Figure 7: Twin Cities Metro Area Service After 8:30 P.M. on Weekdays



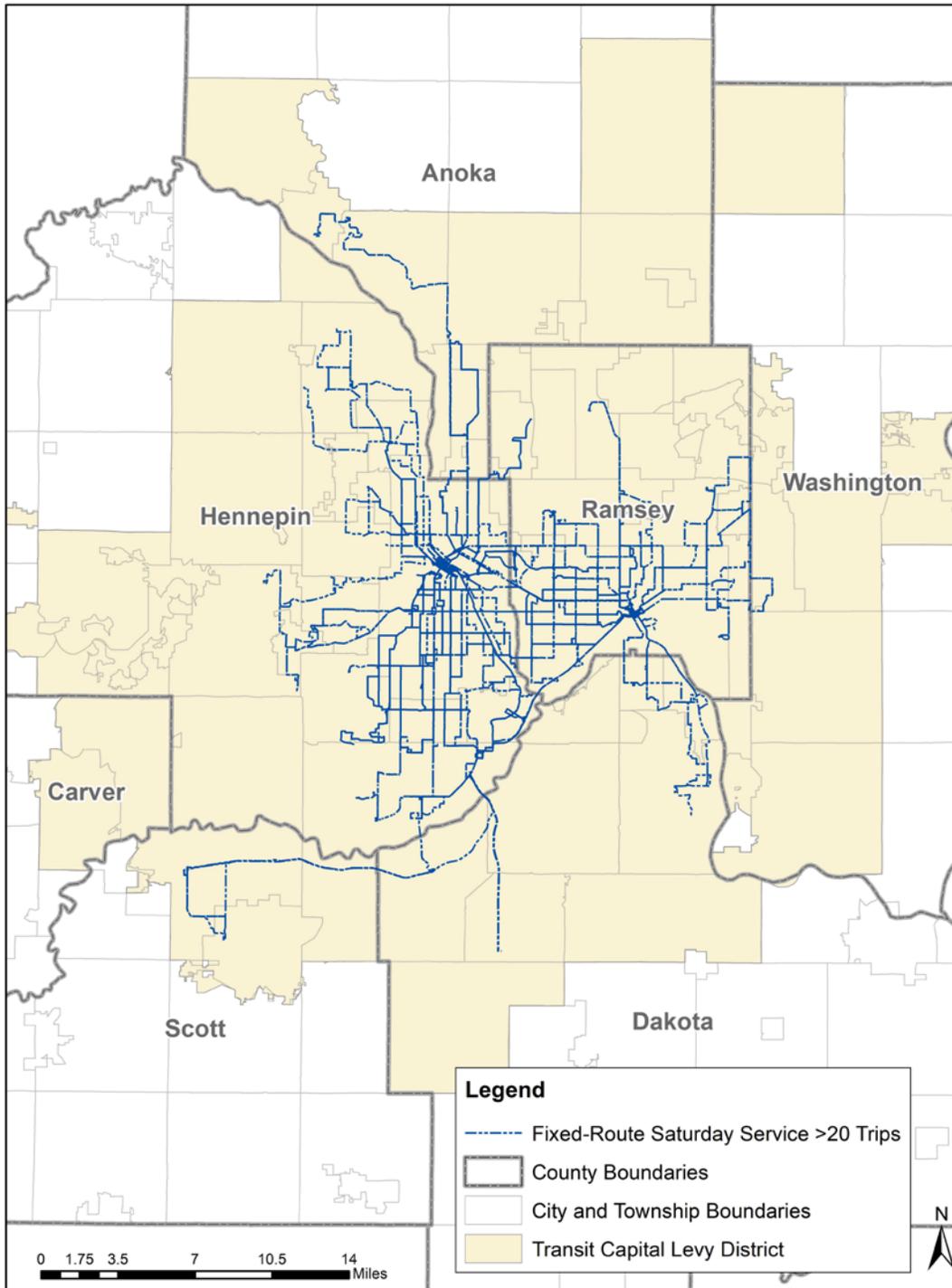
Source: Metropolitan Council, Metro Transit

Figure 8: Twin Cities Metro Area Service After Midnight on Weekdays



Source: Metropolitan Council, Metro Transit

Figure 9: Twin Cities Metro Area Frequent Saturday Transit Service



## **Improving Transit Affordability**

In 2017, Metro Transit created the Transit Assistance Program (TAP) to help make public transit more affordable for people with low incomes. Individuals who certify as having low incomes can pay \$1 fares on all regular-route transit service for a period of 365 days; partial discounts are available on Northstar commuter rail. TAP does not apply to fares charged for Transit Link or Metro Mobility rides. Individuals with disabilities, such as those who are certified to ride Metro Mobility or who have Limited Mobility ID cards, are eligible for similar reduced fares on regular-route transit service or discounts on NorthStar commuter rail. These discounts are not available for Transit Link service. During non-rush hours, older adults (65 or older) are also eligible for \$1 fares on regular-route transit service.

## ***Metro Mobility – Americans with Disabilities Act Paratransit Service***

Metro Mobility is a public transportation service for Americans with Disabilities (ADA) certified riders who are unable to use regular fixed-route buses, either some or all the time, due to a disability or health condition. Service parameters are strictly regulated by Federal and State laws. Rides are provided for any purpose and are complementary to fixed-route transit service routes and schedules. Drivers escort every passenger from the first entry door at their pickup through the first entry door at their destination. The Metro Mobility Service Center manages the service by determining eligibility and administering contracts with public and private transportation providers who deliver the direct services. The providers are responsible for hiring drivers, maintaining vehicles and scheduling and delivering client rides.

Metro Mobility provides service in areas served by all day local fixed-route transit service and beyond to cover the area designated by the state Legislature as the Transit Capital Levy Communities. Service hours are adjusted as changes are made to the regular fixed-route transit schedule. The Metro Mobility Service Area is shown on Figures 10 through 12 for weekday, Saturday, and Sunday service. Metro Mobility uses different providers for the service throughout the region, and these service areas are shown on Figure 13.

On an average weekday, Metro Mobility provides more than 8,000 rides, and about a third of those rides are for people who use wheelchairs or other mobility devices. In 2018, Metro Mobility provided 2.38 million rides to more than 20,800 active riders who are certified to use the service. Between 2013 and 2018, Metro Mobility ridership increased 30%, or an average annual growth of approximately 6% over each of the past five years.

## **Door-through-Door Service**

Metro Mobility drivers assist riders between the vehicle and the first entry door of the pick-up and drop-off. This assistance can include support when walking or pushing a wheelchair. Drivers are not permitted to go beyond the first entrance of any building. Riders who need additional assistance may bring a personal care attendant to ride with them at no charge.

## **Eligibility Guidelines**

Under the federal guidelines established by the ADA, individuals may be eligible if any of the following conditions apply:

- A person is physically unable to get to the bus because of their disability or health condition within an area that the fixed route serves.
- A person is unable to navigate the regular fixed-route system because of their disability.
- A person is unable to board or exit the bus at some locations because of their disability.

Figures 10 through 12 reflect current Metro Mobility service levels as of March 2018. These levels are subject to change as fixed-route service changes occur.

Figure 10: Metro Mobility Weekday Service Area

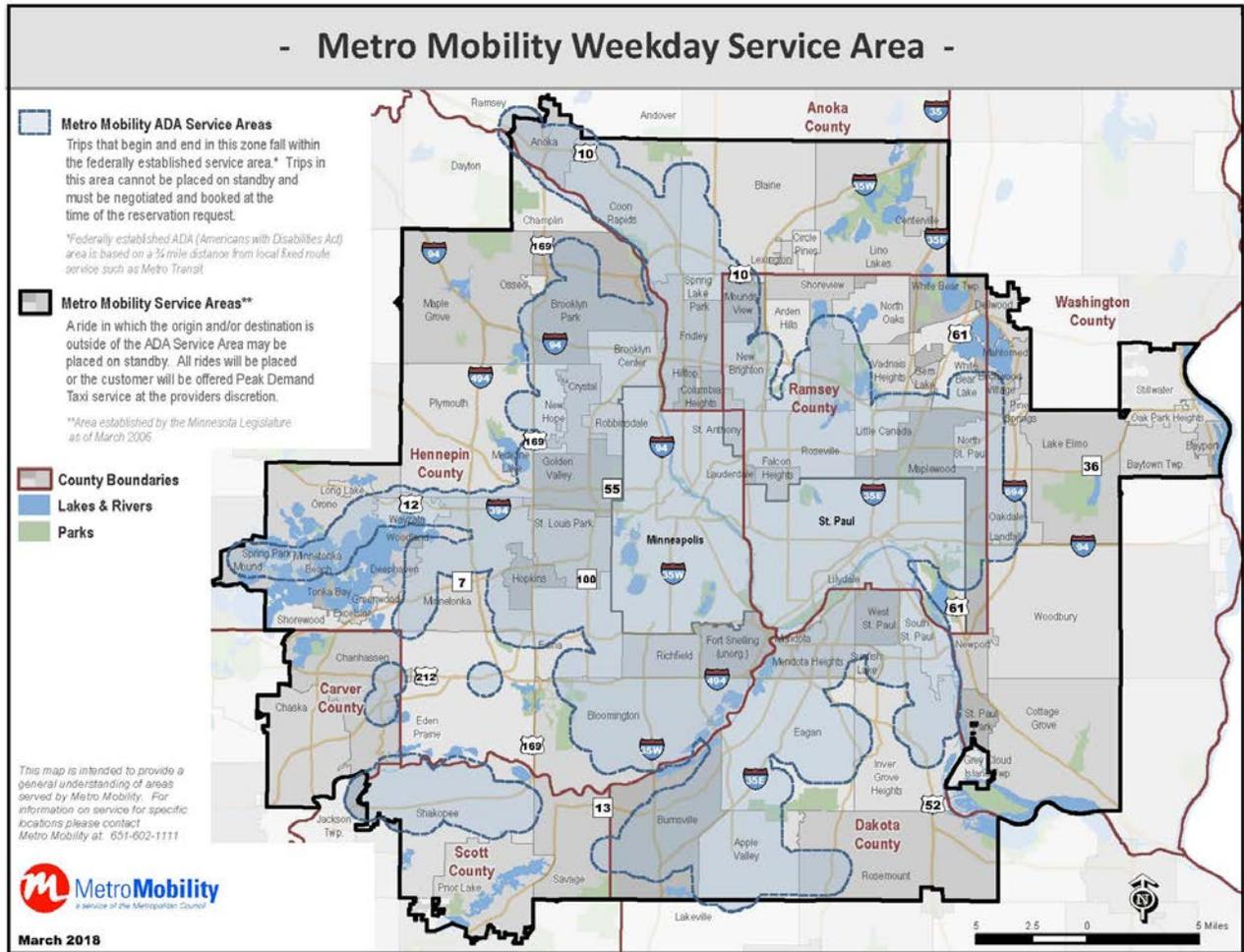


Figure 11: Metro Mobility Saturday Service Area

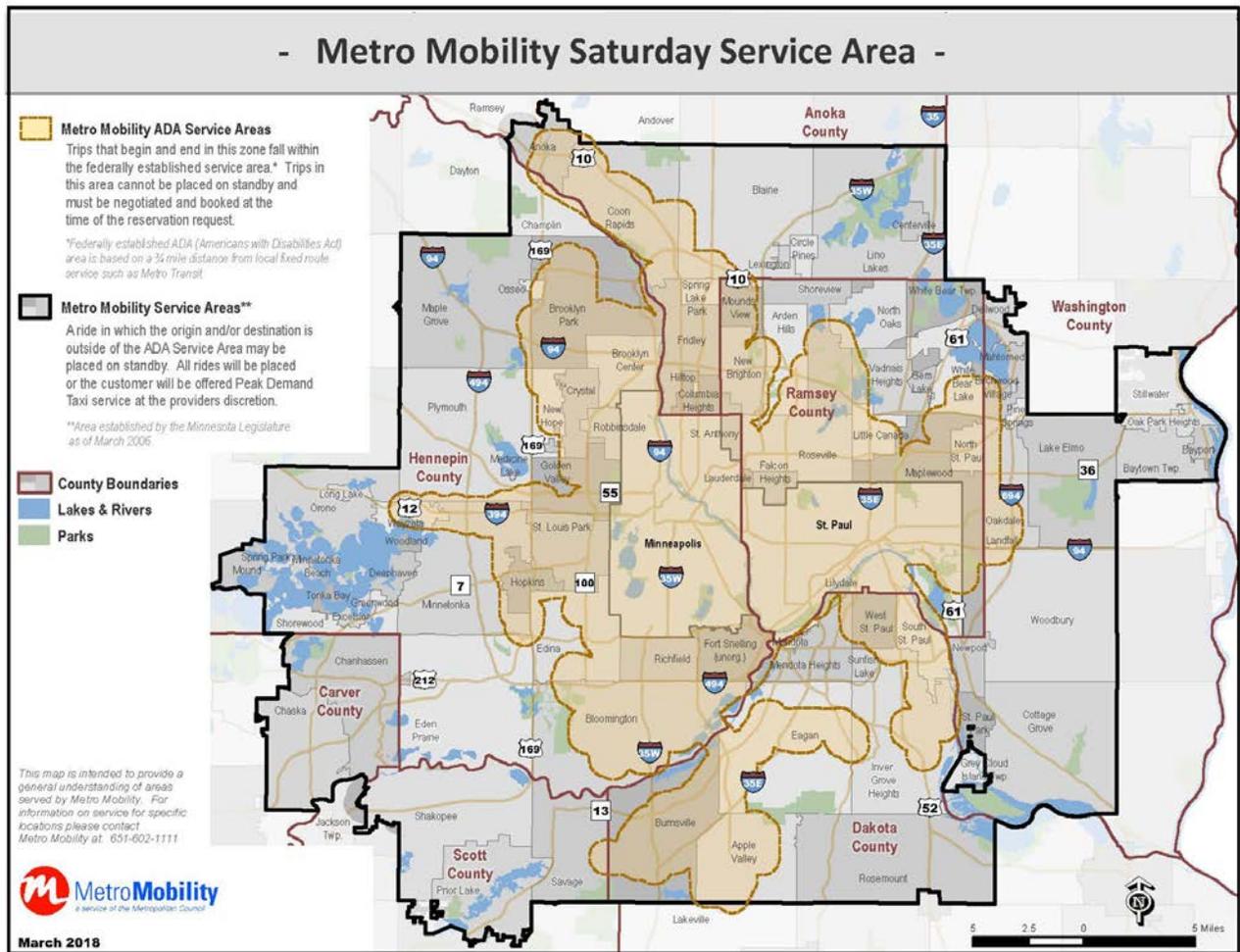


Figure 12: Metro Mobility Sunday Service Area

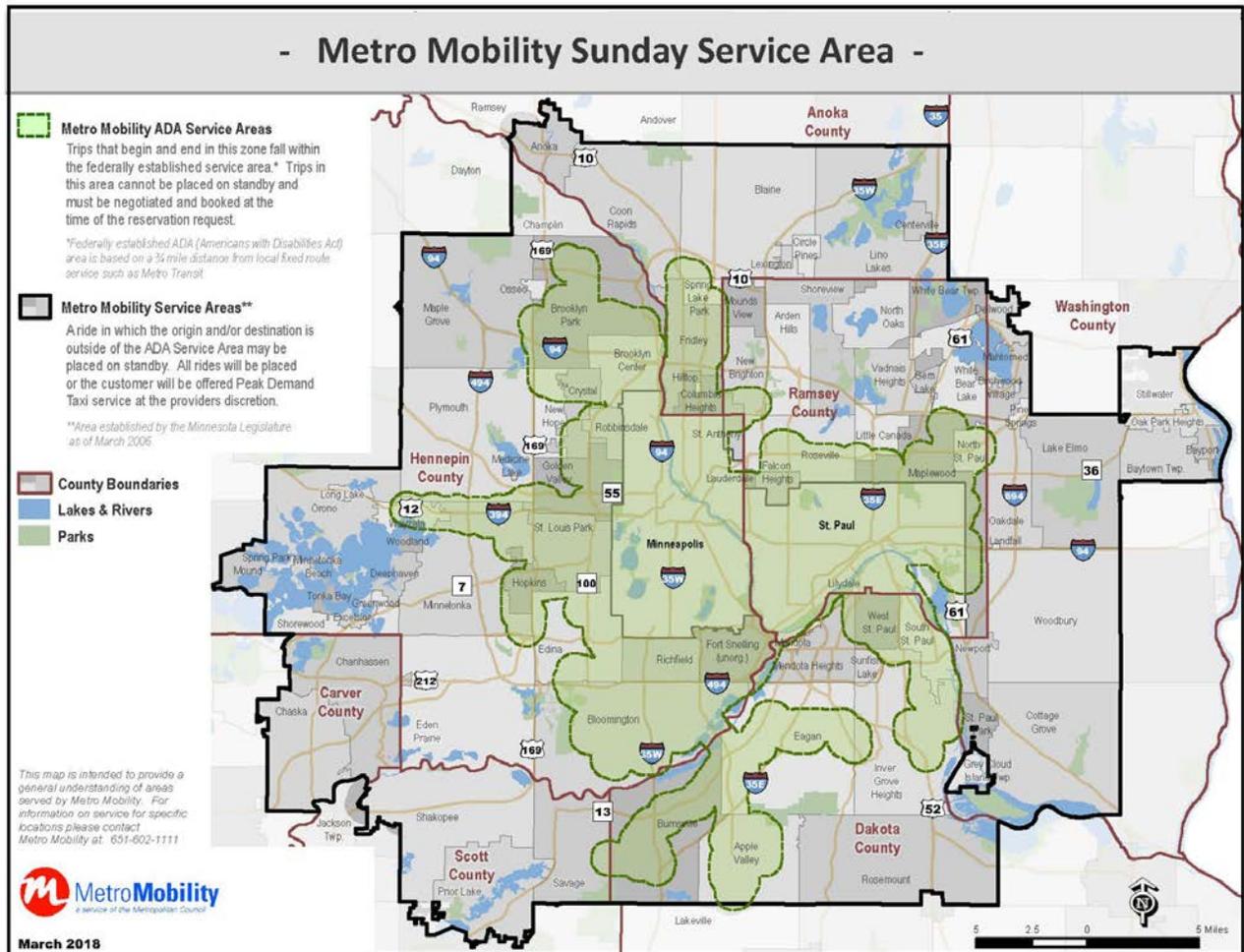
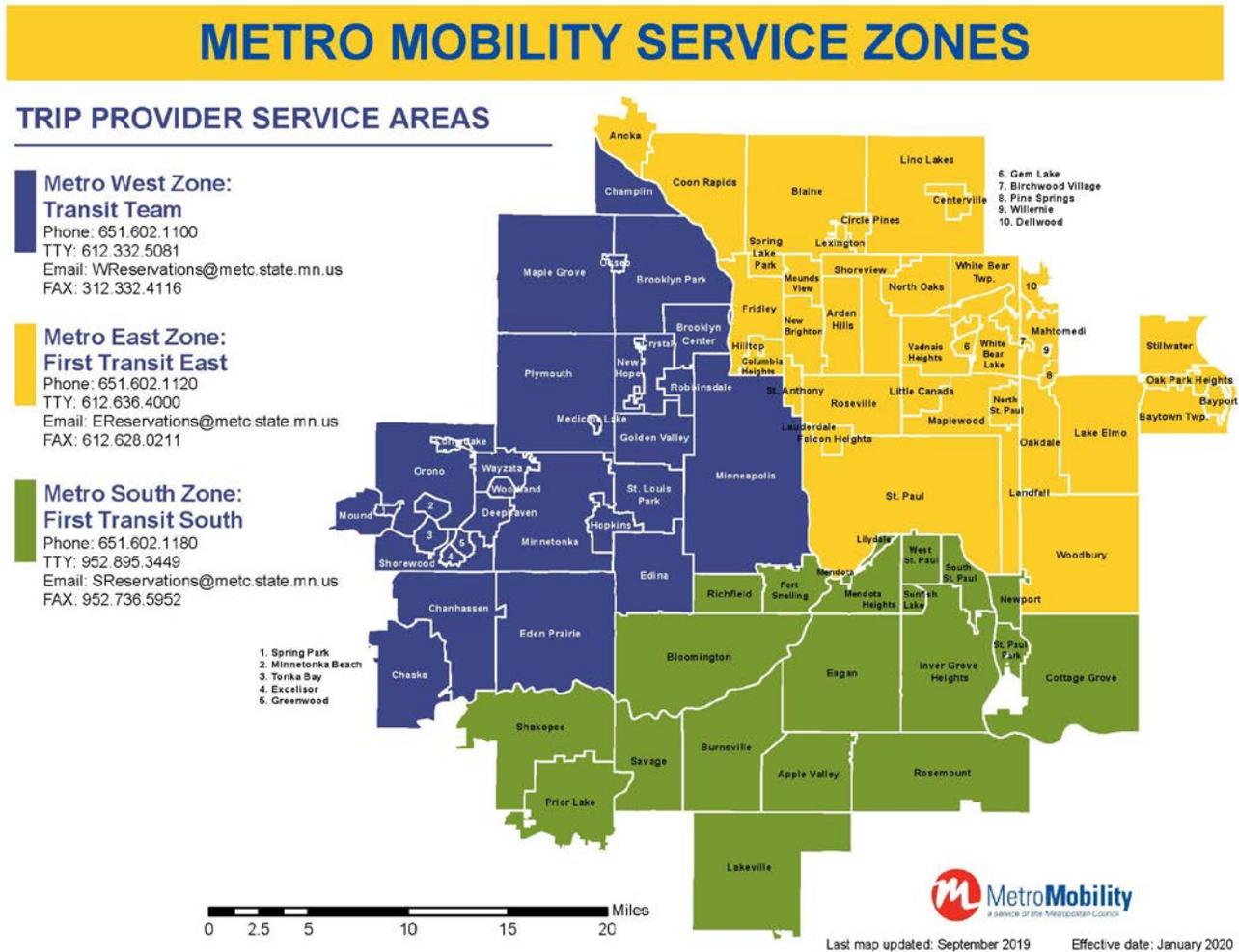


Figure 13: Metro Mobility Provider Service Areas



## Improvements

In 2017, the Minnesota Legislature created a [Metro Mobility Task Force](#) to examine ways to improve services, limit costs, and improve efficiency. The task force was also directed to look at potential service approaches that could integrate optional taxi or ridehailing (e.g. Uber, Lyft) services. Task force members included representatives appointed by each of the seven counties in the region; representatives of the disability community, the Metropolitan Council, and state agencies; and representatives of transportation providers, including taxis, Uber, and Lyft.

In 2018, the task force made recommendations for the system that would include more service options, maximize all potential funding sources, and meet the needs of people with disabilities and comply with federal and state requirements. The task force made recommendations for both the Metropolitan Council and the state Legislature. Some of the key recommendations included to study and invest in technology innovations, such as a single-point reservation system; to pilot and promote on-demand service; and to evaluate options for increased flexibility with non-ADA trips on Metro Mobility. Details about the recommendations are available in [the task force report](#).

In 2019, the Minnesota Legislature provided separate funding for Metro Mobility with structural changes in the budget. Before this change, Metro Mobility was funded together with fixed-route transit services, and the increasing demand for Metro Mobility's services put pressure on the budget available for fixed-route services. Legislation also provided for data sharing between the Council and the Department of Human Services to enable the Council to seek federal reimbursement for eligible Metro Mobility rides.

### *Transit Link*

Transit Link dial-a-ride service is a shared-ride minibus or van service for the general public in the seven-county metropolitan area. With the introduction of Transit Link in 2010, the Council phased out annual subsidies to community-based dial-a-ride programs and replaced it with a coordinated and uniform program available regionwide. Transit Link service generally operates outside areas covered by regular route transit. Unlike Metro Mobility services, the use of Transit Link service does not depend on any personal information to determine eligibility. ADA-certified riders may also use the service. Trips must be scheduled in advance, and each request is evaluated for eligibility in order to avoid duplication with fixed-route service options. Trip requests that can be accomplished on fixed routes are not eligible on Transit Link. If either the origin or destination is more than  $\frac{1}{4}$  mile from a stop in the winter and more than  $\frac{1}{2}$  mile from a stop in the summer, the trip will qualify for Transit Link for at least a portion of the trip. Transit Link makes connections with regular-route service at transit hub facilities. ADA certified riders are eligible for door-to-door service, and if the trip has a fixed-route solution within the prescribed walking distance the customer will be required to book the trip with Metro Mobility. Services are provided on weekdays from 6:00 AM until 7:00 PM. See Figure 14 for service area and hubs.



## **Medicaid / Medical Assistance (MA)**

There are 94 identified transportation contractors who provide Medical Assistance transport in the Twin Cities region. Medical Transportation Management (MTM) began providing non-emergency medical transportation to the seven-county metropolitan area in 2004 under a state contract with the Minnesota Department of Health Services. In 2009, through Minnesota state legislation, the non-emergency transportation responsibility was passed from the state to the counties. The Minnesota Metro Counties Consortium (MCC) then began contracting with MTM to broker transportation services in the metropolitan area. Scott and Carver counties also coordinate Medicaid transportation services.

## **Private Non-Profit Providers**

In addition to public transit dial-a-ride services, there are numerous providers in the region operating demand response services for their own clients. These services can be notably difficult to inventory, since many are simply a van provided by a place of worship, living facility or social service agency to allow their clients access to their facilities, or attend medical or other services. These private providers can include:

- Day training and habilitation programs
- Community centers
- Senior centers
- Assisted living centers
- Adult day facilities
- Life skills centers
- Kidney dialysis centers
- Medical clinics
- Faith-based organizations and facilities

These social services agencies typically only offer services for their respective clients and maintain a limited geographic range for transportation.

## **Volunteer Driver Programs**

Many small non-profits in the region offer transportation services for their clients by seeking volunteer drivers to fill that role. The volunteers are screened with background checks to ensure client safety. The drivers often drive their own vehicles and are reimbursed by mileage or drive an agency vehicle. Some, though not all, of these agency vehicles are lift equipped to handle clients' mobility devices. Services for most volunteer driver programs are limited in geographic range, with many typically offering trips to or from Minneapolis to a specific list of cities/townships within a defined range. Some programs define eligible trip purposes, while others do not. Common trip purposes may include destinations such as medical appointments, grocery errands, and community centers.

## **Pilot Projects**

In 2019, Dakota County started a pilot program to use Lyft services for on-demand rides for individuals with disabilities for trips to and from employment. Eligible individuals use Home and Community Based Service (HCBS) waivers and have a Dakota County case manager. Lyft credits are authorized each month to eligible individuals. This pilot program is supported by a Department of Human Services (DHS) Innovations Grant, and Lyft funds are funded through the individual's waiver. In the fall of 2019, Dakota County also allowed rides for individuals to use Lyft to also access community activities. Lyft does not currently offer the use of wheelchair-accessible vehicles in the area, so Dakota County is using a taxi vendor with accessible vehicles to provide that service.

SouthWest Transit is launching a pilot project, SW Prime MD, in 2019 to provide public transit non-emergency medical transportation for medical facilities in Eden Prairie, Chanhassen, Chaska, Carver, and Victoria; Ridgeview medical facilities in Waconia and ~~Excelsior~~Chanhassen; and medical facilities in some areas of Minnetonka and Edina. Rides to medical appointments can be scheduled up to 14 days in advance, and return trips are on demand. The project is supported with an FTA Access and Mobility Partnership grant.

In 2019, Washington County started two ride-hailing pilot projects using Lyft. One project serves individuals and families receiving Child and Adult services through its Community Services Division. At the discretion of social workers, individuals and families receiving these services may use Lyft for transportation to court appearances, therapy services, medical appointments, and other community destinations. The second pilot is expected to begin with Lyft in November 2019 and is a partnership with Anoka County and Rise, Inc., a Day Training and Habilitation provider that will use waiver funds to pay for the transportation services.

In 2019, Washington County partnered with Transit Link and Fairview Lakes Medical Center in Wyoming, a community in Chisago County, in a small-scale pilot. Because Transit Link's capacity is limited, Fairview Lakes and Washington County have agreed to consolidate as many appointments as possible on Wednesdays and Thursdays for Forest Lake residents to increase the likelihood that these residents will be able to access transportation for medical appointments.

Metro Mobility launched a pilot program in 2019 with Lifeworks to support Day Training & Habilitation (DTH) transit needs beyond the level currently provided by Lifeworks. Under the program, the Council will subsidize the expenses of up to three buses with Lifeworks owning, scheduling rides, maintaining, and operating the vehicles. Lifeworks is reimbursed for expenses based on the number of Metro Mobility ADA certified riders transported each month but are not limited to transporting only certified clients. The arrangement transfers the growing need for drivers and vehicles from Metro Mobility to Lifeworks. At the same time, Lifeworks can be more agile in meeting the changing needs of clients that have been integrated into community employment and backfill any rides that Metro Mobility cannot accommodate in the non-ADA service area. Early results are positive, and the Council will consider expansion of the effort in 2020.

Metro Mobility started a pilot in 2018 to provide incentives for Metro Mobility riders to try Metro Transit's fixed-route system by providing free fares for these rides with travel training support and follow up from customer advocates. The pilot ended in October 2019. Data from the pilot will be analyzed, and a recommendation for expansion of the program will be considered based on the results.

The Council is also developing a pilot program with a model for service and partnership to provide subsidized on-demand services where Metro Mobility riders could use ride-hailing-style-services. This pilot would complement the existing taxi service option currently offered to Metro Mobility customers. The program is structured to provide comparable levels of on-demand service regardless of customer accessibility needs. This pilot program is expected to begin ~~by early~~later in 2020.

### *Mobility Management*

Since the 2013 plan, partners in the region have started doing more work with mobility management, supported with Transit Coordination Assistance Project (TCAP) grants administered by MnDOT. Mobility management helps to connect people to the transportation options that best suit their needs and works to coordinate different transportation services and providers into a more efficient system. Beginning in 2015, MnDOT has awarded TCAP grants for mobility management in Anoka, Dakota, Hennepin, Scott, and Washington Counties, as well as to Newtrax that operates in the northeast metro

area, primarily in Ramsey County. With this newer emphasis on mobility management, the region has already seen early results.

Some of the counties in the region have done more focused planning for transportation in their areas: Dakota County completed a [strategic action plan](#) in 2014 to help improve transit and human services transportation within the county, and Washington County completed a [transit needs study](#) in 2018. Hennepin and Anoka Counties are doing strategic planning in 2019 and 2020 to understand transportation access, barriers, limitations, and possibilities for older adults, people with disabilities, and people with low incomes and to identify strategic opportunities to improve transportation services in the county.

Following up on its 2014 plan, Dakota County partners created the Dakota County Transportation Coordinating Collaborative, now called GoDakota, in 2015 to improve transportation for older adults, people with disabilities, and people with low incomes. The county also created a transportation coordinator position to focus on this work. Since beginning this work, the county has created a travel training program to help residents learn how to use the existing transportation options available in the county and started a pilot bus loop called DakotaLink, in addition to beginning its pilot with Lyft as a partner.

Newtrax serves the northeast portion of the region, focused primarily in Ramsey County, and has been working to expand coordination to maximize use of its federally funded vehicles. The nonprofit organization works with other nonprofits that provide services to people with developmental or intellectual disabilities, as well as other organizations that serve older adults. Newtrax provides mid-day circulator service for older adults between its morning and afternoon service for people with disabilities, and the organization partners with cities and businesses to fund circulator services.

Following its 2018 plan, Washington County hired a mobility coordinator and created a county Transportation Consortium, which includes a steering committee and three work groups that focus on access to employment, to health and wellness, and to the community and the region. Partners in this work include nonprofits, faith communities, transportation providers, health care systems, cities, economic development agencies, workforce development agencies, employers, and individuals who need and use available transportation options. The county Consortium is currently working to expand community circulators, pilot subsidized ride-hailing services, and develop a one-stop approach for transportation information, options counseling, travel orientation and training, and other supports.

Scott and Carver Counties have coordinated on transportation with their SmartLink system and have expanded their collaboration to further mobility management. SmartLink centralized scheduling for trips is a one-call/one-click center that county residents can use to request dial-a-ride, medical assistance transportation, and volunteer drivers. SmartLink has a Mobility Management Advisory Board with elected officials from the counties and cities, in addition to other representatives. They serve a significant percentage of rides that have been denied for dial-a-ride by using volunteer drivers, and they have started a travel training program to help residents learn how to use the different transportation options. SmartLink also uses two groups in its work. A provider group helps SmartLink maintain a local inventory of available transportation services. A needs analysis group is used to engage local communities in identifying needs and gaps in their areas and possible solutions to quantifiable needs. Key partners for these two groups include human services, senior services, city staff, local elected officials, residents, local business, and health care organizations.

Identifying gaps led to Scott County using some of its transportation sales tax funding to add some evening and weekend dial-a-ride transit service. In Carver County, the City of Norwood Young America used federal Section 5310 funding to buy a bus to provide coordinated transportation for three senior

housing buildings, a local church, and a day training and habilitation organization, with occasional use by other local partners.

### ***Automated Vehicles***

While fully automated vehicles are not currently in use in the region outside of specific project demonstrations, planning is being done to prepare the state for adopting this technology as it becomes available. Automated vehicles use technology to steer, accelerate, and brake with little to no human input. Some vehicles may still require a person in the vehicle to monitor the roadway, while other vehicles may not require any monitoring from people inside the vehicle. This type of technology could potentially impact transportation for people with disabilities. After doing public engagement and coordination with stakeholders, in 2018 the Governor’s Council on Connected and Automated Vehicles [\*released a report\*](#) with recommendations that included issues related to aging populations, people with disabilities, and people with low incomes. In 2019, MnDOT released a [\*Connected and Automated Vehicle Strategic Plan\*](#) for the state. Statewide coordination and planning continue to prepare Minnesota for the adoption of these technologies. SmartLink worked with students from the University of Minnesota to look at how automated vehicles may affect pedestrian safety, rural communities, and older adults and people with disabilities.

### ***Previous Plan High-Priority Strategies Status Review***

In 2019, the plan’s Steering Committee reviewed strategies identified as high priorities in the Coordination Action Plan adopted in 2013 to assess progress made in the region. All were identified as needing more action, except for one that was recommended for deletion.

**Table 4: High-Priority Strategies Status**

<b>Strategy</b>	<b>Status</b>	<b>Comments</b>
Improve coordination among information lines	Started	MinnesotaHelp only lists services with funding through human services. Metro Transit does not include other information. Senior LinkAge includes many services that are limited in eligibility.
Address insurance issues related to shared transportation	Started	State Department of Commerce interest in this area may help move this work forward.
Establish mobility manager	Started	Transit Coordination Assistance Projects (TCAPs) help with this work. Since the 2013 plan, these projects have been funded for Anoka, Dakota, Hennepin, Scott, and Washington counties, as well as Newtrax, which works in Ramsey County. Anoka and Hennepin counties are starting work in this area.

Strategy	Status	Comments
Pool funding	Needs to begin	“Funding” is a restrictive term with different types of funding (federal, state, etc.) – <i>resources</i> makes more sense. The region has done work with sharing resources, such as the work done by Newtrax, Scott and Carver counties, and day training & habilitation programs working with cities and places of worship.
Coordinate grant seeking	Started	This can be done at different levels, such as within counties or within the region.
Technology enhancements for scheduling systems	Needs to begin	Interest in doing this. Chicago is an example of having one number to call for an accessible taxi.
Improve awareness of information sources	Started	Difficult to keep service information current because it changes quickly. It can be more challenging for new riders to get information. There is a big disconnect with awareness and navigation; more needs to be done to make information relevant to what a person can actually use versus too much information that is not helpful.
Awareness of travel training programs	Ongoing	These programs are generally well received but could use more resources. MnDOT facilitates a train the travel trainer program. Services are provided through different agencies such as Metro Transit, MVTA, Dakota County, Scott County. Rise has clients that could use transit with travel training but doesn’t have it available.
Maximize ridership	Ongoing	Providing better quality service can help with growing ridership. Low-density land uses can be barriers to effectively delivering service to some areas.
Improve transit marketing to human service agencies	Started	Discounts are helpful for agencies to be able to provide.
Identify match funds	Recommend deletion	The purpose and importance of this strategy was unclear to the 2019 committee.

## 4. Needs Assessment

Participants in a workshop held on August 16, 2019, identified current challenges and barriers for mobility for older adults and people with disabilities, using the previous plan as a starting point. Additional information about the workshop is included in the Plan Process section.

The identified barriers and challenges are grouped in three main categories. Those that were identified as the most important barriers at the workshop are noted in bold.

### *Coordinate and Consolidate Transportation Services and Resources*

- **Services that aren't coordinated among providers**
- Regulatory challenges that affect service and coordination for providers, such as insurance or the lack of clear definitions for ride-hailing (Uber and Lyft) services and how it impacts volunteer driver programs.
- Paratransit (Metro Mobility) service area is linked to existing fixed-route service, and there is no service guarantee outside the ADA service area.
- Need more flexibility with existing funding
- Inadequate or lack of signage at transfer facilities can be challenging for people with cognitive disabilities who need clear information.
- Lack of accessible public restrooms, shelters and benches along transit routes is a challenge for many people with a variety of medical conditions or disabilities.
- Added complexity with coordinating services to destinations in adjacent counties outside the seven-county regional scope of this plan.

### *Mobility*

- **Lower levels of or no service in the region and during off-peak times (evenings and weekends)** – Areas of the region with lower densities of housing and employment have lower levels of transit service considering budget constraints and existing land uses.
- **Limited options for accessible same-day service** – Available services, where fixed-route transit and taxis are available, may not be feasible for some, especially those with limited incomes. Same-day capacity on Metro Mobility and Transit Link tends to be more limited. Metro Mobility customers have an option of same-day taxi rides that the Council subsidizes up to \$15 for a one-way trip.
- Dial-a-ride capacity is a challenge when the service fills quickly.
- Limited options for low or no-cost transportation services, especially for people who may not have access to transit with reduced fares.
- Lack of service for short-distance trips outside ADA service areas
- Limited door-through-door service for people who need more assistance, other than Metro Mobility
- Inaccessible pathways and transit stops, especially in the winter when snow and ice are not promptly cleared, can be major impediments to people with disabilities.
- Trip length – Long rides due to trip distance or scheduling can be difficult for riders with different conditions or simply the amount of time spent traveling.

- Vehicle issues – Lack of accessible vehicles for ride-hailing (Uber and Lyft). Also, while Metro Mobility has made improvements to its vehicle suspension for rider comfort, other vehicles may be uncomfortable or undesirable.
- Lack of access to different types of destinations – People may have transportation to certain types of destinations, such as medical appointments, but lack reliable access to other destinations and needs, such as supportive services (e.g. water therapy, support group meetings) or healthy food at grocery stores or farmers markets. Reliable transportation to employment can be an ongoing challenge, including for support staff such as personal care assistants for people with disabilities. Combining different types of trip destinations, such as to a medical facility, child care, and a grocery store, can be difficult.

### *Communication, Training, and Organizational Support*

- **Lack of adequate funding for transportation services with greater coordination while demand is increasing.**
- **Limited awareness and information**
  - Challenging for potential riders and agencies to understand the available transportation options and how to use them;
  - Limited knowledge and lack of prioritization by elected officials;
  - Wide range of ADA-related disabilities and a lack of understanding or training by service providers makes it difficult for drivers to meet customer needs, i.e. service animals, etc.;
  - Lack of coordination between information sources, such as Metro Transit, MinnesotaHelp, and United Way, makes it difficult for potential riders and human service agencies to find appropriate information.
- **Challenges of using fixed-route transit** – Includes several considerations including challenges with navigation, access and payment and concerns about personal safety-
- Language support services are important for people whose primary language is one other than English. This can also include people with disabilities who may experience challenges with communicating with drivers or customer service representatives.
- Need options beyond phone for scheduling trips to meet varying needs; language, vision and other barriers
- Workforce challenges for both paid and volunteer positions. Low wages for drivers and reimbursement and tax issues for volunteers.

## 5. Strategies

At the August 16 workshop, participants reviewed strategies from the 2013 plan and identified any new suggestions. The Steering Committee reviewed draft strategies and prioritization after the workshop, and those they identified as high priorities were presented for input from the Council’s Transportation Accessibility Advisory Committee at its November 2019 meeting.

Like the barriers and challenges, the strategies are grouped into three categories:

1. Coordinate and Consolidate Transportation Services and Resources
2. Mobility
3. Communication, Training, and Organizational Support

For this plan, 33 strategies were identified and prioritized. They are presented in tables by priority (high, medium, or lower priority). Each table includes the strategy category, the strategy, example projects, and the barrier or challenge being addressed. Potential work to address identified strategies may vary based on locally-identified needs and priorities.

**Table 5: High-Priority Strategies and Potential Work**

Category	Strategy	Potential Work	Barrier Addressed
1	Address insurance issues related to shared transportation	Work with partners to enact state laws to remove insurance barriers for human service agencies, volunteer driver programs, and smaller community-based organizations choosing to run a van or car service. Clarify definitions in state statute for volunteer drivers to distinguish from for-profit drivers.	Regulatory issues
1	Address regulatory issues related to shared transportation	Address regulatory and licensing issues that can hinder Day Training & Habilitation service coordination <u>or provision of other services.</u>	Regulatory issues
1	Coordinate to provide “one stop” for potential riders	Create a central point for people to be able to get what they need to access transportation where they are, whether they need a travel trainer, culturally-specific information that’s relevant to their needs, or services that are focused for people with limited mobility.	Information needs
1	Seek opportunities to use existing funding sources more broadly	Review funding programs for opportunities to expand eligibility or uses of existing funding streams.	Funding

Category	Strategy	Potential Work	Barrier Addressed
1	Establish and maintain mobility management programs	Develop plans to establish and maintain a Mobility Management program. Identifying an entity or entities to provide mobility management services can help to coordinate among the various transportation providers in counties and the region <u>and share information</u> .	Efficiency & coordination
2	Increase off-peak <u>transit transportation</u> options	Increase the availability and frequency of <u>transportation</u> options during off-peak hours where there is demand, such as areas with a larger number of entry-level jobs, workforce centers, and other human service centers.	Low service levels
2	Make technology enhancements for riders	Use technological improvements to provide <u>and maintain</u> real-time information to riders for all types of services (not just fixed-route transit) and create suitable options for scheduling trips. Enable real-time payment uploads to Go To cards so the funds can be used immediately.	Information needs
2	Make technology enhancements for scheduling	Improve scheduling systems to allow for better integration between dial-a-ride and fixed route service and to allow for same day reservations on dial-a-ride, ADA paratransit, and other services.	Efficiency & coordination
2	Ensure accessible vehicles are available for ride-hailing services	Work with ride-hailing providers to identify ways to recruit drivers of accessible vehicles or other methods of providing similar service with accessible vehicles and accompanying training for drivers on working with people with different disabilities.	Vehicle accessibility & comfort
2	Increase dial-a-ride capacity	Expand the dial-a-ride service, adding drivers and vehicles to meet demand for the service.	Low service levels
2	Create and maintain accessible pathways and transit stops	Pathway enhancements may include adding sidewalks where none exist, moving any blocking structures (e.g. utility poles), repairing sidewalks, installing accessible pedestrian signals (APS), and timely snow and ice removal. Encourage development of technology for clearing snow and ice, such as heated sidewalks or autonomous snow removal options for pedestrians.	Inaccessibility

Category	Strategy	Potential Work	Barrier Addressed
2	Expand Metro Mobility service beyond current service hours and area	Identify funding to enable expansion of Metro Mobility ADA service beyond current service hours that are tied to fixed-route service hours.	Low service levels, limited door-thru-door service
<u>2</u>	<u>Provide local shuttle or circulator service</u>	<u>Starting and maintaining circulator services or local shuttles or microtransit options to connect with transit stations or destinations, whether provided by a public transit or human service agency, could help to bridge service gaps in areas with limited transit availability. These services can work well where travel needs are more flexible but may also address employment access based on local need.</u>	<u>Low service levels</u>
3	Improve awareness of information	There are numerous information sources already available about transportation options in the Twin Cities area. However, awareness of these resources is limited. Public awareness strategies can help to improve access to these resources and the transportation services that people access through them. Ensure multiple ways for new and current riders to learn about changes to services or programs.	Information needs
3	Improve awareness of travel training options	Promote travel training options to populations most likely to need the service to increase awareness.	Information needs, challenges with fixed route
3	Expand coordinated travel training	Expand travel training where needed (in coordination with existing services), focusing on those populations who could ride fixed-route transit but who may need more initial assistance to do so. The training should include skills across modes and skills for using technology in travel (such as phone apps).	Information needs

Category	Strategy	Potential Work	Barrier Addressed
3	Provide language support services	<p>People with limited English proficiency and different types of disabilities may need additional communication support when using transportation services. Although Metro Transit has substantially expanded its efforts to communicate with limited English proficiency populations, barriers still exist. Rider communication cards could assist with interaction with drivers. Service guides in other languages marketed specifically to human services organizations working with immigrant groups could help reduce barriers. Metro Transit has started Spanish classes for bus operators to assist with customer interactions; this model could be expanded to other transportation services or include other languages as needed. For people with different abilities to process information, the information needs to be simple.</p>	Information needs
3	Elevate the visibility and understanding of these issues for elected officials	<p>Elected officials are in positions to use legislation and policy changes to implement some of these strategies to address the needs outlined in this plan. Provide proactive education and awareness for this group to increase their capacity to understand the systems and the challenges people face in their daily lives. Media stories and ride-alongs can be tools to help put human faces to these issues.</p>	Information needs

**Table 6: Medium-Priority Strategies and Potential Work**

Category	Strategy	Potential Work	Barrier Addressed
1	Improve coordination among information sources	Metro Transit’s website could have a link to transportation information from United Way and MinnesotaHelp, and Metro Transit’s Transit Line could have information on United Way, MinnesotaHelp and other sources. United Way 2-1-1 and MinnesotaHelp could improve the integration of transportation information into their processes and information. As county mobility management programs develop comprehensive transportation resources, links should be created between information sources.	Information needs
1	Joint coordination and deployment of technology	Ensure a coordinated interface among multiple systems for trip coordination, purchase, and billing while addressing individual system differences. Grants could help reduce entry barriers for coordination services. Mentors and technical assistance would provide consistent support to develop and localize solutions that increase access.	Efficiency & coordination
2	Provide free or reduced cost transit passes	Promote Metro Transit’s Transit Assistance Program to all county human services providers and other partners. Be proactive in outreach to people who may be deterred from seeking assistance due to changes in federal immigration policy regarding public assistance and eligibility for naturalization.	Cost to riders
2	<del>Provide local shuttle or circulator service</del>	<del>Starting and maintaining circulator services or local shuttles to connect with transit stations or destinations, whether provided by a public transit or human service agency, could help to bridge service gaps in areas with limited transit availability. These services can work well where travel needs are more flexible (errands and appointments instead of regular commutes).</del>	<del>Low service levels</del>
2	Expand volunteer driver programs	Expand volunteer driver programs to include additional outreach efforts to recruit more volunteers, provide stipends to incentivize participation, and provide training modules for risk management and liability coverage coordination.	Low service levels

Category	Strategy	Potential Work	Barrier Addressed
3	Provide consistent training for transportation providers	Ensure consistency of information among training programs for drivers of different services. Create a region or statewide training program for non-emergency medical transportation. Driver training should include ADA needs, such as service animals or seating, and provide an understanding of how to best interact with people among the range of types of disabilities. People with different disabilities should be involved in the development and/or delivery of the training.	Information needs
3	Maximize ridership	Improve information about available service in order to maximize ridership on fixed route transit or other services. Efforts to maximize ridership may also include surveying potential riders to ensure that services meet rider needs.	Efficiency
3	Improve public transit marketing to human service agencies	Customized information packets could be provided to social service agencies and directly to clients of these agencies. Metro Transit could also incorporate a demonstration and training session on the use of the Web based itinerary planning program. Metro Transit could expand partners for its Transit Assistance Program.	Information needs
3	Create or support "bus buddy" programs	Bus buddy programs provide extra assistance to individuals who cannot ride fixed route transit on their own or who need extra assistance to start riding. The bus buddy may be a person on staff at an agency, though they are more commonly volunteers. Colleges, senior volunteer programs, and senior centers are potential sources for volunteers.	Information needs

**Table 7: Lower-Priority Strategies and Potential Work**

Category	Strategy	Potential Work	Barrier Addressed
1	Pool resources	Pooling resources between agencies that provide transportation services among compatible service populations and types of rides may help to relieve some funding and/or resource strains while maintaining or increasing service levels. An example could be using a vehicle to provide service to different populations at different times of day or on different days of the week.	Efficiency & coordination
1	Coordinate grant seeking	Coordinate search for grant funds, potentially through a mobility management service.	Efficiency & coordination
1	Coordinate with other supporting services	Having accessible public restrooms available along transit is critical for a wide range of riders. Partner with existing locations to ensure access or work to provide dedicated facilities where gaps exist. The Minneapolis Downtown Improvement District recently partnered with the city on a project to improve public access to restrooms downtown.	Support services (restrooms, other services as needed)
2	Provide or maintain carpool or carshare programs	Establish or support stand-alone carpool or carsharing programs and promote at major work sites, in retirement communities, and other sites where larger numbers of people have similar transportation needs.	Low service levels
2	Increase transit service within and connecting between suburbs	Establish a complementary service alternative to any existing regular route service.	Low service levels
2	Provide taxi <u>or ride-hailing</u> vouchers	Human service agencies could coordinate with taxi <u>or ride-hailing</u> companies to establish a voucher or pre-paid <del>taxi</del> -ride program for situations in which transit won't meet needs and when there no other options are viable, such as for patient transportation on discharge from a hospital.	Cost to riders
3	Create a transit ambassador program	Create an ambassador program, whether it is volunteer or paid. People serving as ambassadors on transit (not law enforcement officers) could help reinforce considerate behavior, such as reserving designated seats for people with disabilities, and be resources to riders needing assistance.	Information needs

## 6. Plan Process

### *Steering Committee*

A Steering Committee guided the development of the plan. The Steering Committee assessed the current status of high-priority strategies from the previous plan, recommended potential participants in the public workshop, participated in the workshop to identify barriers and strategies, prioritized strategies, and reviewed an initial draft of the plan. Members participated in two meetings in addition to the August workshop. Committee members represented state agencies, non-profit human service providers, county human services and mobility management, transportation providers, and health insurance providers. Members are listed below.

<b>Name</b>	<b>Agency</b>
Alan Hermann	SmartLink
Bob Platz	LifeWorks
Courtney Whited	Minnesota Department of Human Services / Minnesota Board on Aging
David Fenley	Minnesota Council on Disability
Denise Lasker	HealthPartners
Gerri Sutton	Metropolitan Council
Megan Zeilinger	Dakota County
Meredith Klekotka	Metro Transit – Shared Mobility
Noel Shughart	MnDOT
Robin Rohr	Hennepin County
Robyn Bernardy	Dakota County
Ryan Nelson	Rise
Sheila Holbrook-White	Washington County
Susan Duffy	Metro Mobility
Victoria Dan	Metro Transit

## Stakeholder Workshop and Input

A stakeholder workshop was held on August 16, 2019, to identify current challenges and barriers for mobility for older adults and people with disabilities, using the previous plan as a starting point. Participants reviewed identified barriers and challenges and suggested changes, including identifying any additional needs. They worked in small groups to identify the most important barriers that need to be addressed in the region. Additional barriers were identified but not prioritized. The 26 workshop participants included steering committee members and representatives of The Arc Minnesota, DARTS, Volunteers of America, Southeast Seniors, East Side Neighborhood Services, the Metropolitan Area Agency on Aging, Newtrax, and MSS. Members of the Council's Transportation Accessibility Advisory Committee (TAAC) also participated in the workshop. The TAAC was created by the state Legislature to advise the Council on the development and management of policies regarding accessibility of all aspects of fixed-route and special transportation services for people with disabilities, as well as on long-range plans to meet the accessible transportation needs of the community. This committee includes riders and advocates for older adults and people with disabilities. At least half of the committee members must be certified as eligible for ADA paratransit and be active users of public transit in the region.

In addition to the workshop, input from other groups was used to validate identified challenges and barriers. Metro Mobility regularly hosts community conversations with its riders to gather feedback on its services. Summaries of these events from the past three years were reviewed to ensure that relevant information was captured for this plan. A short survey was sent to service providers, and 14 organizations responded. Additionally, Council staff presented a summary and solicited feedback regarding results of the August workshop at the October 2019 meeting of the TAAC.

## Public Review and Comment

The draft plan was posted online for ~~a 45-day~~ public review and comment ~~period beginning on~~ from November 12, ~~2019~~ through December 27, 2019. ~~Comments were accepted by email, mail, or telephone. During this time, the Council used its web site, email lists, and social media to promote the public comment period. Staff also made presentations about the draft plan to the Minnesota Department of Human Services Transportation Coordination Work Group and the Washington County Transportation Consortium Steering Committee.~~

~~The Council's use of its web site and social media to promote the public comment period resulted in the following:~~

- ~~- 312 Web page users~~
- ~~- 41 Twitter likes and retweets~~
- ~~- 27 Facebook post likes, shares, comments, and clicks~~

~~The Council received comments by email and mail from 10 individuals and organizations. A report of the public comments received with staff responses and changes made to the plan is available on request.~~

~~[PLACEHOLDER FOR DISCUSSION OF COMMENTS RECEIVED AND ANY CHANGES MADE]~~

## Appendix A: Transportation Providers

This list covers major transportation providers in the region but is not a complete list of every provider. Some providers may have eligibility requirements or primarily serve clients of their programs.

Agency	Web Site or Phone	Area
<i>Fixed-Route Transit Service</i>		
Metro Transit	<a href="http://www.metrotransit.org/">www.metrotransit.org/</a>	Region-wide within Transit Capital Levy Communities
Maple Grove Transit	<a href="http://www.maplegrovmn.gov/services/transit">www.maplegrovmn.gov/services/transit</a>	Maple Grove and downtown Minneapolis
Minnesota Valley Transit Authority (MVTA)	<a href="http://www.mvta.com/">www.mvta.com/</a>	Apple Valley, Burnsville, Eagan, Rosemount, Savage, Prior Lake, Shakopee
Plymouth Metrolink	<a href="http://www.plymouthmn.gov/departments/administrative-services-/transit">www.plymouthmn.gov/departments/administrative-services-/transit</a>	Plymouth and downtown Minneapolis
SouthWest Transit	<a href="http://swtransit.org/">swtransit.org/</a>	Chaska, Chanhassen, Eden Prairie, Carver, <b>Victoria</b> and downtown Minneapolis and the University of Minnesota
<i>Regional Services</i>		
Metro Mobility	<a href="http://metro council.org/Transportation/Services/Metro-Mobility-Home.aspx">metro council.org/Transportation/Services/Metro-Mobility-Home.aspx</a>	Region-wide within Transit Capital Levy Communities
Transit Link	<a href="http://metro council.org/Transportation/Services/Transit-Link.aspx">metro council.org/Transportation/Services/Transit-Link.aspx</a>	Region-wide where regular route transit service is infrequent or unavailable
<i>Public and Private Non-Profit and For-Profit Services</i>		
Achieve Services	<a href="http://www.achieveservices.org/">www.achieveservices.org/</a>	All of Anoka County, some within Hennepin, Ramsey, Washington Counties

<b>Agency</b>	<b>Web Site or Phone</b>	<b>Area</b>
Anoka County Traveler	<a href="http://www.anokacounty.us/3636/Transit">www.anokacounty.us/3636/Transit</a>	Anoka County
Community Thread	<a href="http://communitythreadmn.org/">communitythreadmn.org/</a>	For residents of Stillwater Area School District
Coon Rapids Senior Services	763-767-6473	Within Coon Rapids
DARTS	<a href="http://dartsconnects.org/">dartsconnects.org/</a>	From Dakota County
East Side Neighborhood Services	<a href="http://www.esns.org/">www.esns.org/</a>	North, North East and South East Minneapolis and St. Anthony residents
First Transit	<a href="http://www.firsttransit.com/">www.firsttransit.com/</a>	
GAPP Services	<a href="http://gappservicesinc.com/">gappservicesinc.com/</a>	Dakota County
Lifeworks Services	<a href="http://Lifeworks.org">Lifeworks.org</a>	
Minneapolis American Indian Center	<a href="http://www.maicnet.org">www.maicnet.org</a>	
MRCI	<a href="http://mymrci.org/">mymrci.org/</a>	
Neighbors Inc	<a href="http://www.neighborsmn.org/">www.neighborsmn.org/</a>	Residents of West St. Paul, South St. Paul, Inver Grove, Mendota, Mendota Heights, Sunfish Lake
Newtrax	<a href="http://www.newtrax.org/">www.newtrax.org/</a>	Northeast metro
Nokomis Healthy Seniors	<a href="http://www.nokomishealthyseniors.org/">www.nokomishealthyseniors.org/</a>	Minneapolis
Northeast Contemporary Services	<a href="http://www.northeastcontemporaryservices.org/">www.northeastcontemporaryservices.org/</a>	

Agency	Web Site or Phone	Area
Northeast Senior Services	<a href="http://www.neseniors.org/">www.neseniors.org/</a>	From Northeast Minneapolis, Saint Anthony Village, Columbia Heights and New Brighton
Opportunity Partners	<a href="http://opportunities.org/">opportunities.org/</a>	
ProAct	Proactinc.org	Hastings, Apple Valley, Farmington, Lakeville, Eagan, Burnsville, Inver Grove Heights, South St. Paul, St. Paul, Mendota Heights. Cottage Grove, Maplewood, Woodbury, Bloomington
Rise, Inc.	Rise.org	Anoka, Hennepin, Washington Counties
Smart Link	<a href="http://scottcountymn.gov/516/SmartLink-Transit">scottcountymn.gov/516/SmartLink-Transit</a>	From Scott and Carver Counties throughout metro
TLC Special Transportation	<a href="http://www.tlcspecialtransportation.com/">www.tlcspecialtransportation.com/</a>	
Transit Team	transitteam.com/	
Volunteers of America of Minnesota	Voamn.org	



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# TWIN CITIES PUBLIC TRANSIT AND HUMAN SERVICES TRANSPORTATION COORDINATED PLAN



# The Council's mission is to foster efficient and economic growth for a prosperous metropolitan region

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The Metropolitan Council is the regional planning organization for the seven-county Twin Cities area. The Council operates the regional bus and rail system, collects and treats wastewater, coordinates regional water resources, plans and helps fund multimodal transportation and regional parks, and administers federal funds that provide housing opportunities for low- and moderate-income individuals and families. The 17-member Council board is appointed by and serves at the pleasure of the governor.

On request, this publication will be made available in alternative formats to people with disabilities. Call Metropolitan Council information at 651-602-1140 or TTY 651-291-0904.

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## 1. Introduction

For people with disabilities or older adults, transportation to daily activities can be challenging. Coordinating the wide range of transportation services that may be available to individuals throughout the region into an efficient system that meets the mobility needs of older adults and people with disabilities is a long-term goal. These services from many different providers include fixed-route buses or rail, paratransit, dial-a-ride, taxis, ride-hailing, shuttles, community circulators, and volunteer drivers.

This plan is intended to support coordination of these transportation services between public, private, and nonprofit transportation and human services providers, with a focus on people with disabilities, older adults, and people with low incomes. The plan identifies barriers and challenges faced by both riders and providers of these services and identifies strategies and potential work to be done to address these barriers.

A local Human Services Transportation and Transit Coordinated plan is a federal requirement under the Fixing America's Surface Transportation Act (FAST Act). Projects funded through the Federal Transit Administration's Enhanced Mobility of Seniors and Individuals with Disabilities program (often referred to as Section 5310) must address strategies that have been identified in a local coordinated plan. This federal funding program can be used for various projects designed to remove barriers to transportation and expand transportation mobility options for older adults and people with disabilities. Projects can include:

- buses and vans
- wheelchair lifts, ramps, and securement devices
- transit-related information technology systems, including scheduling/routing/one-call systems
- mobility management programs
- acquisition of transportation services under a contract, lease, or other arrangement
- travel training
- volunteer driver programs
- building an accessible path to a bus stop, including curb-cuts, sidewalks, accessible pedestrian signals or other accessible features
- improving signage or way-finding technology
- incremental cost of providing same day service or door-to-door service
- purchasing vehicles to support new accessible taxi, ride sharing and/or vanpooling programs

The plan is not intended to be an exhaustive document but to serve as a strategic tool for planning and implementing beneficial projects done by many partners within the region

This plan identifies relevant demographics in the region and existing conditions. The plan also identifies barriers and challenges for riders and service providers and strategies to address those barriers. An inventory of known transportation providers is provided as an appendix.

The effective area covered by this plan includes the seven-county metro area as identified by Minn. Stat. sec. 473.121 sub. 2. "Subd. 2. Metropolitan area or area. 'Metropolitan area' or 'area' means the area over which the Metropolitan Council has jurisdiction, including only the counties of Anoka; Carver; Dakota excluding the city of Northfield; Hennepin excluding the cities of Hanover and Rockford; Ramsey; Scott excluding the city of New Prague; and Washington." (See Figure 1.)



## 2. Demographic Profile

This section describes current data related to the mobility of older adults, individuals with disabilities and low-income residents in the Twin Cities metropolitan area. The Twin Cities region's population has increased 7.9% between 2010 and 2017. Between 2010 and 2017, Minneapolis and Saint Paul represented 28.9% of the population increase in the region.

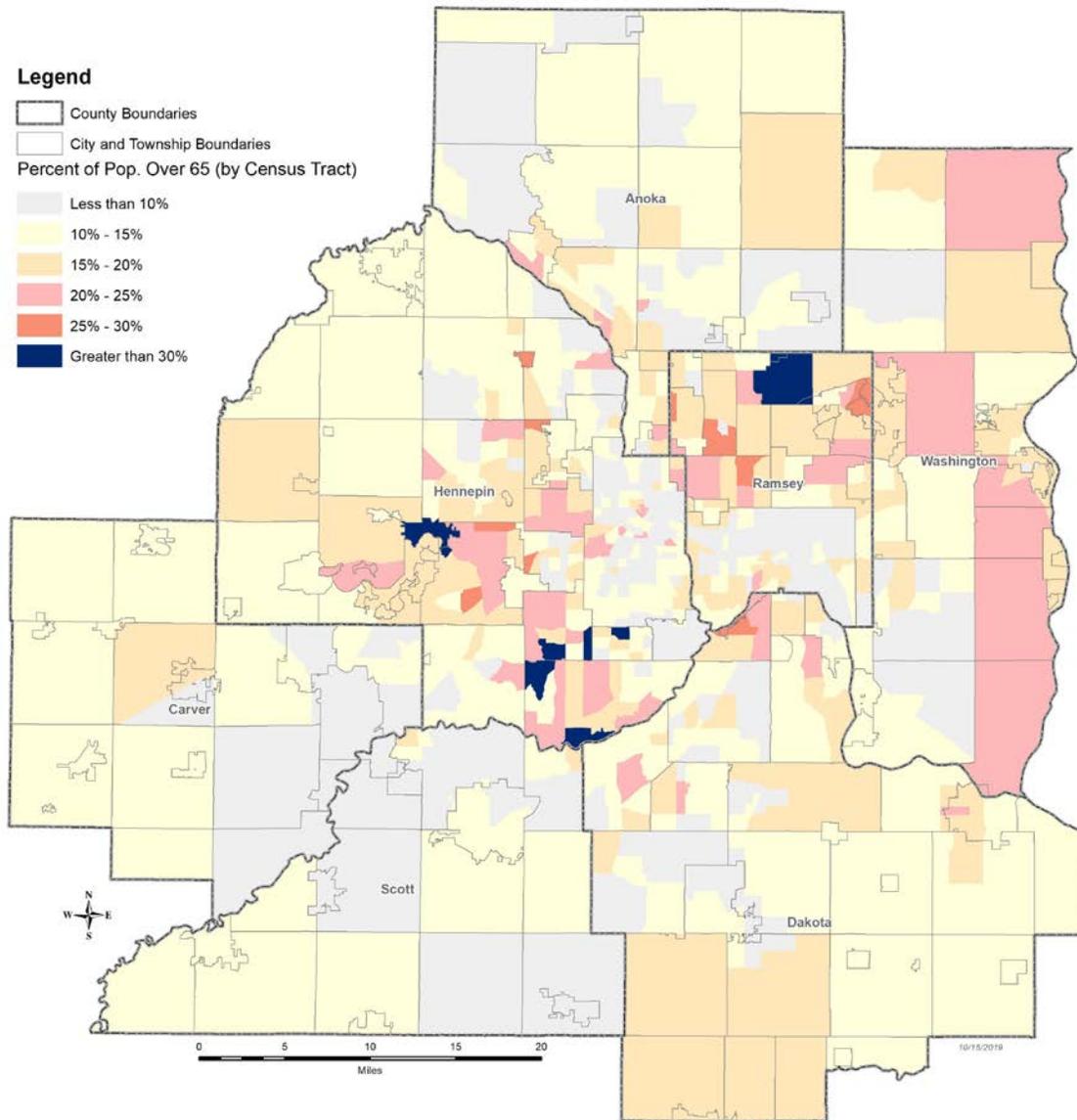
### Older Adults

The highest percentages of adults over the age of 65 are in areas within Hennepin and Ramsey Counties, as shown in Figure 2. Washington County includes several Census tracts with higher percentages of older adults. Overall this population group is growing in the region. As shown in Table 1, using data from the American Community Survey, the number of older adults is growing in each county in the region. In the region, the number of older adults grew 25% between 2010 and 2017.

Table 1: Percent of Population Over the Age of 65

	2010	2017	% Change
<b>Anoka</b>	32,232	43,117	34%
<b>Carver</b>	7,707	10,302	34%
<b>Dakota</b>	39,816	52,234	31%
<b>Hennepin</b>	130,814	158,332	21%
<b>Ramsey</b>	61,181	71,903	16%
<b>Scott</b>	10,016	13,567	35%
<b>Washington</b>	24,984	33,303	33%
<b>Metro Area</b>	306,750	382,758	25%

Figure 2: Percent of Population Over the Age of 65



[ADDITIONAL INFORMATION TO BE ADDED BY 1/22/20 FOR PROJECTED OLDER ADULT POPULATIONS]

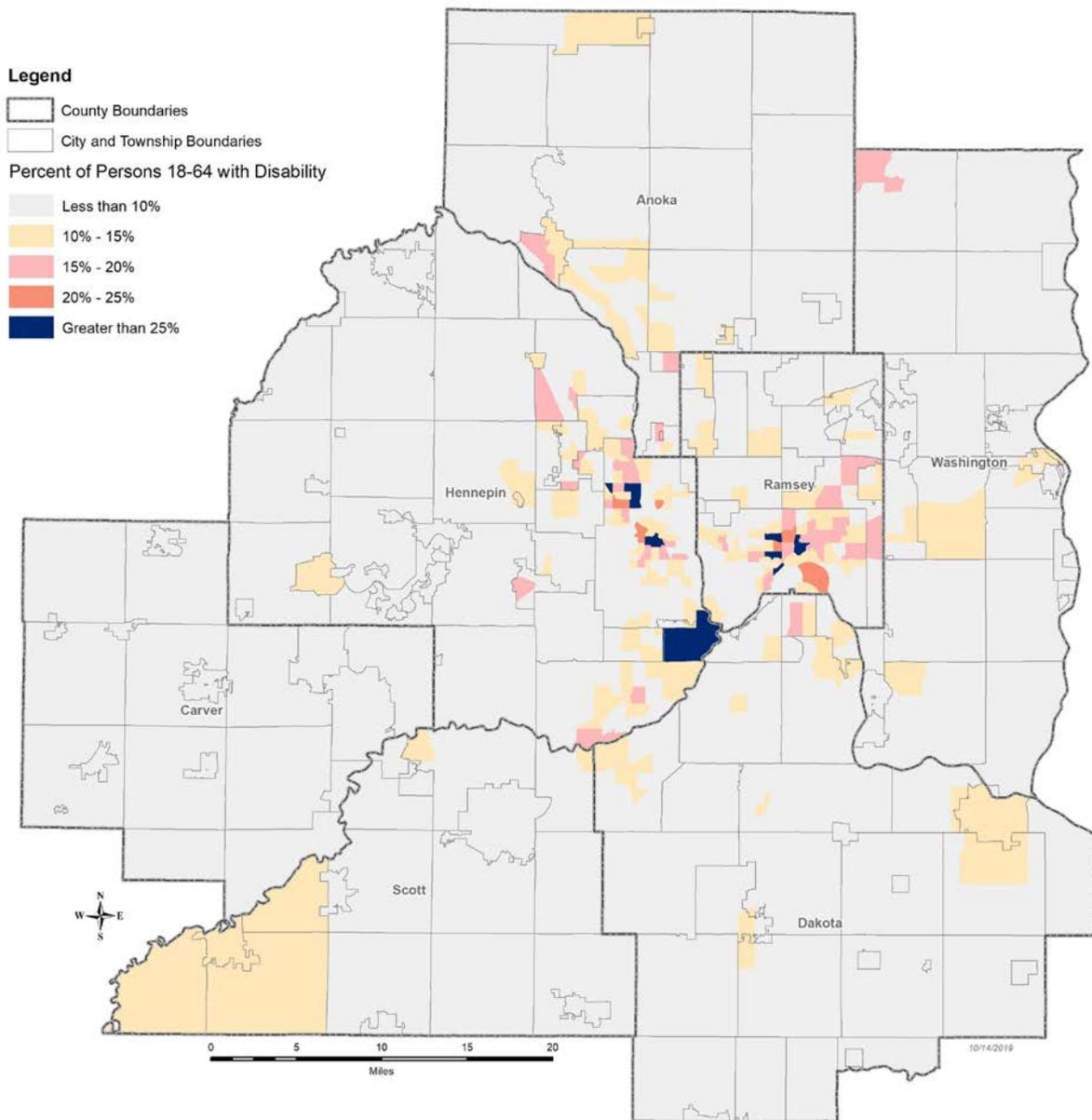
### *Individuals with Disabilities*

According to 5-year estimates for 2013-2017 from the American Community Survey, almost 10% of the region's population has a disability, with Ramsey County having the highest percentage of residents with a disability at 11.5%. Carver and Scott Counties have the lowest rates of disability. While this self-reported data does not specify if the disability impacts an individual's mobility, it can serve as an indicator that the population may need additional transportation assistance.

**Table 2: Individuals with Disabilities by County – Count and Percent of Population**

	<b>Persons with a Disability</b>	<b>Total Population</b>	<b>Percent of Total Population</b>
<b>Anoka</b>	34,464	342,522	10.1%
<b>Carver</b>	6,408	98,533	6.5%
<b>Dakota</b>	35,896	412,826	8.7%
<b>Hennepin</b>	121,099	1,215,746	10.0%
<b>Ramsey</b>	61,424	533,696	11.5%
<b>Scott</b>	10,657	139,907	7.6%
<b>Washington</b>	22,309	247,714	9.0%
<b>Metro Area Total</b>	292,257	2,990,944	9.8%

Figure 4: Persons Ages 18 to 64 with a Disability

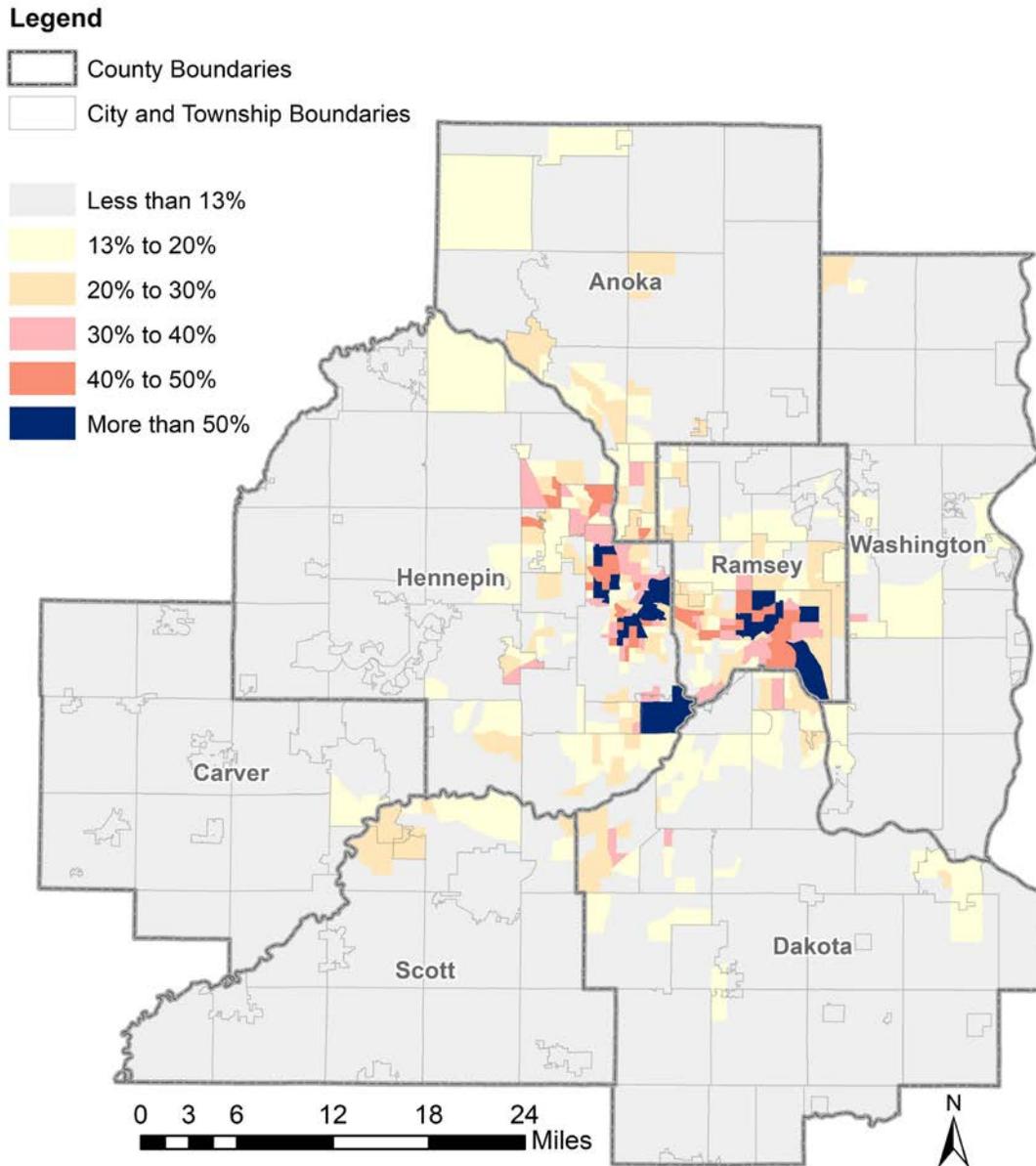


Source: American Community Survey 2013-2017 Five-Year Estimates

## Residents with Low Incomes

For the purposes of this plan, low income is defined as at or below 150% of poverty level. The areas with the highest percentages of people living with low incomes are in Hennepin and Ramsey Counties, and Carver County has the lowest poverty rates.

Figure 4: Percent of Population Living at or Below 150% of Poverty Level



Source: American Community Survey 2013-2017 Five-Year Estimates

## *Intersections of Age, Disability, and Income*

Analysis of American Community Survey data conducted by the Metropolitan Council in October 2017 found that one in every 11 residents reports living with at least one disability (about 9% of the total population). The most common disability types are ambulatory (affecting the ability to walk) and cognitive (affecting the ability to remember, concentrate, and make decisions). The October 2017 report, [Understanding Disparities by Ability Status in the Twin Cities Region](#), highlights the connection for area residents between having a disability and income status, employment, and age. Older adults are more likely to live with disabilities. People with disabilities are less likely to be employed or employed full-time and are more likely to have lower earnings or live below or near poverty levels.

The area's number of older adults will more than double between 2010 and 2030 and will continue to grow through 2040, according to the regional forecast for 2040. Older adults are more likely to live with disabilities. If the likelihood of disability with age does not change, the region will have around 60% more adults with disabilities in 2040.

There are also differences in disability status by race and ethnicity. The Council's analysis of American Community Survey data from the U.S. Census Bureau found that about one in every six American Indian residents report having a disability, which is the highest rate in the region; 17.2% of American Indian residents reported having a disability, while they were only 0.5% of the region's total population. Black residents have the second highest rate of disability in the region with 13.3%.

There are also differences in employment and income for people with disabilities. The Council's analysis of American Community Survey data found that two in every five residents with disabilities are not working, compared with one in every 15 people without disabilities. Almost twice as many people with disabilities are actively seeking work than people without disabilities – one in every 14 people with disabilities reported being unemployed and seeking work. A resident with a disability is more than three times more likely to have no earnings from work than a person without a disability. Employment status can be a result of the type of disability someone has, which may prevent them from working. Other people with disabilities may encounter discrimination in seeking employment. Inconsistent or unreliable transportation can add to challenges with finding and maintaining employment.

Like work status, earnings only tell part of the story. People without earnings from paid employment may have other sources of income, such as government programs that provide alternative sources of income.

Poverty rates, calculated by using an individual's total income, can provide a more holistic picture of economic well-being. Disparities based on ability status extend to poverty rates as well: one in every five people with disabilities in the region had incomes below the federal poverty level in 2011-2015. In contrast, only one in every 10 people without disabilities live in poverty. In other words, people with disabilities are more than twice as likely to live in poverty than residents without disabilities in the region.

## *Households without Vehicles*

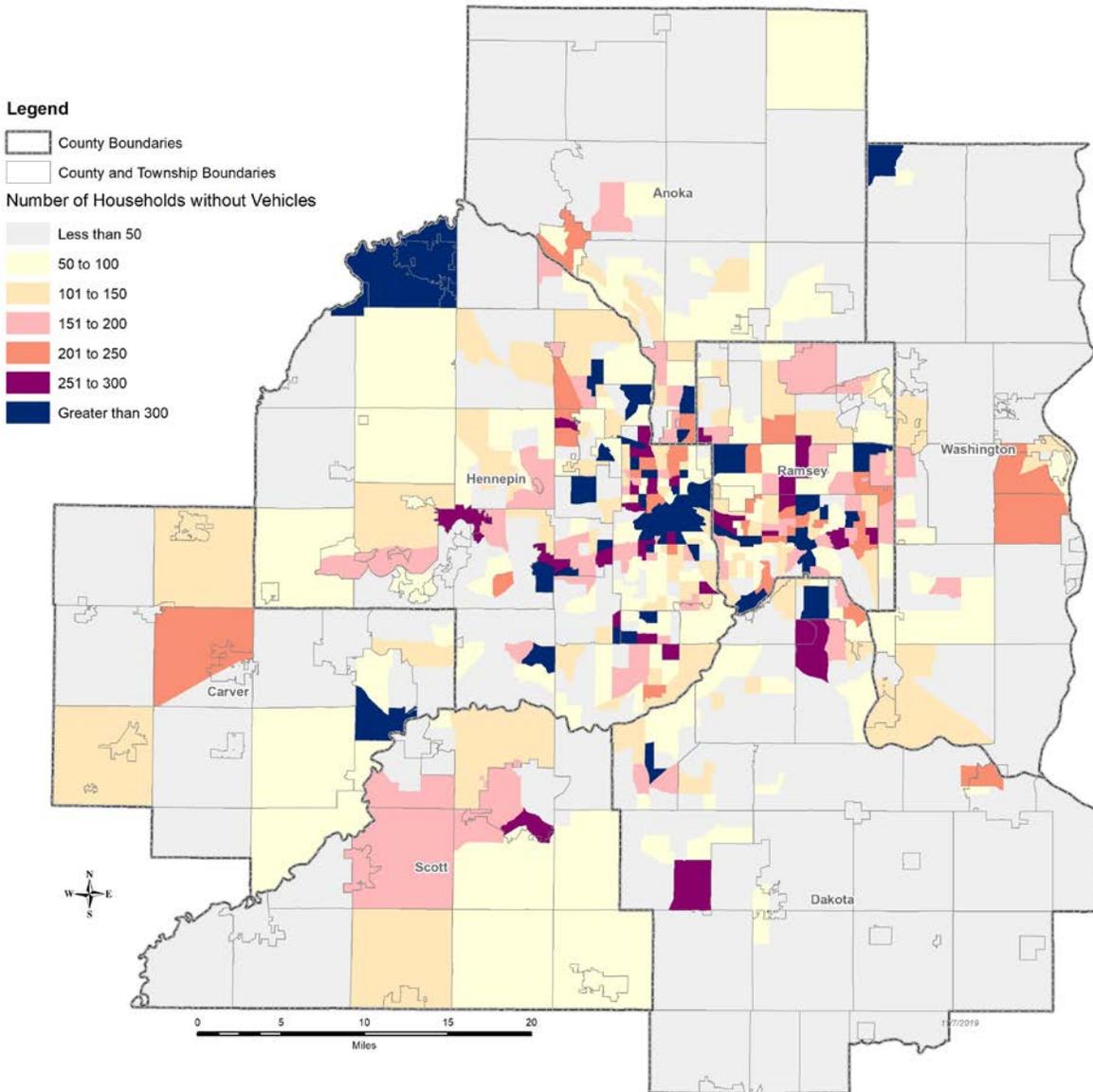
The percent of the region's households without a vehicle remained the same at 8% between 2010 and 2017, as shown in Table 3. Ramsey County has the highest rate of households without vehicles at 11%.

Table 3: Number of Households Without a Vehicle, 2010-2017

	2010	2017	% Change	Percent without Vehicle 2010	Percent without Vehicle 2017
<b>Anoka</b>	4,788	6,027	26%	4%	5%
<b>Carver</b>	784	1,317	68%	2%	4%
<b>Dakota</b>	6,175	6,805	10%	4%	4%
<b>Hennepin</b>	49,498	50,265	2%	10%	10%
<b>Ramsey</b>	22,589	22,232	-2%	11%	11%
<b>Scott</b>	1,256	1,606	28%	3%	3%
<b>Washington</b>	2,856	2,752	-4%	3%	3%
<b>Metro Area Total</b>	87,946	91,004	3%	8%	8%

The number of households without vehicles increased the most in Carver County, with a 68% increase, followed by Scott and Anoka Counties with increases of 28% and 26% respectively. Both Hennepin and Ramsey Counties remain the two counties with the highest percentages of households without vehicles. These are also the counties with the great levels of fixed-route transit service, which can make it less necessary to have access to personal vehicles.

Figure 5: Number of Households Without a Vehicle



Source: American Community Survey 2013-2017 Five-Year Estimates

### 3. Existing Conditions

Transportation is provided in many different forms in the region, with many different organizations having some involvement in providing transportation services in the region for older adults and people with disabilities. The main types of transportation services include:

**Fixed-route transit** on a regular schedule and route by any size of vehicle

**Demand-response transportation** provided on request from a rider

Other related services include travel training, which helps people learn how to use fixed-route transit, and financial assistance, such as transit passes provided to individuals to help them access transportation.

#### *Fixed-Route Transit Service*

Fixed-route service is primarily provided by the Metropolitan Council and the suburban transit providers in the communities within the seven-county region where a property tax is levied to pay for transit capital needs – this is called the Transit Capital Levy District. This district is established in state law but has changed as growing communities desire transit services and request to be included, most recently adding Lakeville, Forest Lake, Columbus, and Maple Plain. The services of each agency, while independent, work together to provide a cohesive, comprehensive regional system.

The Metropolitan Council operates the largest transit system in the state, Metro Transit, which includes a network of buses, light rail and commuter trains as well as resources for people who carpool, vanpool, walk or bike. Metro Transit provided 86% of the more than 94 million transit trips made by people in the region in 2018.

Metro Transit operates two light rail lines: The Blue Line connects destinations between downtown Minneapolis and the Mall of America in Bloomington, and the Green Line connects destinations between downtown Minneapolis and downtown Saint Paul. The transit agency also operates the NorthStar commuter rail line, a 40-mile route connecting Big Lake in Sherburne County with downtown Minneapolis.

Another division of the Metropolitan Council, Metropolitan Transportation Services, contracts regular-route service with private bus companies. These routes are approximately 10% of the fixed-route service provided by the Metropolitan Council. These contracted routes are typically suburban local or express routes with lower productivity that provide important coverage.

The region also has four suburban transit providers – Maple Grove Transit, the Minnesota Valley Transit Authority (MVTA), Plymouth Metrolink, and SouthWest Transit – which serve 12 suburban communities. These suburban transit providers carried more than 5.1 million riders in 2018. The Minnesota Valley Transit Authority serves the residents of Apple Valley, Burnsville, Eagan, Prior Lake, Rosemount, Savage, and Shakopee. SouthWest Transit communities include Chaska, Chanhassen, and Eden Prairie.

The University of Minnesota operates shuttle buses between its two campuses in Minneapolis and Saint Paul. This service provided over 4 million rides in 2018.

The regular route transit system serves each county in the seven-county region, with more frequent and longer service (in evenings and early mornings) concentrated in the urban areas of Hennepin and Ramsey Counties. Figures 6 through 9 show overall route coverage.

Figure 6: Twin Cities Metro Area Regular Route Service

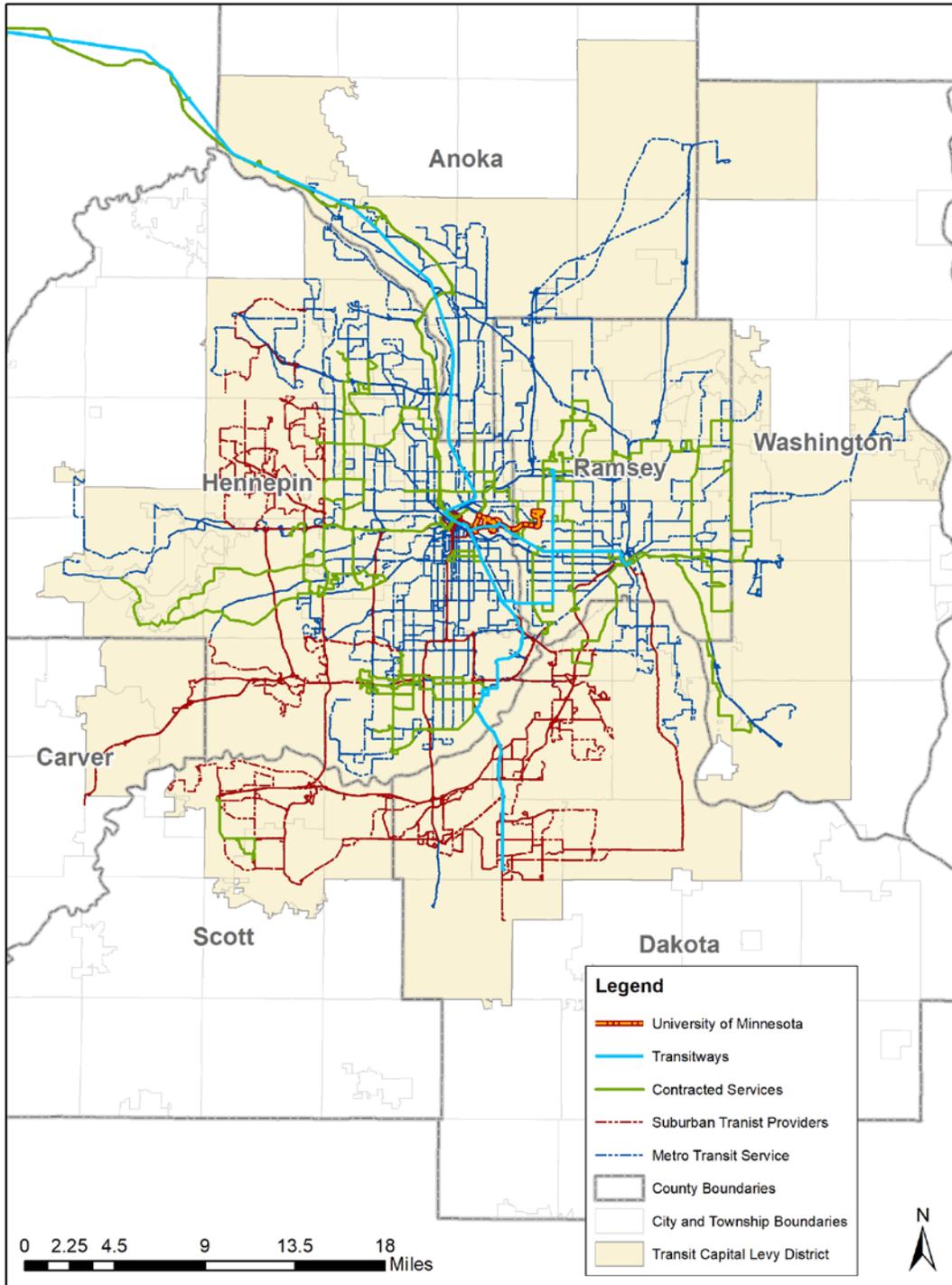
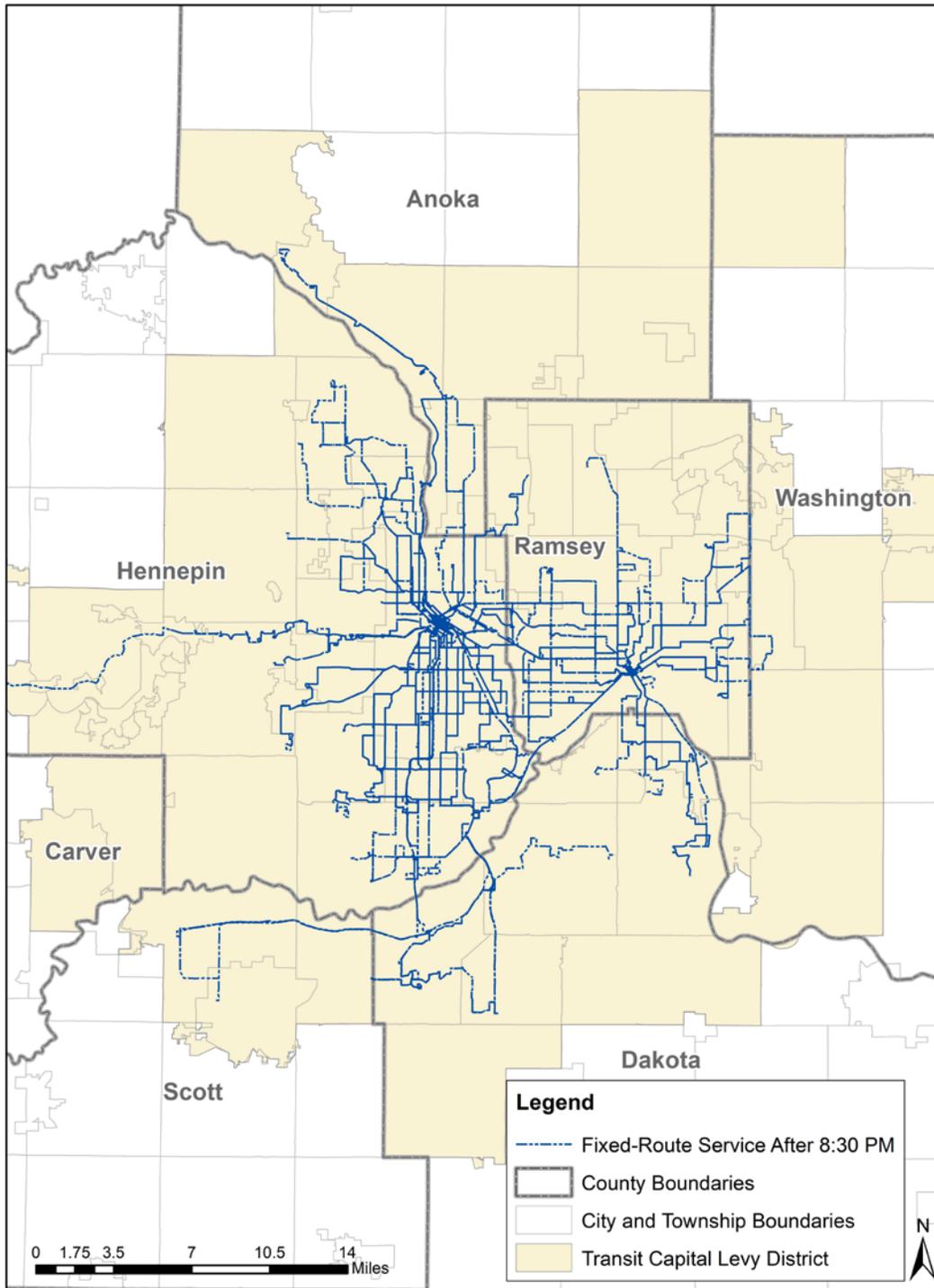
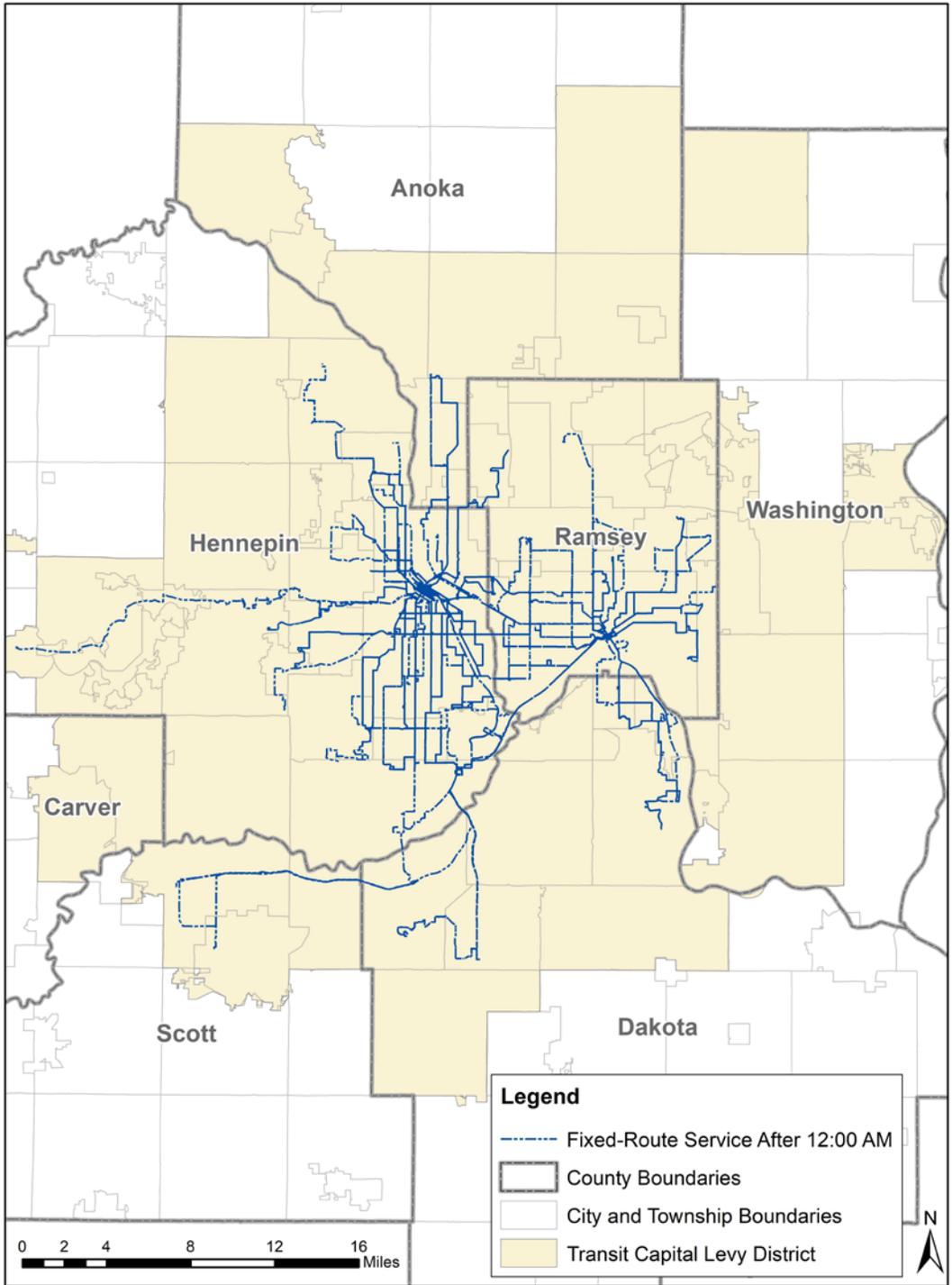


Figure 7: Twin Cities Metro Area Service After 8:30 P.M. on Weekdays



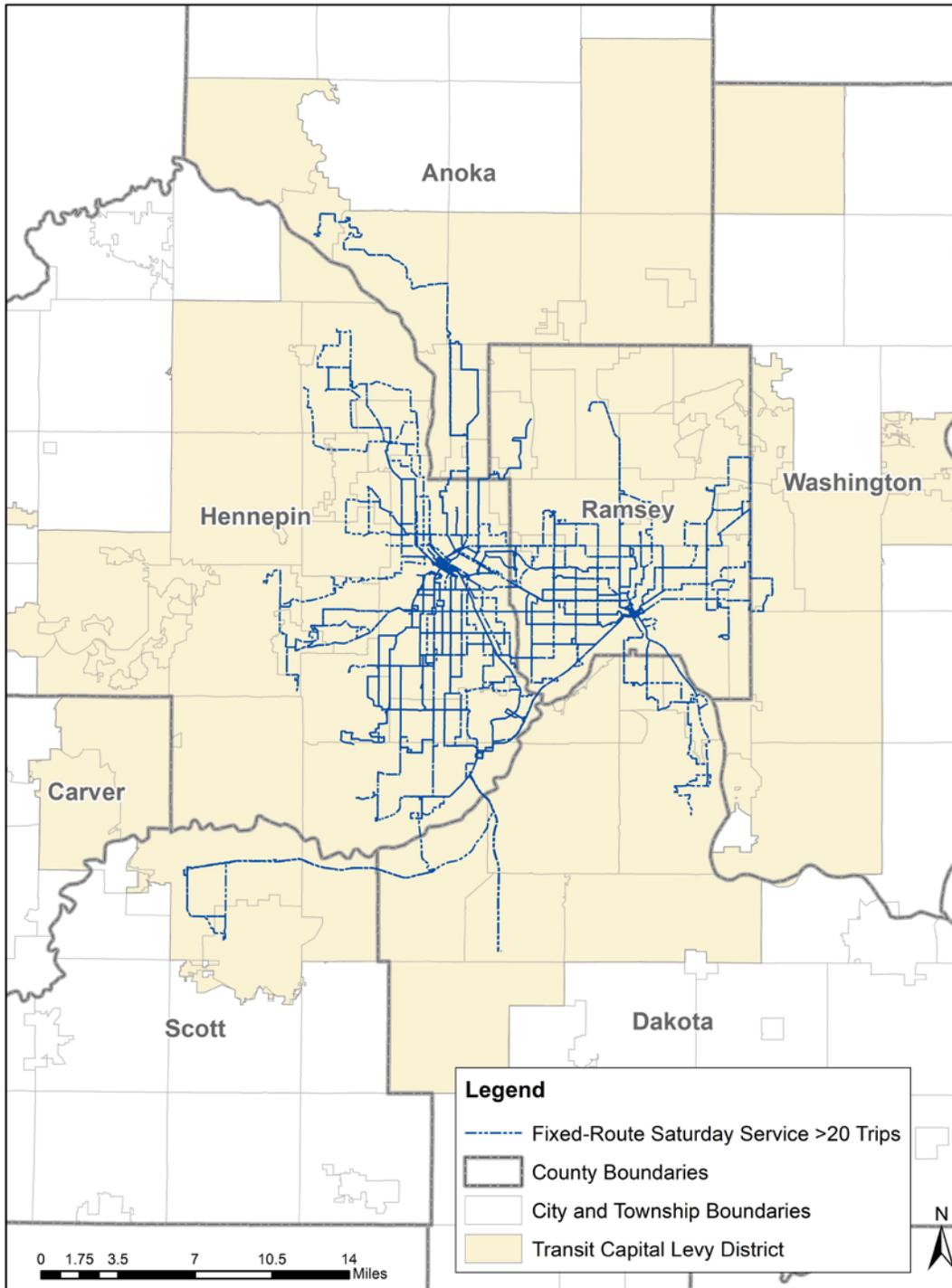
Source: Metropolitan Council, Metro Transit

Figure 8: Twin Cities Metro Area Service After Midnight on Weekdays



Source: Metropolitan Council, Metro Transit

Figure 9: Twin Cities Metro Area Frequent Saturday Transit Service



## **Improving Transit Affordability**

In 2017, Metro Transit created the Transit Assistance Program (TAP) to help make public transit more affordable for people with low incomes. Individuals who certify as having low incomes can pay \$1 fares on all regular-route transit service for a period of 365 days; partial discounts are available on Northstar commuter rail. TAP does not apply to fares charged for Transit Link or Metro Mobility rides. Individuals with disabilities, such as those who are certified to ride Metro Mobility or who have Limited Mobility ID cards, are eligible for similar reduced fares on regular-route transit service or discounts on NorthStar commuter rail. These discounts are not available for Transit Link service. During non-rush hours, older adults (65 or older) are also eligible for \$1 fares on regular-route transit service.

## ***Metro Mobility – Americans with Disabilities Act Paratransit Service***

Metro Mobility is a public transportation service for Americans with Disabilities (ADA) certified riders who are unable to use regular fixed-route buses, either some or all the time, due to a disability or health condition. Service parameters are strictly regulated by Federal and State laws. Rides are provided for any purpose and are complementary to fixed-route transit service routes and schedules. Drivers escort every passenger from the first entry door at their pickup through the first entry door at their destination. The Metro Mobility Service Center manages the service by determining eligibility and administering contracts with public and private transportation providers who deliver the direct services. The providers are responsible for hiring drivers, maintaining vehicles and scheduling and delivering client rides.

Metro Mobility provides service in areas served by all day local fixed-route transit service and beyond to cover the area designated by the state Legislature as the Transit Capital Levy Communities. Service hours are adjusted as changes are made to the regular fixed-route transit schedule. The Metro Mobility Service Area is shown on Figures 10 through 12 for weekday, Saturday, and Sunday service. Metro Mobility uses different providers for the service throughout the region, and these service areas are shown on Figure 13.

On an average weekday, Metro Mobility provides more than 8,000 rides, and about a third of those rides are for people who use wheelchairs or other mobility devices. In 2018, Metro Mobility provided 2.38 million rides to more than 20,800 active riders who are certified to use the service. Between 2013 and 2018, Metro Mobility ridership increased 30%, or an average annual growth of approximately 6% over each of the past five years.

## **Door-through-Door Service**

Metro Mobility drivers assist riders between the vehicle and the first entry door of the pick-up and drop-off. This assistance can include support when walking or pushing a wheelchair. Drivers are not permitted to go beyond the first entrance of any building. Riders who need additional assistance may bring a personal care attendant to ride with them at no charge.

## **Eligibility Guidelines**

Under the federal guidelines established by the ADA, individuals may be eligible if any of the following conditions apply:

- A person is physically unable to get to the bus because of their disability or health condition within an area that the fixed route serves.
- A person is unable to navigate the regular fixed-route system because of their disability.
- A person is unable to board or exit the bus at some locations because of their disability.

Figures 10 through 12 reflect current Metro Mobility service levels as of March 2018. These levels are subject to change as fixed-route service changes occur.

Figure 10: Metro Mobility Weekday Service Area

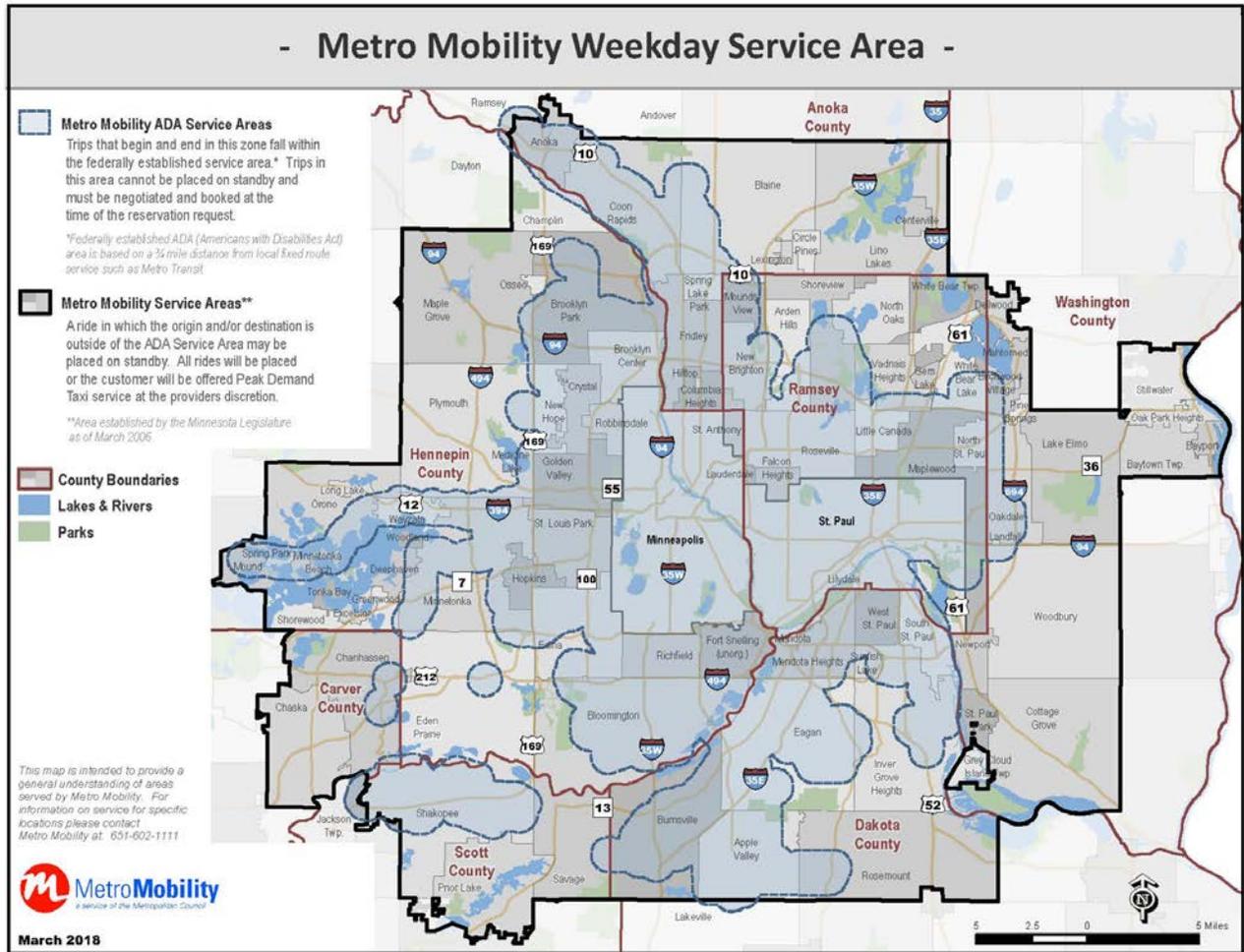


Figure 11: Metro Mobility Saturday Service Area

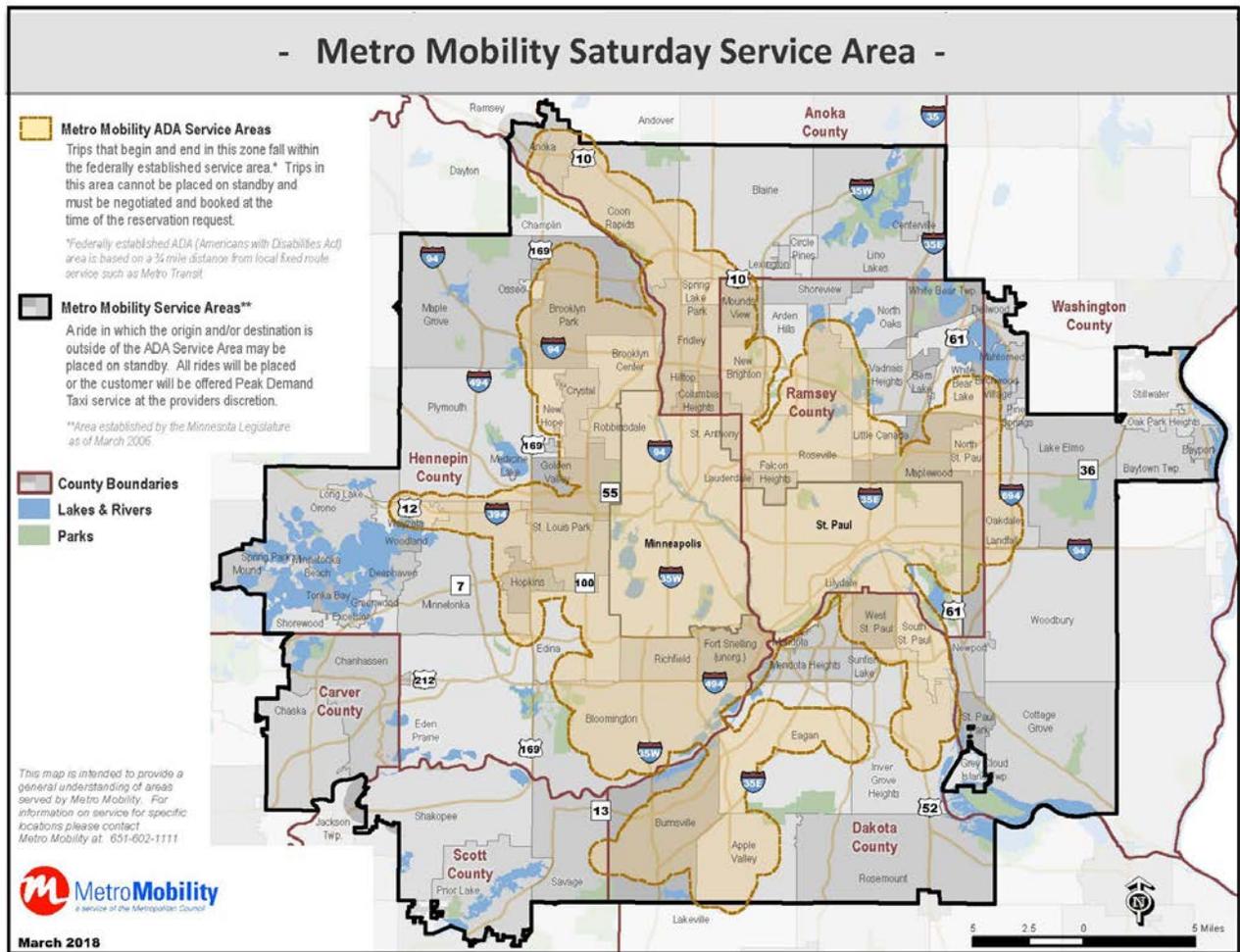


Figure 12: Metro Mobility Sunday Service Area

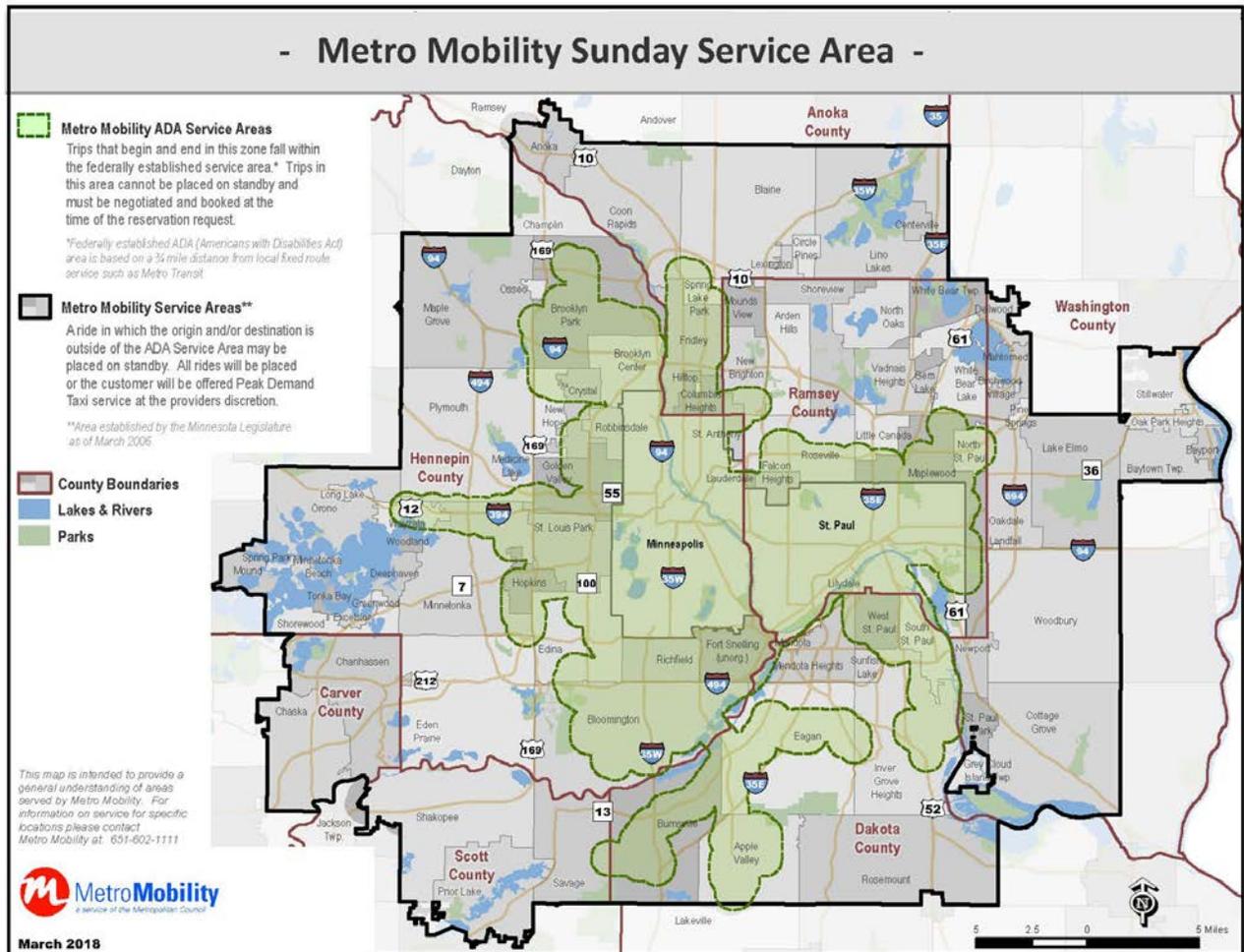
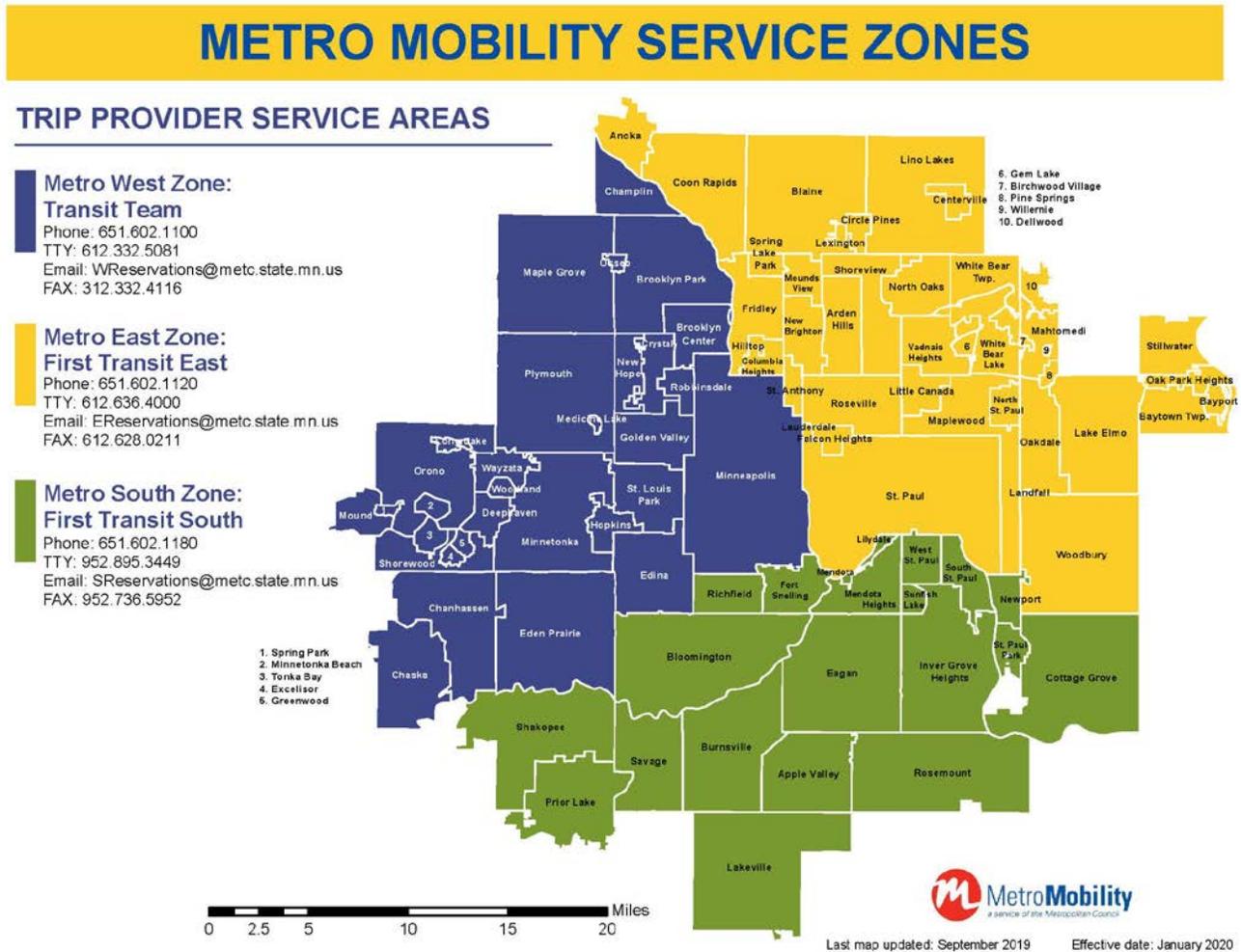


Figure 13: Metro Mobility Provider Service Areas



## Improvements

In 2017, the Minnesota Legislature created a [Metro Mobility Task Force](#) to examine ways to improve services, limit costs, and improve efficiency. The task force was also directed to look at potential service approaches that could integrate optional taxi or ridehailing (e.g. Uber, Lyft) services. Task force members included representatives appointed by each of the seven counties in the region; representatives of the disability community, the Metropolitan Council, and state agencies; and representatives of transportation providers, including taxis, Uber, and Lyft.

In 2018, the task force made recommendations for the system that would include more service options, maximize all potential funding sources, and meet the needs of people with disabilities and comply with federal and state requirements. The task force made recommendations for both the Metropolitan Council and the state Legislature. Some of the key recommendations included to study and invest in technology innovations, such as a single-point reservation system; to pilot and promote on-demand service; and to evaluate options for increased flexibility with non-ADA trips on Metro Mobility. Details about the recommendations are available in [the task force report](#).

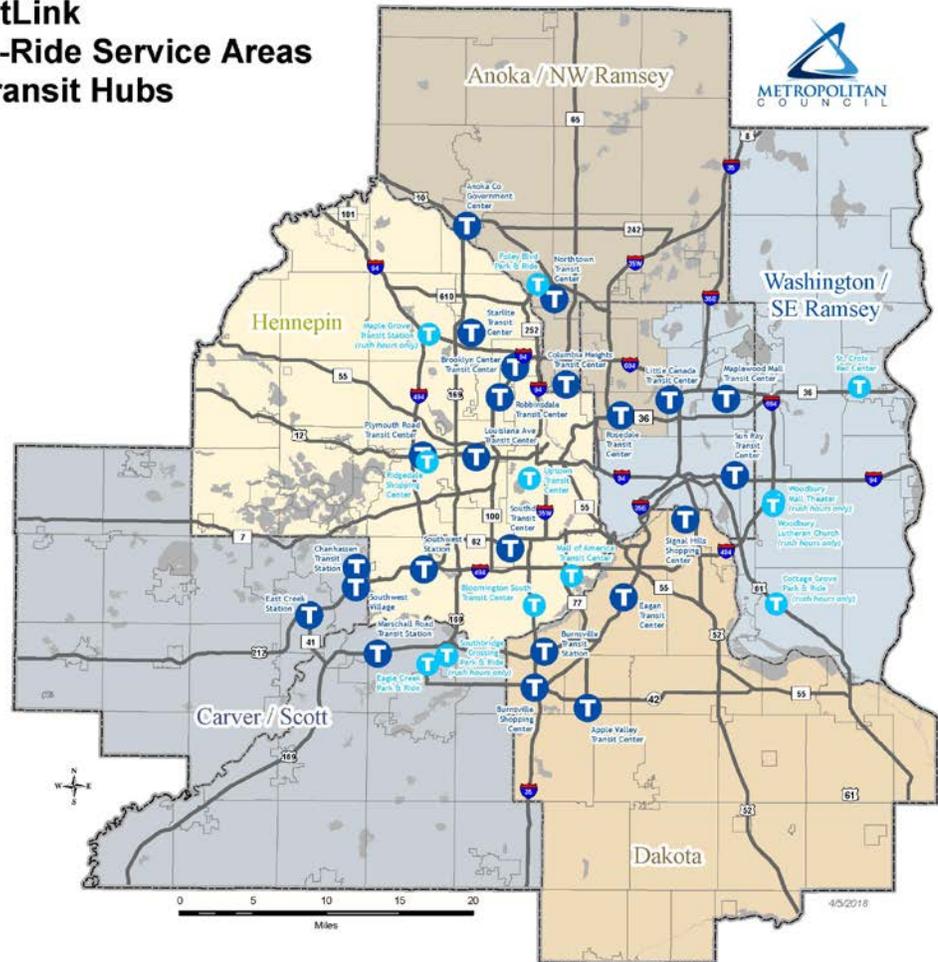
In 2019, the Minnesota Legislature provided separate funding for Metro Mobility with structural changes in the budget. Before this change, Metro Mobility was funded together with fixed-route transit services, and the increasing demand for Metro Mobility's services put pressure on the budget available for fixed-route services. Legislation also provided for data sharing between the Council and the Department of Human Services to enable the Council to seek federal reimbursement for eligible Metro Mobility rides.

### *Transit Link*

Transit Link dial-a-ride service is a shared-ride minibus or van service for the general public in the seven-county metropolitan area. With the introduction of Transit Link in 2010, the Council phased out annual subsidies to community-based dial-a-ride programs and replaced it with a coordinated and uniform program available regionwide. Transit Link service generally operates outside areas covered by regular route transit. Unlike Metro Mobility services, the use of Transit Link service does not depend on any personal information to determine eligibility. ADA-certified riders may also use the service. Trips must be scheduled in advance, and each request is evaluated for eligibility in order to avoid duplication with fixed-route service options. Trip requests that can be accomplished on fixed routes are not eligible on Transit Link. If either the origin or destination is more than  $\frac{1}{4}$  mile from a stop in the winter and more than  $\frac{1}{2}$  mile from a stop in the summer, the trip will qualify for Transit Link for at least a portion of the trip. Transit Link makes connections with regular-route service at transit hub facilities. ADA certified riders are eligible for door-to-door service, and if the trip has a fixed-route solution within the prescribed walking distance the customer will be required to book the trip with Metro Mobility. Services are provided on weekdays from 6:00 AM until 7:00 PM. See Figure 14 for service area and hubs.

Figure 14: Transit Link Service Areas and Transit Hubs

## TransitLink Dial-A-Ride Service Areas and Transit Hubs



### Transit Link Airport Overnight Service

In November 2015, Transit Link started a pilot of dial-a-ride service for employees working overnight shifts at the Minneapolis-St. Paul International Airport that is ongoing. The Council partnered with airport employers and Ramsey County Workforce Solutions on offering this service. Between July 1, 2018, and June 30, 2019, 123 individuals were provided 7,800 rides either to or from airport employer work sites between 11 p.m. and 5 a.m. when regular-route service is unavailable for their trips. Airport employers contribute to the program with a matching fare each time an employee uses the service, and riders pay the standard Transit Link fare.

### Human Service Transportation

Many organizations – transit and human service agencies – provide transportation in every county of the region. However, each provider serves different populations and different transportation needs. Coordination between these providers is possible, though consideration of compatible populations and funder requirements would be necessary.

## **Medicaid / Medical Assistance (MA)**

There are 94 identified transportation contractors who provide Medical Assistance transport in the Twin Cities region. Medical Transportation Management (MTM) began providing non-emergency medical transportation to the seven-county metropolitan area in 2004 under a state contract with the Minnesota Department of Health Services. In 2009, through Minnesota state legislation, the non-emergency transportation responsibility was passed from the state to the counties. The Minnesota Metro Counties Consortium (MCC) then began contracting with MTM to broker transportation services in the metropolitan area. Scott and Carver counties also coordinate Medicaid transportation services.

## **Private Non-Profit Providers**

In addition to public transit dial-a-ride services, there are numerous providers in the region operating demand response services for their own clients. These services can be notably difficult to inventory, since many are simply a van provided by a place of worship, living facility or social service agency to allow their clients access to their facilities, or attend medical or other services. These private providers can include:

- Day training and habilitation programs
- Community centers
- Senior centers
- Assisted living centers
- Adult day facilities
- Life skills centers
- Kidney dialysis centers
- Medical clinics
- Faith-based organizations and facilities

These social services agencies typically only offer services for their respective clients and maintain a limited geographic range for transportation.

## **Volunteer Driver Programs**

Many small non-profits in the region offer transportation services for their clients by seeking volunteer drivers to fill that role. The volunteers are screened with background checks to ensure client safety. The drivers often drive their own vehicles and are reimbursed by mileage or drive an agency vehicle. Some, though not all, of these agency vehicles are lift equipped to handle clients' mobility devices. Services for most volunteer driver programs are limited in geographic range, with many typically offering trips to or from Minneapolis to a specific list of cities/townships within a defined range. Some programs define eligible trip purposes, while others do not. Common trip purposes may include destinations such as medical appointments, grocery errands, and community centers.

## **Pilot Projects**

In 2019, Dakota County started a pilot program to use Lyft services for on-demand rides for individuals with disabilities for trips to and from employment. Eligible individuals use Home and Community Based Service (HCBS) waivers and have a Dakota County case manager. Lyft credits are authorized each month to eligible individuals. This pilot program is supported by a Department of Human Services (DHS) Innovations Grant, and Lyft funds are funded through the individual's waiver. In the fall of 2019, Dakota County also allowed rides for individuals to use Lyft to also access community activities. Lyft does not currently offer the use of wheelchair-accessible vehicles in the area, so Dakota County is using a taxi vendor with accessible vehicles to provide that service.

SouthWest Transit is launching a pilot project, SW Prime MD, in 2019 to provide public transit non-emergency medical transportation for medical facilities in Eden Prairie, Chanhassen, Chaska, Carver, and Victoria; Ridgeview medical facilities in Waconia and Chanhassen; and medical facilities in some areas of Minnetonka and Edina. Rides to medical appointments can be scheduled up to 14 days in advance, and return trips are on demand. The project is supported with an FTA Access and Mobility Partnership grant.

In 2019, Washington County started two ride-hailing pilot projects using Lyft. One project serves individuals and families receiving Child and Adult services through its Community Services Division. At the discretion of social workers, individuals and families receiving these services may use Lyft for transportation to court appearances, therapy services, medical appointments, and other community destinations. The second pilot is expected to begin with Lyft in November 2019 and is a partnership with Anoka County and Rise, Inc., a Day Training and Habilitation provider that will use waiver funds to pay for the transportation services.

In 2019, Washington County partnered with Transit Link and Fairview Lakes Medical Center in Wyoming, a community in Chisago County, in a small-scale pilot. Because Transit Link's capacity is limited, Fairview Lakes and Washington County have agreed to consolidate as many appointments as possible on Wednesdays and Thursdays for Forest Lake residents to increase the likelihood that these residents will be able to access transportation for medical appointments.

Metro Mobility launched a pilot program in 2019 with Lifeworks to support Day Training & Habilitation (DTH) transit needs beyond the level currently provided by Lifeworks. Under the program, the Council will subsidize the expenses of up to three buses with Lifeworks owning, scheduling rides, maintaining, and operating the vehicles. Lifeworks is reimbursed for expenses based on the number of Metro Mobility ADA certified riders transported each month but are not limited to transporting only certified clients. The arrangement transfers the growing need for drivers and vehicles from Metro Mobility to Lifeworks. At the same time, Lifeworks can be more agile in meeting the changing needs of clients that have been integrated into community employment and backfill any rides that Metro Mobility cannot accommodate in the non-ADA service area. Early results are positive, and the Council will consider expansion of the effort in 2020.

Metro Mobility started a pilot in 2018 to provide incentives for Metro Mobility riders to try Metro Transit's fixed-route system by providing free fares for these rides with travel training support and follow up from customer advocates. The pilot ended in October 2019. Data from the pilot will be analyzed, and a recommendation for expansion of the program will be considered based on the results.

The Council is also developing a pilot program with a model for service and partnership to provide subsidized on-demand services where Metro Mobility riders could use ride-hailing-style-services. This pilot would complement the existing taxi service option currently offered to Metro Mobility customers. The program is structured to provide comparable levels of on-demand service regardless of customer accessibility needs. This pilot program is expected to begin later in 2020.

### *Mobility Management*

Since the 2013 plan, partners in the region have started doing more work with mobility management, supported with Transit Coordination Assistance Project (TCAP) grants administered by MnDOT. Mobility management helps to connect people to the transportation options that best suit their needs and works to coordinate different transportation services and providers into a more efficient system. Beginning in 2015, MnDOT has awarded TCAP grants for mobility management in Anoka, Dakota, Hennepin, Scott, and Washington Counties, as well as to Newtrax that operates in the northeast metro

area, primarily in Ramsey County. With this newer emphasis on mobility management, the region has already seen early results.

Some of the counties in the region have done more focused planning for transportation in their areas: Dakota County completed a [strategic action plan](#) in 2014 to help improve transit and human services transportation within the county, and Washington County completed a [transit needs study](#) in 2018. Hennepin and Anoka Counties are doing strategic planning in 2019 and 2020 to understand transportation access, barriers, limitations, and possibilities for older adults, people with disabilities, and people with low incomes and to identify strategic opportunities to improve transportation services in the county.

Following up on its 2014 plan, Dakota County partners created the Dakota County Transportation Coordinating Collaborative, now called GoDakota, in 2015 to improve transportation for older adults, people with disabilities, and people with low incomes. The county also created a transportation coordinator position to focus on this work. Since beginning this work, the county has created a travel training program to help residents learn how to use the existing transportation options available in the county and started a pilot bus loop called DakotaLink, in addition to beginning its pilot with Lyft as a partner.

Newtrax serves the northeast portion of the region, focused primarily in Ramsey County, and has been working to expand coordination to maximize use of its federally funded vehicles. The nonprofit organization works with other nonprofits that provide services to people with developmental or intellectual disabilities, as well as other organizations that serve older adults. Newtrax provides mid-day circulator service for older adults between its morning and afternoon service for people with disabilities, and the organization partners with cities and businesses to fund circulator services.

Following its 2018 plan, Washington County hired a mobility coordinator and created a county Transportation Consortium, which includes a steering committee and three work groups that focus on access to employment, to health and wellness, and to the community and the region. Partners in this work include nonprofits, faith communities, transportation providers, health care systems, cities, economic development agencies, workforce development agencies, employers, and individuals who need and use available transportation options. The county Consortium is currently working to expand community circulators, pilot subsidized ride-hailing services, and develop a one-stop approach for transportation information, options counseling, travel orientation and training, and other supports.

Scott and Carver Counties have coordinated on transportation with their SmartLink system and have expanded their collaboration to further mobility management. SmartLink centralized scheduling for trips is a one-call/one-click center that county residents can use to request dial-a-ride, medical assistance transportation, and volunteer drivers. SmartLink has a Mobility Management Advisory Board with elected officials from the counties and cities, in addition to other representatives. They serve a significant percentage of rides that have been denied for dial-a-ride by using volunteer drivers, and they have started a travel training program to help residents learn how to use the different transportation options. SmartLink also uses two groups in its work. A provider group helps SmartLink maintain a local inventory of available transportation services. A needs analysis group is used to engage local communities in identifying needs and gaps in their areas and possible solutions to quantifiable needs. Key partners for these two groups include human services, senior services, city staff, local elected officials, residents, local business, and health care organizations.

Identifying gaps led to Scott County using some of its transportation sales tax funding to add some evening and weekend dial-a-ride transit service. In Carver County, the City of Norwood Young America used federal Section 5310 funding to buy a bus to provide coordinated transportation for three senior

housing buildings, a local church, and a day training and habilitation organization, with occasional use by other local partners.

### **Automated Vehicles**

While fully automated vehicles are not currently in use in the region outside of specific project demonstrations, planning is being done to prepare the state for adopting this technology as it becomes available. Automated vehicles use technology to steer, accelerate, and brake with little to no human input. Some vehicles may still require a person in the vehicle to monitor the roadway, while other vehicles may not require any monitoring from people inside the vehicle. This type of technology could potentially impact transportation for people with disabilities. After doing public engagement and coordination with stakeholders, in 2018 the Governor’s Council on Connected and Automated Vehicles [released a report](#) with recommendations that included issues related to aging populations, people with disabilities, and people with low incomes. In 2019, MnDOT released a [Connected and Automated Vehicle Strategic Plan](#) for the state. Statewide coordination and planning continue to prepare Minnesota for the adoption of these technologies. SmartLink worked with students from the University of Minnesota to look at how automated vehicles may affect pedestrian safety, rural communities, and older adults and people with disabilities.

### **Previous Plan High-Priority Strategies Status Review**

In 2019, the plan’s Steering Committee reviewed strategies identified as high priorities in the Coordination Action Plan adopted in 2013 to assess progress made in the region. All were identified as needing more action, except for one that was recommended for deletion.

**Table 4: High-Priority Strategies Status**

<b>Strategy</b>	<b>Status</b>	<b>Comments</b>
Improve coordination among information lines	Started	MinnesotaHelp only lists services with funding through human services. Metro Transit does not include other information. Senior LinkAge includes many services that are limited in eligibility.
Address insurance issues related to shared transportation	Started	State Department of Commerce interest in this area may help move this work forward.
Establish mobility manager	Started	Transit Coordination Assistance Projects (TCAPs) help with this work. Since the 2013 plan, these projects have been funded for Anoka, Dakota, Hennepin, Scott, and Washington counties, as well as Newtrax, which works in Ramsey County. Anoka and Hennepin counties are starting work in this area.

Strategy	Status	Comments
Pool funding	Needs to begin	“Funding” is a restrictive term with different types of funding (federal, state, etc.) – <i>resources</i> makes more sense. The region has done work with sharing resources, such as the work done by Newtrax, Scott and Carver counties, and day training & habilitation programs working with cities and places of worship.
Coordinate grant seeking	Started	This can be done at different levels, such as within counties or within the region.
Technology enhancements for scheduling systems	Needs to begin	Interest in doing this. Chicago is an example of having one number to call for an accessible taxi.
Improve awareness of information sources	Started	Difficult to keep service information current because it changes quickly. It can be more challenging for new riders to get information. There is a big disconnect with awareness and navigation; more needs to be done to make information relevant to what a person can actually use versus too much information that is not helpful.
Awareness of travel training programs	Ongoing	These programs are generally well received but could use more resources. MnDOT facilitates a train the travel trainer program. Services are provided through different agencies such as Metro Transit, MVTA, Dakota County, Scott County. Rise has clients that could use transit with travel training but doesn’t have it available.
Maximize ridership	Ongoing	Providing better quality service can help with growing ridership. Low-density land uses can be barriers to effectively delivering service to some areas.
Improve transit marketing to human service agencies	Started	Discounts are helpful for agencies to be able to provide.
Identify match funds	Recommend deletion	The purpose and importance of this strategy was unclear to the 2019 committee.

## 4. Needs Assessment

Participants in a workshop held on August 16, 2019, identified current challenges and barriers for mobility for older adults and people with disabilities, using the previous plan as a starting point. Additional information about the workshop is included in the Plan Process section.

The identified barriers and challenges are grouped in three main categories. Those that were identified as the most important barriers at the workshop are noted in bold.

### *Coordinate and Consolidate Transportation Services and Resources*

- **Services that aren't coordinated among providers**
- Regulatory challenges that affect service and coordination for providers, such as insurance or the lack of clear definitions for ride-hailing (Uber and Lyft) services and how it impacts volunteer driver programs.
- Paratransit (Metro Mobility) service area is linked to existing fixed-route service, and there is no service guarantee outside the ADA service area.
- Need more flexibility with existing funding
- Inadequate or lack of signage at transfer facilities can be challenging for people with cognitive disabilities who need clear information.
- Lack of accessible public restrooms, shelters and benches along transit routes is a challenge for many people with a variety of medical conditions or disabilities.
- Added complexity with coordinating services to destinations in adjacent counties outside the seven-county regional scope of this plan.

### *Mobility*

- **Lower levels of or no service in the region and during off-peak times (evenings and weekends)** – Areas of the region with lower densities of housing and employment have lower levels of transit service considering budget constraints and existing land uses.
- **Limited options for accessible same-day service** – Available services, where fixed-route transit and taxis are available, may not be feasible for some, especially those with limited incomes. Same-day capacity on Metro Mobility and Transit Link tends to be more limited. Metro Mobility customers have an option of same-day taxi rides that the Council subsidizes up to \$15 for a one-way trip.
- Dial-a-ride capacity is a challenge when the service fills quickly.
- Limited options for low or no-cost transportation services, especially for people who may not have access to transit with reduced fares.
- Lack of service for short-distance trips outside ADA service areas
- Limited door-through-door service for people who need more assistance, other than Metro Mobility
- Inaccessible pathways and transit stops, especially in the winter when snow and ice are not promptly cleared, can be major impediments to people with disabilities.
- Trip length – Long rides due to trip distance or scheduling can be difficult for riders with different conditions or simply the amount of time spent traveling.

- Vehicle issues – Lack of accessible vehicles for ride-hailing (Uber and Lyft). Also, while Metro Mobility has made improvements to its vehicle suspension for rider comfort, other vehicles may be uncomfortable or undesirable.
- Lack of access to different types of destinations – People may have transportation to certain types of destinations, such as medical appointments, but lack reliable access to other destinations and needs, such as supportive services (e.g. water therapy, support group meetings) or healthy food at grocery stores or farmers markets. Reliable transportation to employment can be an ongoing challenge, including for support staff such as personal care assistants for people with disabilities. Combining different types of trip destinations, such as to a medical facility, child care, and a grocery store, can be difficult.

### *Communication, Training, and Organizational Support*

- **Lack of adequate funding for transportation services with greater coordination while demand is increasing.**
- **Limited awareness and information**
  - Challenging for potential riders and agencies to understand the available transportation options and how to use them;
  - Limited knowledge and lack of prioritization by elected officials;
  - Wide range of ADA-related disabilities and a lack of understanding or training by service providers makes it difficult for drivers to meet customer needs, i.e. service animals, etc.;
  - Lack of coordination between information sources, such as Metro Transit, MinnesotaHelp, and United Way, makes it difficult for potential riders and human service agencies to find appropriate information.
- **Challenges of using fixed-route transit** – Includes several considerations including challenges with navigation, access and payment and concerns about personal safety
- Language support services are important for people whose primary language is one other than English. This can also include people with disabilities who may experience challenges with communicating with drivers or customer service representatives.
- Need options beyond phone for scheduling trips to meet varying needs; language, vision and other barriers
- Workforce challenges for both paid and volunteer positions. Low wages for drivers and reimbursement and tax issues for volunteers.

## 5. Strategies

At the August 16 workshop, participants reviewed strategies from the 2013 plan and identified any new suggestions. The Steering Committee reviewed draft strategies and prioritization after the workshop, and those they identified as high priorities were presented for input from the Council’s Transportation Accessibility Advisory Committee at its November 2019 meeting.

Like the barriers and challenges, the strategies are grouped into three categories:

1. Coordinate and Consolidate Transportation Services and Resources
2. Mobility
3. Communication, Training, and Organizational Support

For this plan, 33 strategies were identified and prioritized. They are presented in tables by priority (high, medium, or lower priority). Each table includes the strategy category, the strategy, example projects, and the barrier or challenge being addressed. Potential work to address identified strategies may vary based on locally-identified needs and priorities.

**Table 5: High-Priority Strategies and Potential Work**

Category	Strategy	Potential Work	Barrier Addressed
1	Address insurance issues related to shared transportation	Work with partners to enact state laws to remove insurance barriers for human service agencies, volunteer driver programs, and smaller community-based organizations choosing to run a van or car service. Clarify definitions in state statute for volunteer drivers to distinguish from for-profit drivers.	Regulatory issues
1	Address regulatory issues related to shared transportation	Address regulatory and licensing issues that can hinder Day Training & Habilitation service coordination or provision of other services	Regulatory issues
1	Coordinate to provide “one stop” for potential riders	Create a central point for people to be able to get what they need to access transportation where they are, whether they need a travel trainer, culturally-specific information that’s relevant to their needs, or services that are focused for people with limited mobility.	Information needs
1	Seek opportunities to use existing funding sources more broadly	Review funding programs for opportunities to expand eligibility or uses of existing funding streams.	Funding

<b>Category</b>	<b>Strategy</b>	<b>Potential Work</b>	<b>Barrier Addressed</b>
1	Establish and maintain mobility management programs	Develop plans to establish and maintain a Mobility Management program. Identifying an entity or entities to provide mobility management services can help to coordinate among the various transportation providers in counties and the region and share information.	Efficiency & coordination
2	Increase off-peak transportation options	Increase the availability and frequency of transportation options during off-peak hours where there is demand, such as areas with a larger number of entry-level jobs, workforce centers, and other human service centers.	Low service levels
2	Make technology enhancements for riders	Use technological improvements to provide and maintain real-time information to riders for all types of services (not just fixed-route transit) and create suitable options for scheduling trips. Enable real-time payment uploads to Go To cards so the funds can be used immediately.	Information needs
2	Make technology enhancements for scheduling	Improve scheduling systems to allow for better integration between dial-a-ride and fixed route service and to allow for same day reservations on dial-a-ride, ADA paratransit, and other services.	Efficiency & coordination
2	Ensure accessible vehicles are available for ride-hailing services	Work with ride-hailing providers to identify ways to recruit drivers of accessible vehicles or other methods of providing similar service with accessible vehicles and accompanying training for drivers on working with people with different disabilities.	Vehicle accessibility & comfort
2	Increase dial-a-ride capacity	Expand the dial-a-ride service, adding drivers and vehicles to meet demand for the service.	Low service levels
2	Create and maintain accessible pathways and transit stops	Pathway enhancements may include adding sidewalks where none exist, moving any blocking structures (e.g. utility poles), repairing sidewalks, installing accessible pedestrian signals (APS), and timely snow and ice removal. Encourage development of technology for clearing snow and ice, such as heated sidewalks or autonomous snow removal options for pedestrians.	Inaccessibility

<b>Category</b>	<b>Strategy</b>	<b>Potential Work</b>	<b>Barrier Addressed</b>
2	Expand Metro Mobility service beyond current service hours and area	Identify funding to enable expansion of Metro Mobility ADA service beyond current service hours that are tied to fixed-route service hours.	Low service levels, limited door-thru-door service
2	Provide local shuttle or circulator service	Starting and maintaining circulator services or local shuttles or microtransit options to connect with transit stations or destinations, whether provided by a public transit or human service agency, could help to bridge service gaps in areas with limited transit availability. These services can work well where travel needs are more flexible but may also address employment access based on local need.	Low service levels
3	Improve awareness of information	There are numerous information sources already available about transportation options in the Twin Cities area. However, awareness of these resources is limited. Public awareness strategies can help to improve access to these resources and the transportation services that people access through them. Ensure multiple ways for new and current riders to learn about changes to services or programs.	Information needs
3	Improve awareness of travel training options	Promote travel training options to populations most likely to need the service to increase awareness.	Information needs, challenges with fixed route
3	Expand coordinated travel training	Expand travel training where needed (in coordination with existing services), focusing on those populations who could ride fixed-route transit but who may need more initial assistance to do so. The training should include skills across modes and skills for using technology in travel (such as phone apps).	Information needs

Category	Strategy	Potential Work	Barrier Addressed
3	Provide language support services	<p>People with limited English proficiency and different types of disabilities may need additional communication support when using transportation services. Although Metro Transit has substantially expanded its efforts to communicate with limited English proficiency populations, barriers still exist. Rider communication cards could assist with interaction with drivers. Service guides in other languages marketed specifically to human services organizations working with immigrant groups could help reduce barriers. Metro Transit has started Spanish classes for bus operators to assist with customer interactions; this model could be expanded to other transportation services or include other languages as needed. For people with different abilities to process information, the information needs to be simple.</p>	Information needs
3	Elevate the visibility and understanding of these issues for elected officials	<p>Elected officials are in positions to use legislation and policy changes to implement some of these strategies to address the needs outlined in this plan. Provide proactive education and awareness for this group to increase their capacity to understand the systems and the challenges people face in their daily lives. Media stories and ride-alongs can be tools to help put human faces to these issues.</p>	Information needs

**Table 6: Medium-Priority Strategies and Potential Work**

Category	Strategy	Potential Work	Barrier Addressed
1	Improve coordination among information sources	Metro Transit’s website could have a link to transportation information from United Way and MinnesotaHelp, and Metro Transit’s Transit Line could have information on United Way, MinnesotaHelp and other sources. United Way 2-1-1 and MinnesotaHelp could improve the integration of transportation information into their processes and information. As county mobility management programs develop comprehensive transportation resources, links should be created between information sources.	Information needs
1	Joint coordination and deployment of technology	Ensure a coordinated interface among multiple systems for trip coordination, purchase, and billing while addressing individual system differences. Grants could help reduce entry barriers for coordination services. Mentors and technical assistance would provide consistent support to develop and localize solutions that increase access.	Efficiency & coordination
2	Provide free or reduced cost transit passes	Promote Metro Transit’s Transit Assistance Program to all county human services providers and other partners. Be proactive in outreach to people who may be deterred from seeking assistance due to changes in federal immigration policy regarding public assistance and eligibility for naturalization.	Cost to riders
2	Expand volunteer driver programs	Expand volunteer driver programs to include additional outreach efforts to recruit more volunteers, provide stipends to incentivize participation, and provide training modules for risk management and liability coverage coordination.	Low service levels

Category	Strategy	Potential Work	Barrier Addressed
3	Provide consistent training for transportation providers	Ensure consistency of information among training programs for drivers of different services. Create a region or statewide training program for non-emergency medical transportation. Driver training should include ADA needs, such as service animals or seating, and provide an understanding of how to best interact with people among the range of types of disabilities. People with different disabilities should be involved in the development and/or delivery of the training.	Information needs
3	Maximize ridership	Improve information about available service in order to maximize ridership on fixed route transit or other services. Efforts to maximize ridership may also include surveying potential riders to ensure that services meet rider needs.	Efficiency
3	Improve public transit marketing to human service agencies	Customized information packets could be provided to social service agencies and directly to clients of these agencies. Metro Transit could also incorporate a demonstration and training session on the use of the Web based itinerary planning program. Metro Transit could expand partners for its Transit Assistance Program.	Information needs
3	Create or support “bus buddy” programs	Bus buddy programs provide extra assistance to individuals who cannot ride fixed route transit on their own or who need extra assistance to start riding. The bus buddy may be a person on staff at an agency, though they are more commonly volunteers. Colleges, senior volunteer programs, and senior centers are potential sources for volunteers.	Information needs

**Table 7: Lower-Priority Strategies and Potential Work**

Category	Strategy	Potential Work	Barrier Addressed
1	Pool resources	Pooling resources between agencies that provide transportation services among compatible service populations and types of rides may help to relieve some funding and/or resource strains while maintaining or increasing service levels. An example could be using a vehicle to provide service to different populations at different times of day or on different days of the week.	Efficiency & coordination
1	Coordinate grant seeking	Coordinate search for grant funds, potentially through a mobility management service.	Efficiency & coordination
1	Coordinate with other supporting services	Having accessible public restrooms available along transit is critical for a wide range of riders. Partner with existing locations to ensure access or work to provide dedicated facilities where gaps exist. The Minneapolis Downtown Improvement District recently partnered with the city on a project to improve public access to restrooms downtown.	Support services (restrooms, other services as needed)
2	Provide or maintain carpool or carshare programs	Establish or support stand-alone carpool or carsharing programs and promote at major work sites, in retirement communities, and other sites where larger numbers of people have similar transportation needs.	Low service levels
2	Increase transit service within and connecting between suburbs	Establish a complementary service alternative to any existing regular route service.	Low service levels
2	Provide taxi or ride-hailing vouchers	Human service agencies could coordinate with taxi or ride-hailing companies to establish a voucher or pre-paid ride program for situations in which transit won't meet needs and when there no other options are viable, such as for patient transportation on discharge from a hospital.	Cost to riders
3	Create a transit ambassador program	Create an ambassador program, whether it is volunteer or paid. People serving as ambassadors on transit (not law enforcement officers) could help reinforce considerate behavior, such as reserving designated seats for people with disabilities, and be resources to riders needing assistance.	Information needs

## 6. Plan Process

### *Steering Committee*

A Steering Committee guided the development of the plan. The Steering Committee assessed the current status of high-priority strategies from the previous plan, recommended potential participants in the public workshop, participated in the workshop to identify barriers and strategies, prioritized strategies, and reviewed an initial draft of the plan. Members participated in two meetings in addition to the August workshop. Committee members represented state agencies, non-profit human service providers, county human services and mobility management, transportation providers, and health insurance providers. Members are listed below.

<b>Name</b>	<b>Agency</b>
Alan Hermann	SmartLink
Bob Platz	LifeWorks
Courtney Whited	Minnesota Department of Human Services / Minnesota Board on Aging
David Fenley	Minnesota Council on Disability
Denise Lasker	HealthPartners
Gerri Sutton	Metropolitan Council
Megan Zeilinger	Dakota County
Meredith Klekotka	Metro Transit – Shared Mobility
Noel Shughart	MnDOT
Robin Rohr	Hennepin County
Robyn Bernardy	Dakota County
Ryan Nelson	Rise
Sheila Holbrook-White	Washington County
Susan Duffy	Metro Mobility
Victoria Dan	Metro Transit

## *Stakeholder Workshop and Input*

A stakeholder workshop was held on August 16, 2019, to identify current challenges and barriers for mobility for older adults and people with disabilities, using the previous plan as a starting point. Participants reviewed identified barriers and challenges and suggested changes, including identifying any additional needs. They worked in small groups to identify the most important barriers that need to be addressed in the region. Additional barriers were identified but not prioritized. The 26 workshop participants included steering committee members and representatives of The Arc Minnesota, DARTS, Volunteers of America, Southeast Seniors, East Side Neighborhood Services, the Metropolitan Area Agency on Aging, Newtrax, and MSS. Members of the Council's Transportation Accessibility Advisory Committee (TAAC) also participated in the workshop. The TAAC was created by the state Legislature to advise the Council on the development and management of policies regarding accessibility of all aspects of fixed-route and special transportation services for people with disabilities, as well as on long-range plans to meet the accessible transportation needs of the community. This committee includes riders and advocates for older adults and people with disabilities. At least half of the committee members must be certified as eligible for ADA paratransit and be active users of public transit in the region.

In addition to the workshop, input from other groups was used to validate identified challenges and barriers. Metro Mobility regularly hosts community conversations with its riders to gather feedback on its services. Summaries of these events from the past three years were reviewed to ensure that relevant information was captured for this plan. A short survey was sent to service providers, and 14 organizations responded. Additionally, Council staff presented a summary and solicited feedback regarding results of the August workshop at the October 2019 meeting of the TAAC.

## *Public Review and Comment*

The draft plan was posted online for public review and comment from November 12 through December 27, 2019. Comments were accepted by email, mail, or telephone. During this time, the Council used its web site, email lists, and social media to promote the public comment period. Staff also made presentations about the draft plan to the Minnesota Department of Human Services Transportation Coordination Work Group and the Washington County Transportation Consortium Steering Committee.

The Council's use of its web site and social media to promote the public comment period resulted in the following:

- 312 Web page users
- 41 Twitter likes and retweets
- 27 Facebook post likes, shares, comments, and clicks

The Council received comments by email and mail from 10 individuals and organizations. A report of the public comments received with staff responses and changes made to the plan is available on request.

## Appendix A: Transportation Providers

This list covers major transportation providers in the region but is not a complete list of every provider. Some providers may have eligibility requirements or primarily serve clients of their programs.

Agency	Web Site or Phone	Area
<i>Fixed-Route Transit Service</i>		
Metro Transit	<a href="http://www.metrotransit.org/">www.metrotransit.org/</a>	Region-wide within Transit Capital Levy Communities
Maple Grove Transit	<a href="http://www.maplegrovmn.gov/services/transit">www.maplegrovmn.gov/services/transit</a>	Maple Grove and downtown Minneapolis
Minnesota Valley Transit Authority (MVTA)	<a href="http://www.mvta.com/">www.mvta.com/</a>	Apple Valley, Burnsville, Eagan, Rosemount, Savage, Prior Lake, Shakopee
Plymouth Metrolink	<a href="http://www.plymouthmn.gov/departments/administrative-services-/transit">www.plymouthmn.gov/departments/administrative-services-/transit</a>	Plymouth and downtown Minneapolis
SouthWest Transit	<a href="http://swtransit.org/">swtransit.org/</a>	Chaska, Chanhassen, Eden Prairie, Carver, Victoria and downtown Minneapolis and the University of Minnesota
<i>Regional Services</i>		
Metro Mobility	<a href="http://metro council.org/Transportation/Services/Metro-Mobility-Home.aspx">metro council.org/Transportation/Services/Metro-Mobility-Home.aspx</a>	Region-wide within Transit Capital Levy Communities
Transit Link	<a href="http://metro council.org/Transportation/Services/Transit-Link.aspx">metro council.org/Transportation/Services/Transit-Link.aspx</a>	Region-wide where regular route transit service is infrequent or unavailable
<i>Public and Private Non-Profit and For-Profit Services</i>		
Achieve Services	<a href="http://www.achieveservices.org/">www.achieveservices.org/</a>	All of Anoka County, some within Hennepin, Ramsey, Washington Counties

<b>Agency</b>	<b>Web Site or Phone</b>	<b>Area</b>
Anoka County Traveler	<a href="http://www.anokacounty.us/3636/Transit">www.anokacounty.us/3636/Transit</a>	Anoka County
Community Thread	<a href="http://communitythreadmn.org/">communitythreadmn.org/</a>	For residents of Stillwater Area School District
Coon Rapids Senior Services	763-767-6473	Within Coon Rapids
DARTS	<a href="http://dartsconnects.org/">dartsconnects.org/</a>	From Dakota County
East Side Neighborhood Services	<a href="http://www.esns.org/">www.esns.org/</a>	North, North East and South East Minneapolis and St. Anthony residents
First Transit	<a href="http://www.firsttransit.com/">www.firsttransit.com/</a>	
GAPP Services	<a href="http://gappservicesinc.com/">gappservicesinc.com/</a>	Dakota County
Lifeworks Services	<a href="http://Lifeworks.org">Lifeworks.org</a>	
Minneapolis American Indian Center	<a href="http://www.maicnet.org">www.maicnet.org</a>	
MRCI	<a href="http://mymrci.org/">mymrci.org/</a>	
Neighbors Inc	<a href="http://www.neighborsmn.org/">www.neighborsmn.org/</a>	Residents of West St. Paul, South St. Paul, Inver Grove, Mendota, Mendota Heights, Sunfish Lake
Newtrax	<a href="http://www.newtrax.org/">www.newtrax.org/</a>	Northeast metro
Nokomis Healthy Seniors	<a href="http://www.nokomishealthyseniors.org/">www.nokomishealthyseniors.org/</a>	Minneapolis
Northeast Contemporary Services	<a href="http://www.northeastcontemporaryservices.org/">www.northeastcontemporaryservices.org/</a>	

Agency	Web Site or Phone	Area
Northeast Senior Services	<a href="http://www.neseniors.org/">www.neseniors.org/</a>	From Northeast Minneapolis, Saint Anthony Village, Columbia Heights and New Brighton
Opportunity Partners	<a href="http://opportunities.org/">opportunities.org/</a>	
ProAct	Proactinc.org	Hastings, Apple Valley, Farmington, Lakeville, Eagan, Burnsville, Inver Grove Heights, South St. Paul, St. Paul, Mendota Heights. Cottage Grove, Maplewood, Woodbury, Bloomington
Rise, Inc.	Rise.org	Anoka, Hennepin, Washington Counties
Smart Link	<a href="http://scottcountymn.gov/516/SmartLink-Transit">scottcountymn.gov/516/SmartLink-Transit</a>	From Scott and Carver Counties throughout metro
TLC Special Transportation	<a href="http://www.tlcspecialtransportation.com/">www.tlcspecialtransportation.com/</a>	
Transit Team	transitteam.com/	
Volunteers of America of Minnesota	Voamn.org	



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