

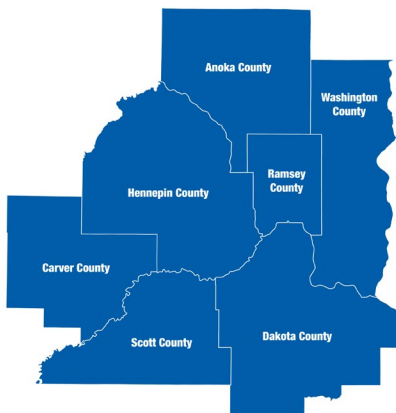
DRAFT TWIN CITIES PUBLIC TRANSIT AND HUMAN SERVICES TRANSPORTATION COORDINATED PLAN



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.

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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 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 tool for planning and implementing beneficial projects.

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.

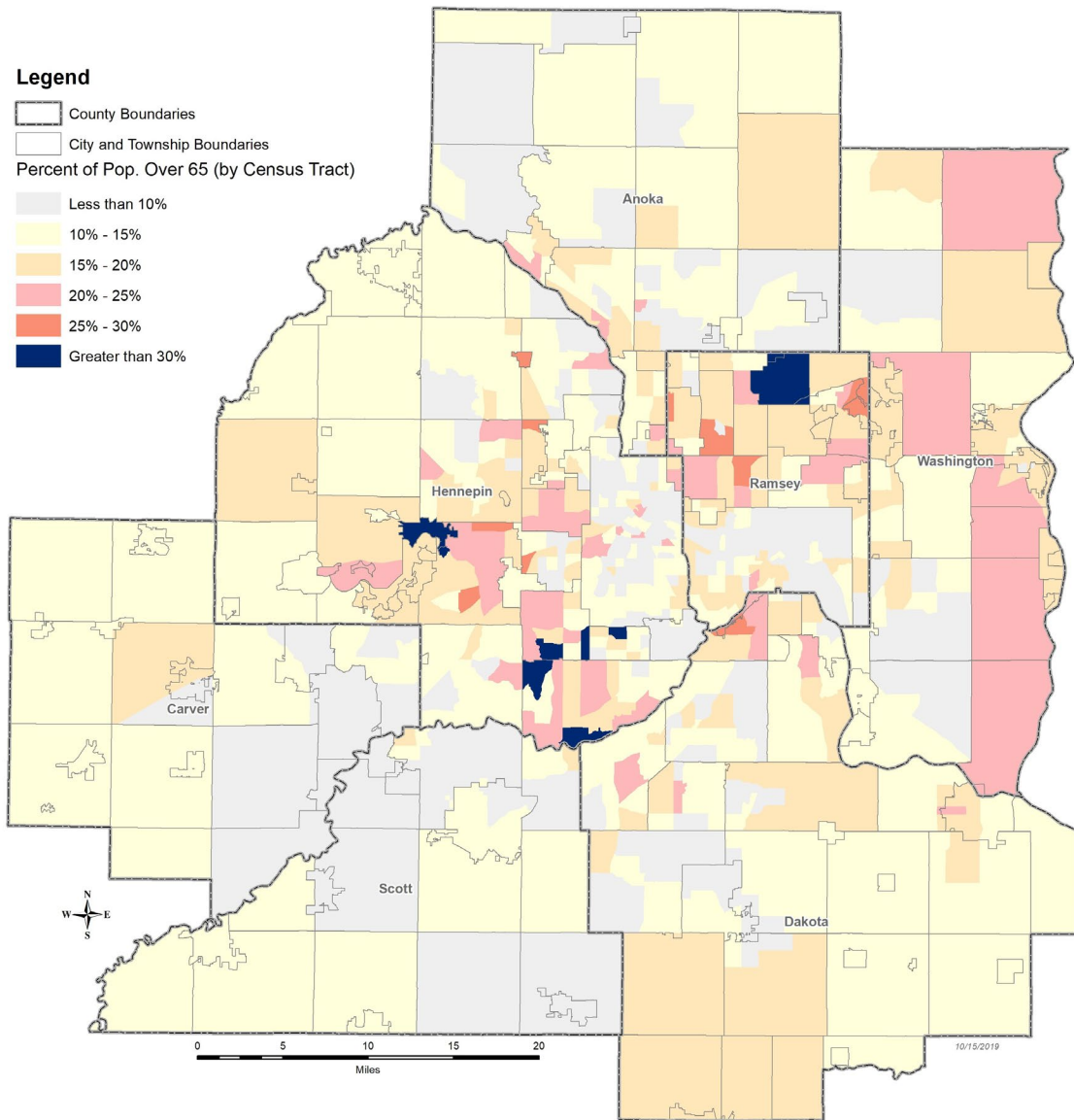
Older Adults

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

Figure 2: Percent of Population Over the Age of 65



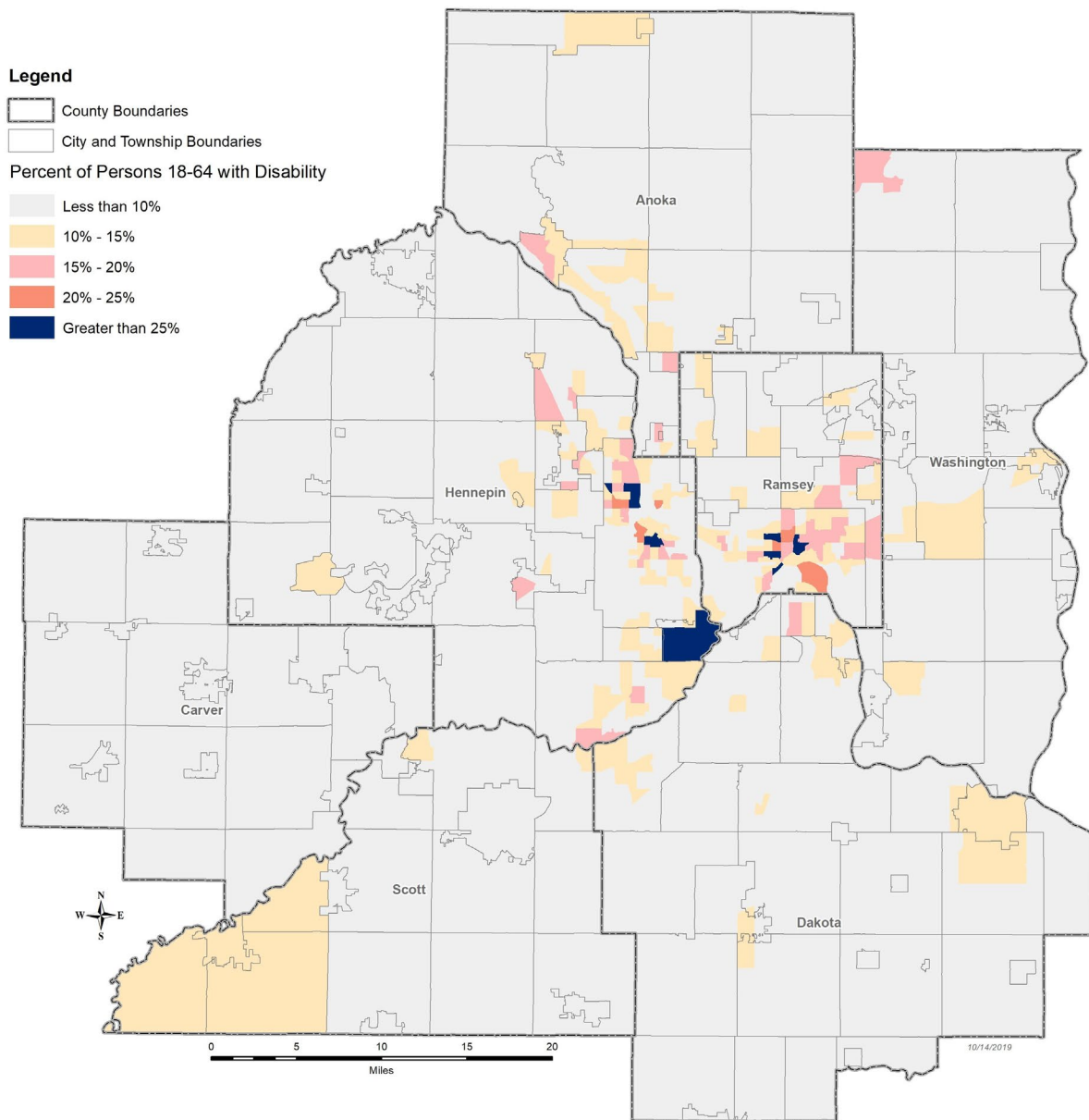
Individuals with Disabilities

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

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

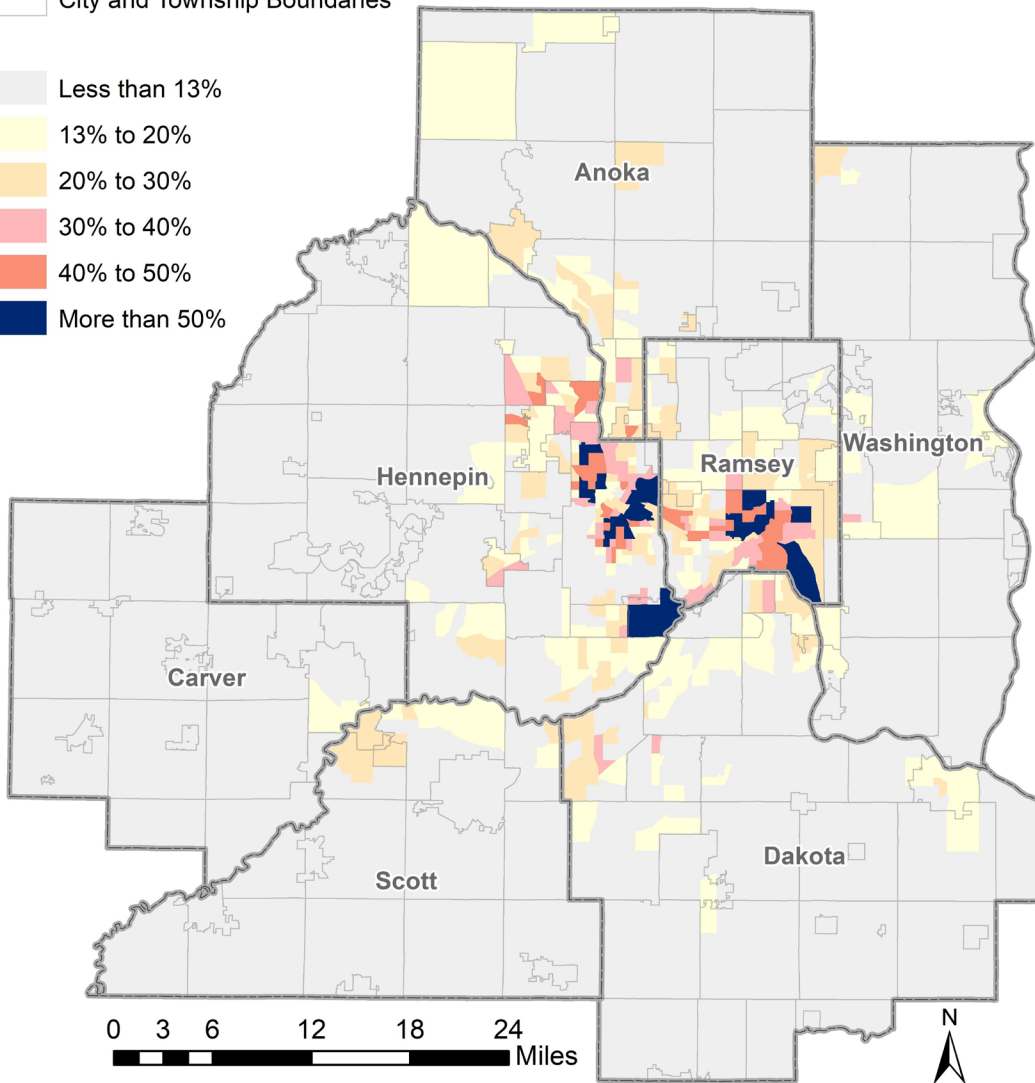
For the purposes of this plan, low income is defined as at or below 150% of poverty level. The areas with the highest percentages of people living with low incomes are in Hennepin and Ramsey Counties, and Carver County has the lowest poverty rates.

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

Legend

- County Boundaries
- City and Township Boundaries

- Less than 13%
- 13% to 20%
- 20% to 30%
- 30% to 40%
- 40% to 50%
- More than 50%



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

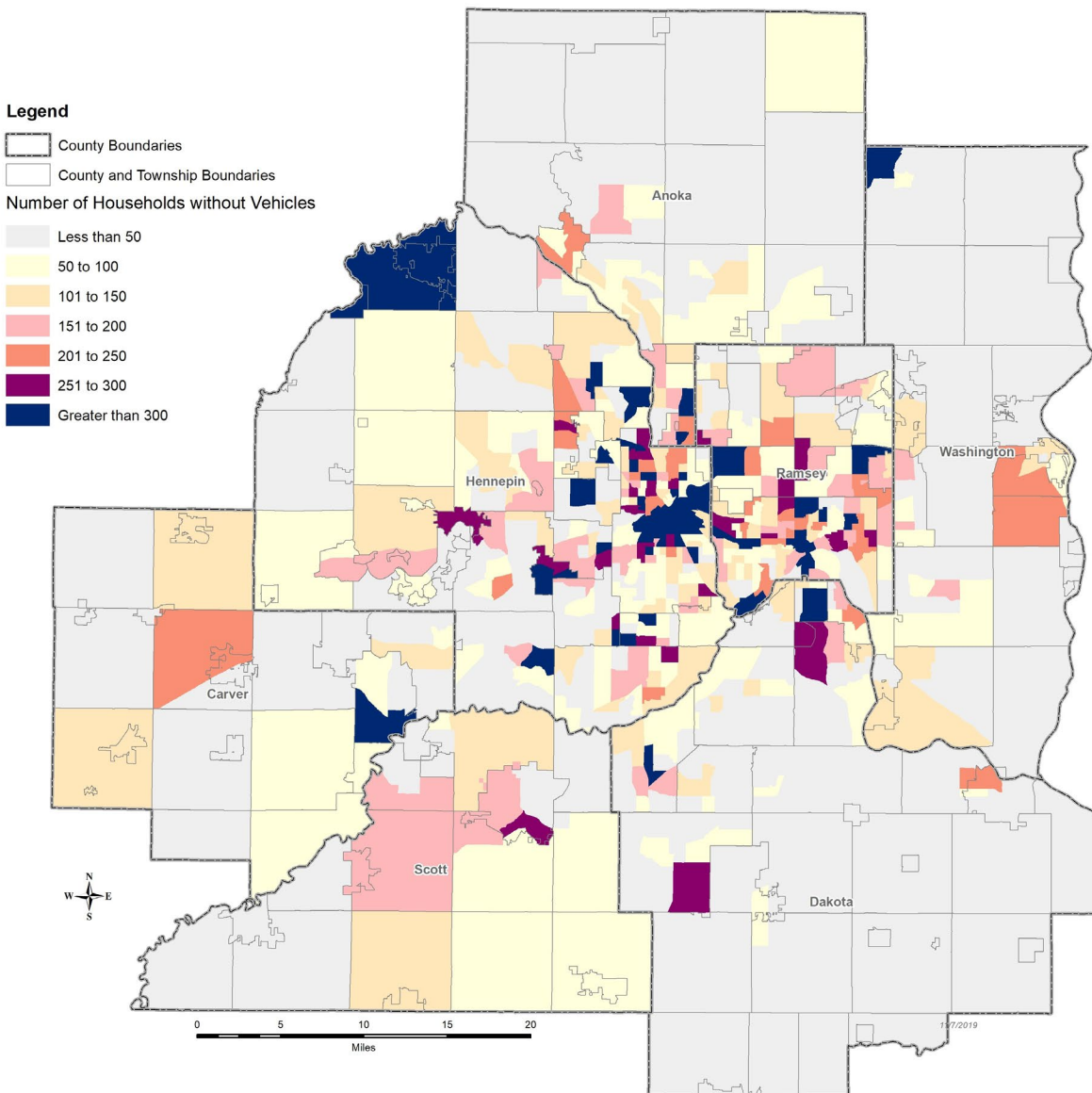
The percent of the region's households without a vehicle remained the same at 8% between 2010 and 2017, as shown in Table 3. Ramsey County has the highest rate of households without vehicles at 11%.

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

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

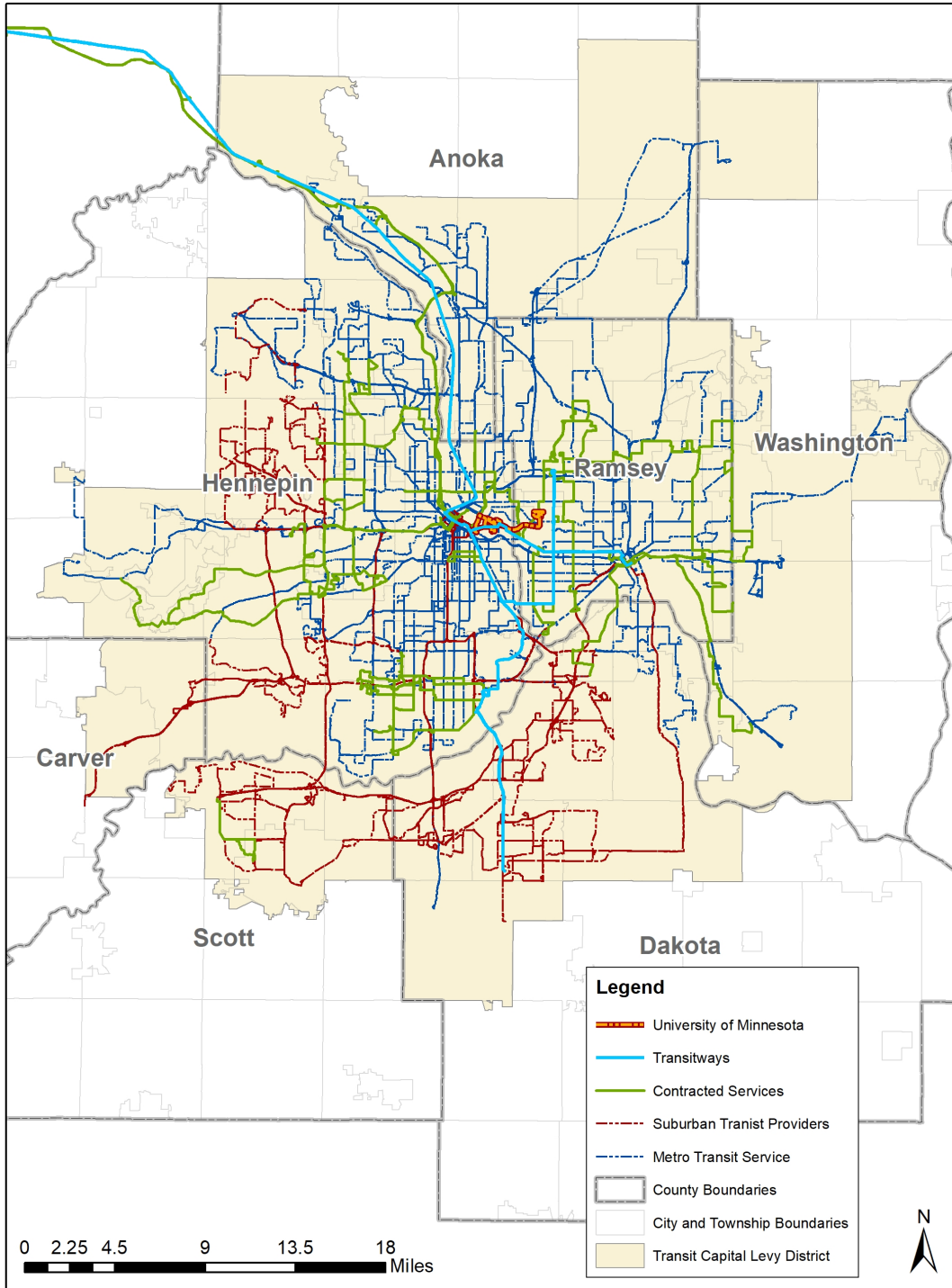
Another division of the Metropolitan Council, Metropolitan Transportation Services, contracts regular-route service with private bus companies. These routes are approximately 10% of the fixed-route service provided by the Metropolitan Council. These contracted routes are typically suburban local or express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

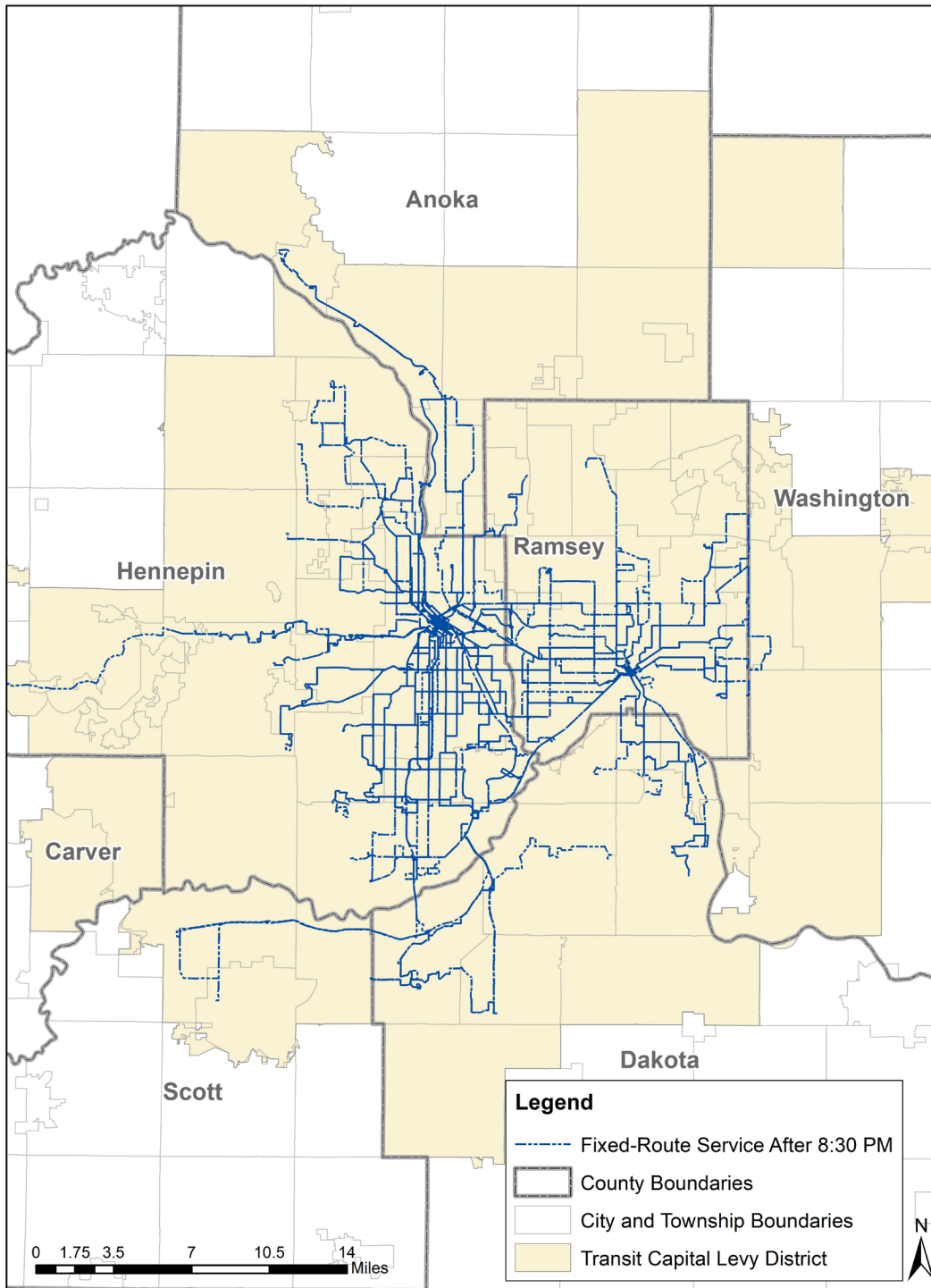
The regular route transit system serves each county in the seven-county region, with more frequent and longer service (in evenings and early mornings) concentrated in the urban areas of Hennepin and Ramsey Counties. Figures 6 through 9 show overall route coverage.

Figure 6: Twin Cities Metro Area Regular Route Service



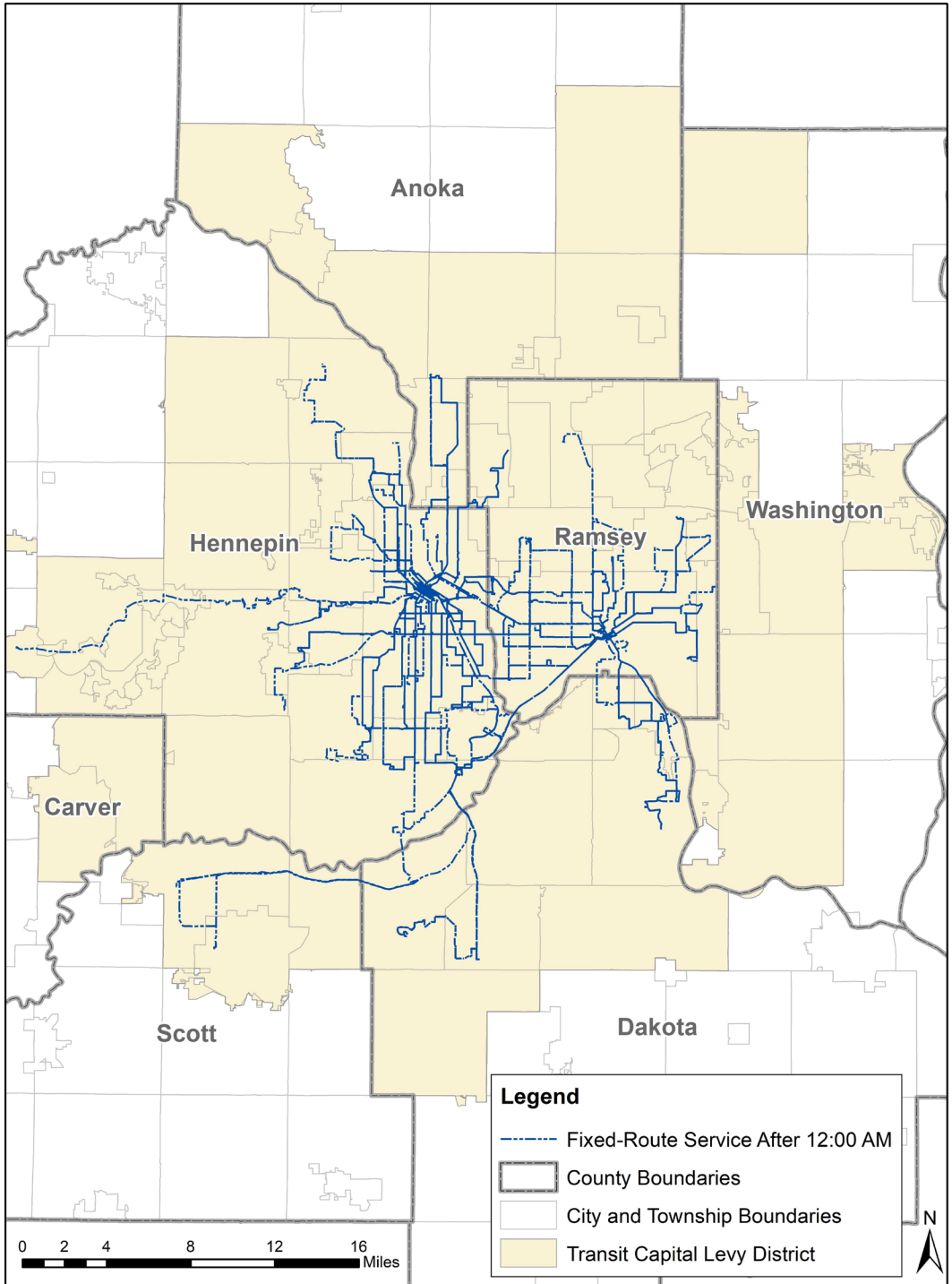
Source: Metropolitan Council, Metro Transit

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



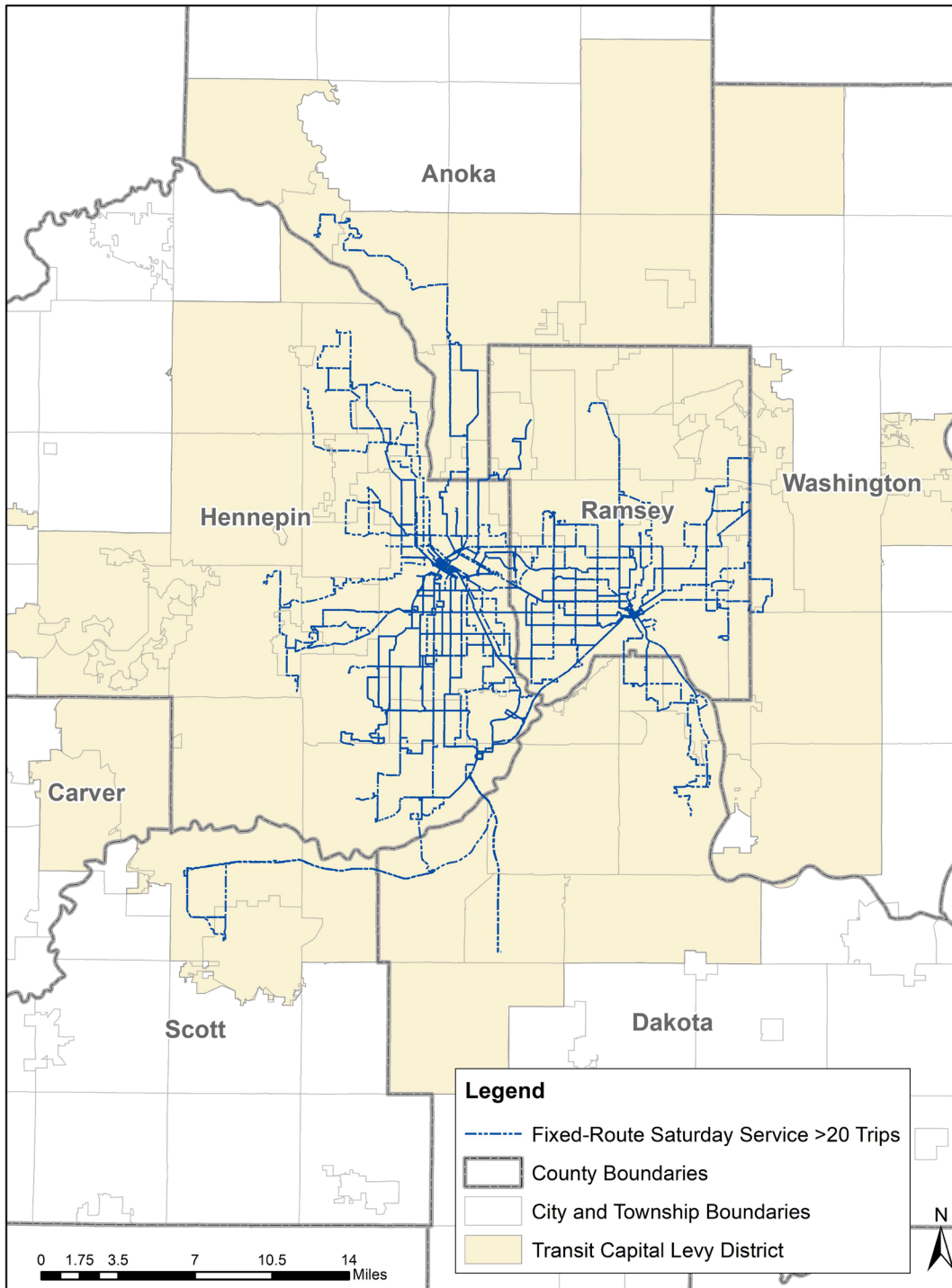
Source: Metropolitan Council, Metro Transit

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



Source: Metropolitan Council, Metro Transit

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

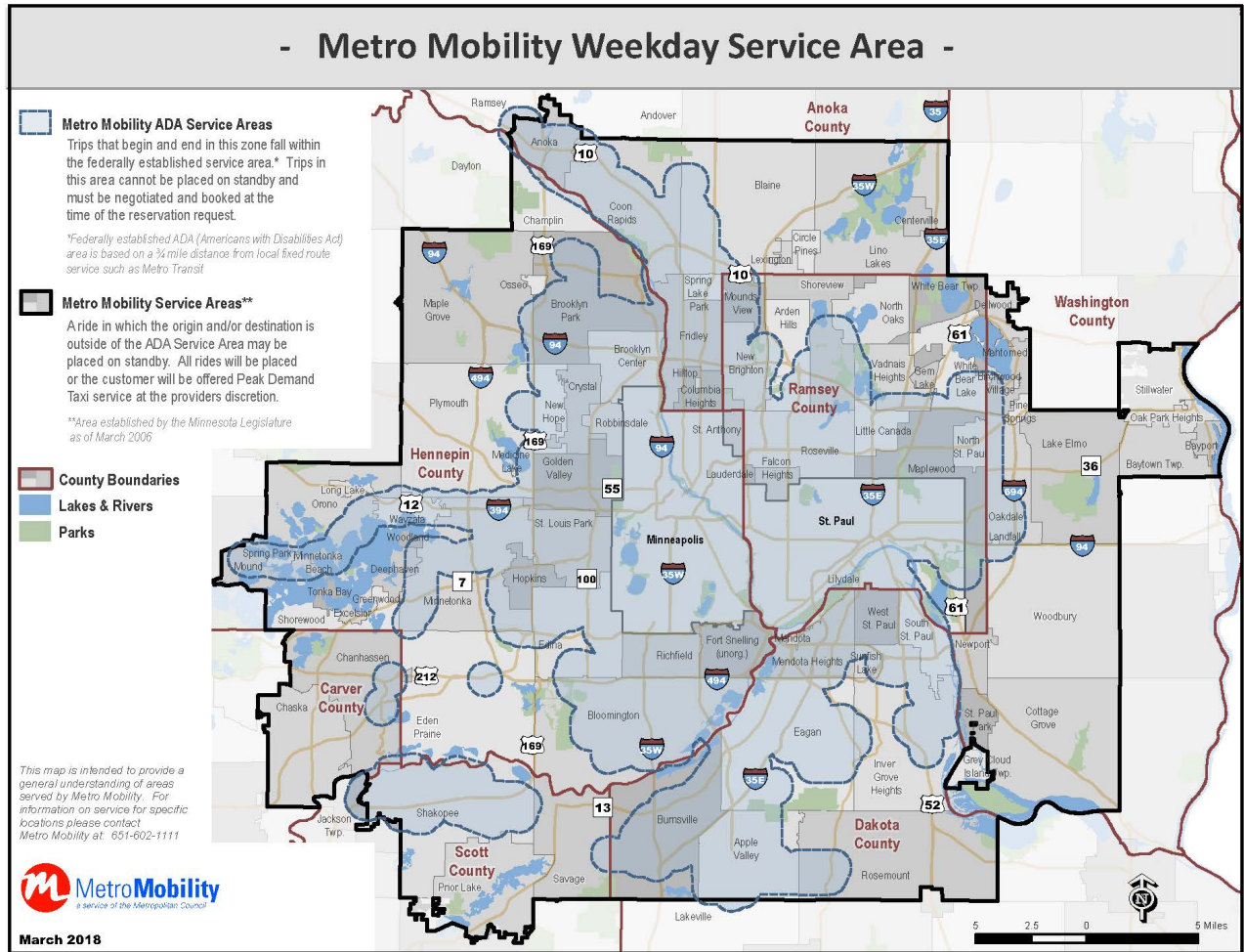


Figure 11: Metro Mobility Saturday Service Area

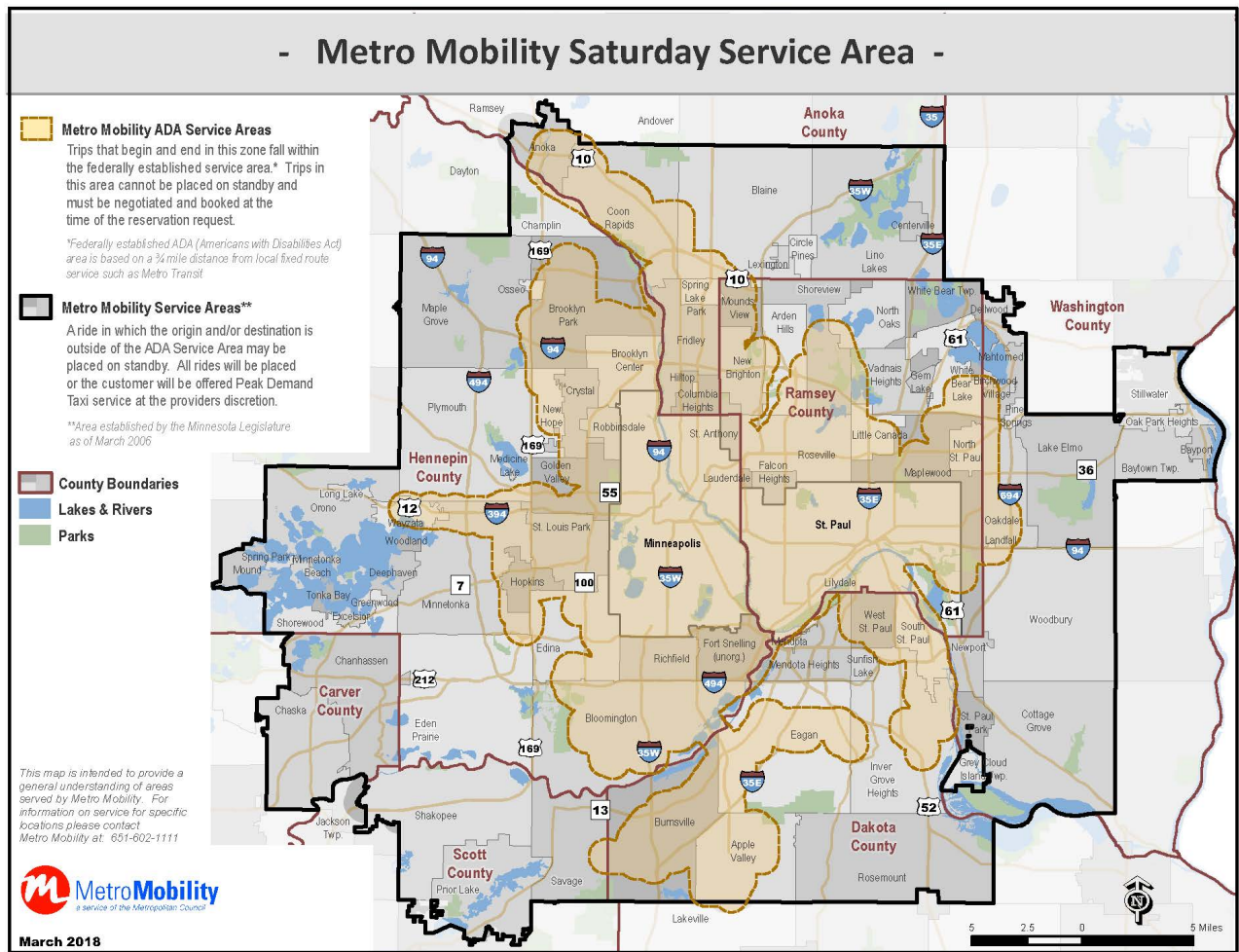


Figure 12: Metro Mobility Sunday Service Area

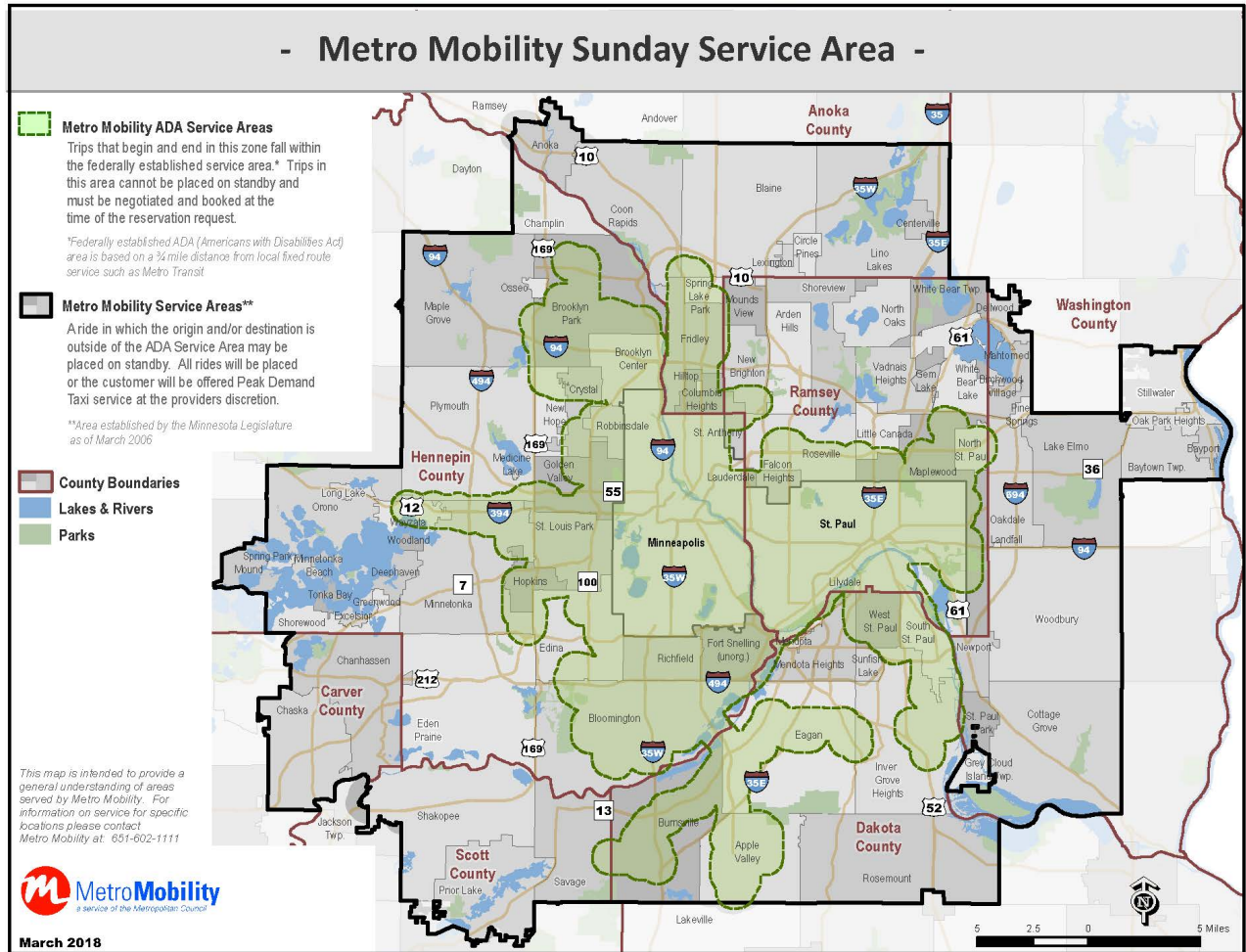
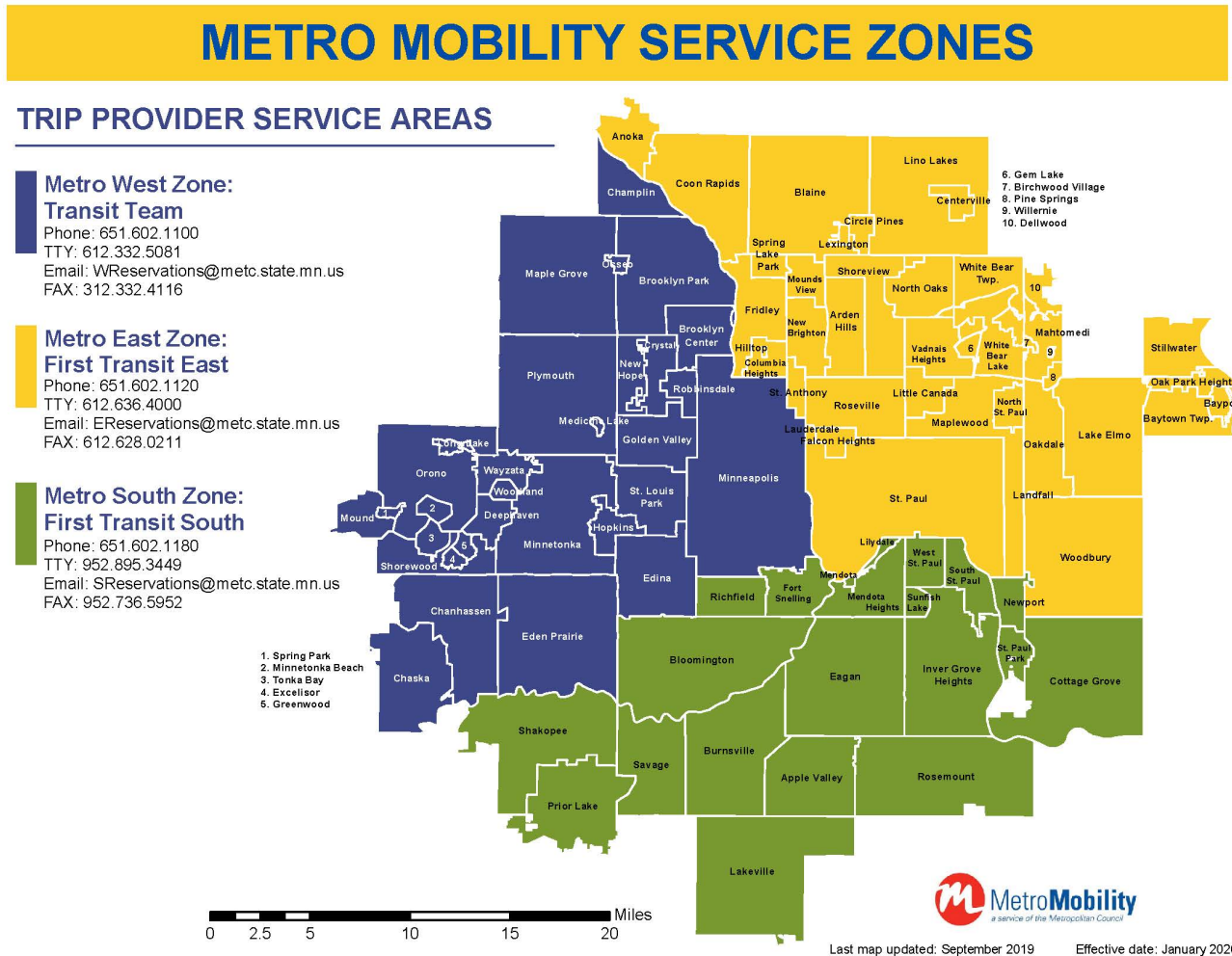


Figure 13: Metro Mobility Provider Service Areas



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](#).

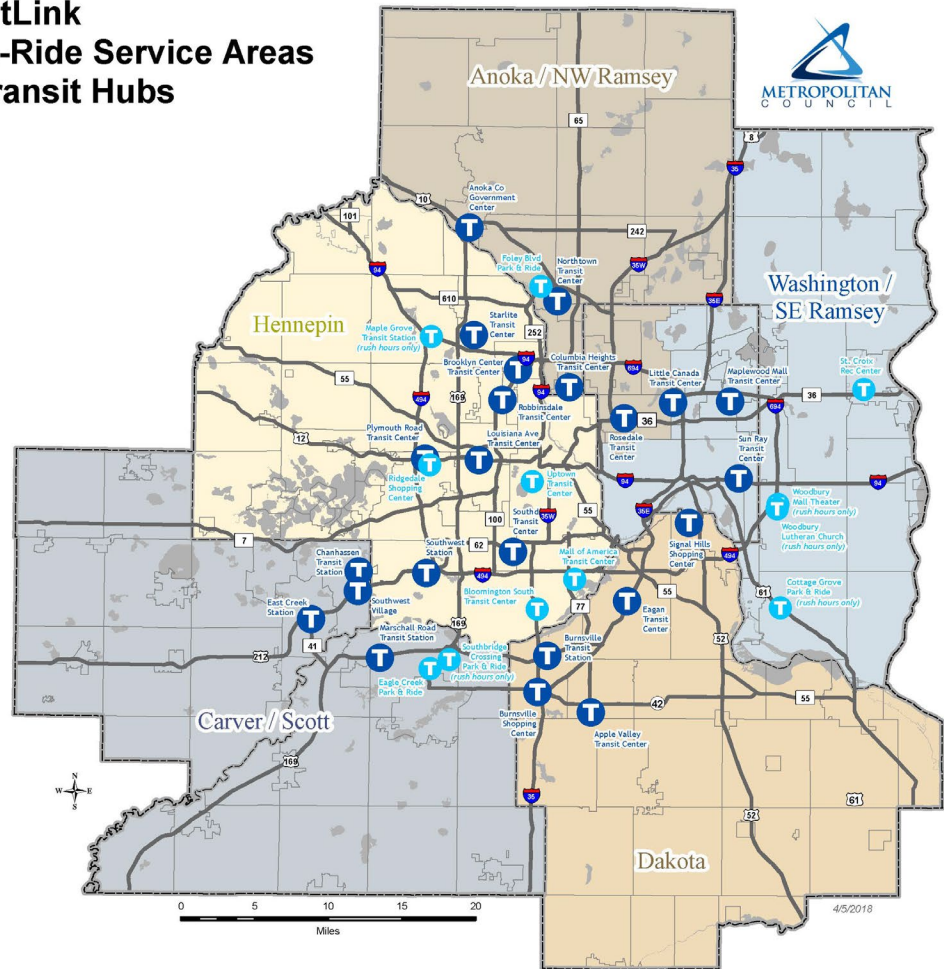
In 2019, the Minnesota Legislature provided separate funding for Metro Mobility with structural changes in the budget. Before this change, Metro Mobility was funded together with fixed-route transit services, and the increasing demand for Metro Mobility's services put pressure on the budget available 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 Excelsior; 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 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

Strategy	Status	Comments
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.

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.

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.
- 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.

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.	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.	Efficiency & coordination
2	Increase off-peak transit options	Increase the availability and frequency of transit 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 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
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	Provide local shuttle or circulator service	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).	Low service levels
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 vouchers	Human service agencies could coordinate with taxi companies to establish a voucher or pre-paid taxi 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.

Name	Agency
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 November 12, 2019.

[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 primary serve clients of their programs.

Agency	Web Site or Phone	Area
<i>Fixed-Route Transit Service</i>		
Metro Transit	www.metrotransit.org/	Region-wide within Transit Capital Levy Communities
Maple Grove Transit	www.maplegrovmn.gov/services/transit	Maple Grove and downtown Minneapolis
Minnesota Valley Transit Authority (MVTA)	www.mvta.com/	Apple Valley, Burnsville, Eagan, Rosemount, Savage, Prior Lake, Shakopee
Plymouth Metrolink	www.plymouthmn.gov/departments/administrative-services-/transit	Plymouth and downtown Minneapolis
SouthWest Transit	swtransit.org/	Chaska, Chanhassen, Eden Prairie, Carver and downtown Minneapolis and the University of Minnesota
<i>Regional Services</i>		
Metro Mobility	metro council.org/Transportation/Services/Metro-Mobility-Home.aspx	Region-wide within Transit Capital Levy Communities
Transit Link	metro council.org/Transportation/Services/Transit-Link.aspx	Region-wide where regular route transit service is infrequent or unavailable
<i>Public and Private Non-Profit and For-Profit Services</i>		
Achieve Services	www.achieveservices.org/	All of Anoka County, some within Hennepin, Ramsey, Washington Counties
Anoka County Traveler	www.anokacounty.us/3636/Transit	Anoka County

Agency	Web Site or Phone	Area
Community Thread	communitythreadmn.org/	For residents of Stillwater Area School District
Coon Rapids Senior Services	763-767-6473	Within Coon Rapids
DARTS	dartsconnects.org/	From Dakota County
East Side Neighborhood Services	www.esns.org/	North, North East and South East Minneapolis and St. Anthony residents
First Transit	www.firsttransit.com/	
GAPP Services	gappservicesinc.com/	Dakota County
Lifeworks Services	Lifeworks.org	
Minneapolis American Indian Center	www.maicnet.org	
MRCI	mymrci.org/	
Neighbors Inc	www.neighborsmn.org/	Residents of West St. Paul, South St. Paul, Inver Grove, Mendota, Mendota Heights, Sunfish Lake
Newtrax	www.newtrax.org/	Northeast metro
Nokomis Healthy Seniors	www.nokomishealthyseniors.org/	Minneapolis
Northeast Contemporary Services	www.northeastcontemporaryservices.org/	
Northeast Senior Services	www.neseniors.org/	From Northeast Minneapolis, Saint Anthony Village, Columbia Heights and New Brighton

Agency	Web Site or Phone	Area
Opportunity Partners	opportunities.org/	
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	scottcountymn.gov/516/SmartLink-Transit	From Scott and Carver Counties throughout metro
TLC Special Transportation	www.tlcspecialtransportation.com/	
Transit Team	transitteam.com/	
Volunteers of America of Minnesota	Voamn.org	



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