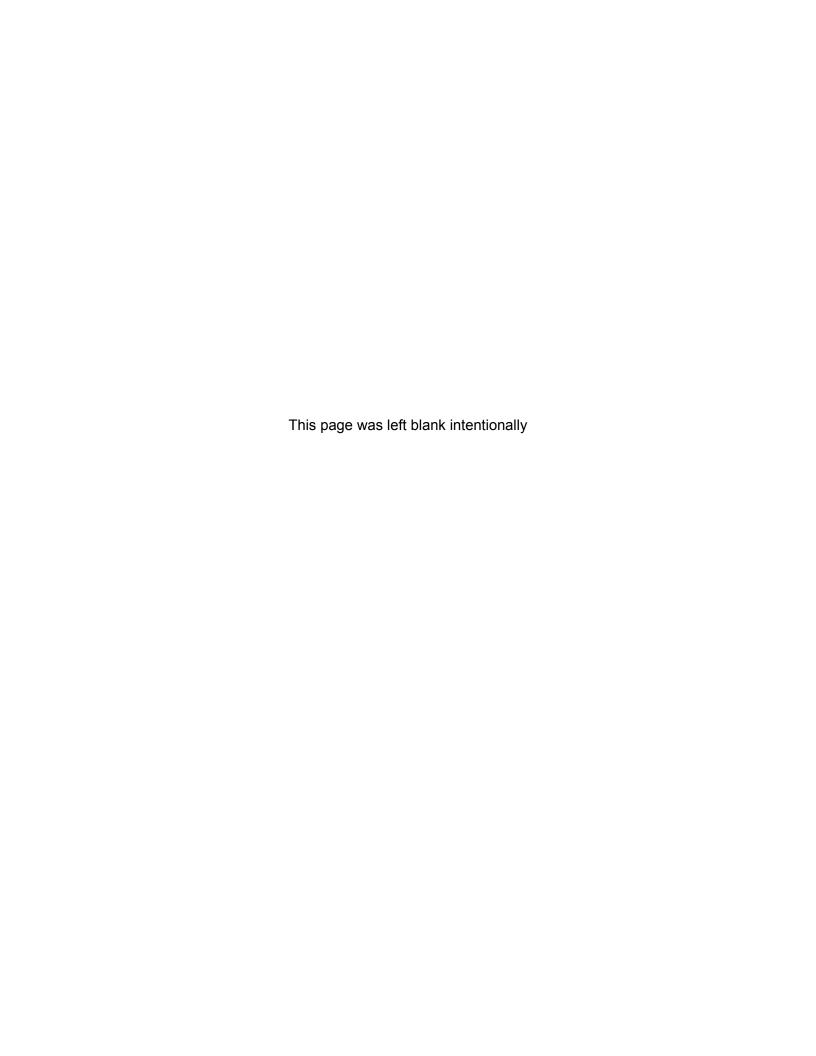


Public Transit and Human Services Transportation Coordination Action Plan

Twin Cities Metropolitan Area

Adopted by the Metropolitan Council on March 29, 2007



Public Transit and Human Services Transportation Coordination Action Plan

B. Programs	I.	INTR	RODUCTION	1
C. Program Eligibility Mobility Management New Freedom Program Job Access and Reverse Commute Recommended Performance Measures D. State Background E. Plan Goals F. Plan Process G. Study Area II. DEMOGRAPHICS A. Population Maps B. Senior Population C. Low-Income Population D. Persons with Disabilities E. Travel Trends III. INVENTORY OF TRANSPORTATION SERVICES A. Regular-Route Public Transit B. Regular-Route Public Transit C. Issues with Regular-Route Public Transit D. Dial-A-Ride Public Transit E. Gaps in Public Dial-A-Ride F. Private Transportation Providers G. Gaps in Private Transportation Providers IV. NEEDS IDENTIFICATION AND STRATEGIES A. Agency Roles B. Needs and Strategies		A.	Federal Background	1
Mobility Management New Freedom Program Job Access and Reverse Commute Recommended Performance Measures D. State Background E. Plan Goals F. Plan Process G. Study Area II. DEMOGRAPHICS A. Population Maps B. Senior Population C. Low-Income Population D. Persons with Disabilities E. Travel Trends III. INVENTORY OF TRANSPORTATION SERVICES A. Regular-Route Public Transit B. Regular-Route Public Transit C. Issues with Regular-Route Public Transit D. Dial-A-Ride Public Transit E. Gaps in Public Dial-A-Ride F. Private Transportation Providers G. Gaps in Private Transportation Providers IV. NEEDS IDENTIFICATION AND STRATEGIES A. Agency Roles B. Needs and Strategies		B.	Programs	1
D. State Background		C.	Program Eligibility	2 3
E. Plan Goals F. Plan Process G. Study Area II. DEMOGRAPHICS A. Population Maps B. Senior Population C. Low-Income Population D. Persons with Disabilities E. Travel Trends III. INVENTORY OF TRANSPORTATION SERVICES A. Regular-Route Public Transit B. Regular-Route Transit Travel Time C. Issues with Regular-Route Public Transit D. Dial-A-Ride Public Transit E. Gaps in Public Dial-A-Ride F. Private Transportation Providers G. Gaps in Private Transportation Providers IV. NEEDS IDENTIFICATION AND STRATEGIES A. Agency Roles B. Needs and Strategies		D		_
F. Plan Process G. Study Area			<u> </u>	
II. DEMOGRAPHICS A. Population Maps				
II. DEMOGRAPHICS A. Population Maps				
A. Population Maps B. Senior Population C. Low-Income Population D. Persons with Disabilities E. Travel Trends III. INVENTORY OF TRANSPORTATION SERVICES A. Regular-Route Public Transit B. Regular-Route Transit Travel Time C. Issues with Regular-Route Public Transit D. Dial-A-Ride Public Transit E. Gaps in Public Dial-A-Ride F. Private Transportation Providers G. Gaps in Private Transportation Providers IV. NEEDS IDENTIFICATION AND STRATEGIES A. Agency Roles B. Needs and Strategies	ш		•	7
B. Senior Population	11.			
C. Low-Income Population D. Persons with Disabilities E. Travel Trends III. INVENTORY OF TRANSPORTATION SERVICES A. Regular-Route Public Transit B. Regular-Route Transit Travel Time C. Issues with Regular-Route Public Transit D. Dial-A-Ride Public Transit E. Gaps in Public Dial-A-Ride F. Private Transportation Providers G. Gaps in Private Transportation Providers IV. NEEDS IDENTIFICATION AND STRATEGIES A. Agency Roles B. Needs and Strategies			·	
D. Persons with Disabilities E. Travel Trends III. INVENTORY OF TRANSPORTATION SERVICES A. Regular-Route Public Transit B. Regular-Route Transit Travel Time C. Issues with Regular-Route Public Transit D. Dial-A-Ride Public Transit E. Gaps in Public Dial-A-Ride F. Private Transportation Providers G. Gaps in Private Transportation Providers IV. NEEDS IDENTIFICATION AND STRATEGIES A. Agency Roles B. Needs and Strategies			•	
III. INVENTORY OF TRANSPORTATION SERVICES A. Regular-Route Public Transit B. Regular-Route Transit Travel Time C. Issues with Regular-Route Public Transit D. Dial-A-Ride Public Transit E. Gaps in Public Dial-A-Ride F. Private Transportation Providers G. Gaps in Private Transportation Providers IV. NEEDS IDENTIFICATION AND STRATEGIES A. Agency Roles B. Needs and Strategies		_		
III. INVENTORY OF TRANSPORTATION SERVICES A. Regular-Route Public Transit B. Regular-Route Transit Travel Time C. Issues with Regular-Route Public Transit D. Dial-A-Ride Public Transit E. Gaps in Public Dial-A-Ride F. Private Transportation Providers G. Gaps in Private Transportation Providers IV. NEEDS IDENTIFICATION AND STRATEGIES A. Agency Roles B. Needs and Strategies				
A. Regular-Route Public Transit B. Regular-Route Transit Travel Time C. Issues with Regular-Route Public Transit D. Dial-A-Ride Public Transit E. Gaps in Public Dial-A-Ride F. Private Transportation Providers G. Gaps in Private Transportation Providers IV. NEEDS IDENTIFICATION AND STRATEGIES A. Agency Roles B. Needs and Strategies				
B. Regular-Route Transit Travel Time	III.	INVE		16
C. Issues with Regular-Route Public Transit D. Dial-A-Ride Public Transit E. Gaps in Public Dial-A-Ride F. Private Transportation Providers G. Gaps in Private Transportation Providers IV. NEEDS IDENTIFICATION AND STRATEGIES A. Agency Roles B. Needs and Strategies		A.	Regular-Route Public Transit	16
D. Dial-A-Ride Public Transit E. Gaps in Public Dial-A-Ride F. Private Transportation Providers G. Gaps in Private Transportation Providers IV. NEEDS IDENTIFICATION AND STRATEGIES A. Agency Roles B. Needs and Strategies		B.	Regular-Route Transit Travel Time	. 23
E. Gaps in Public Dial-A-Ride F. Private Transportation Providers G. Gaps in Private Transportation Providers IV. NEEDS IDENTIFICATION AND STRATEGIES A. Agency Roles B. Needs and Strategies		C.	Issues with Regular-Route Public Transit	30
F. Private Transportation Providers		D.	Dial-A-Ride Public Transit	. 35
G. Gaps in Private Transportation Providers IV. NEEDS IDENTIFICATION AND STRATEGIES A. Agency Roles B. Needs and Strategies		E.	Gaps in Public Dial-A-Ride	38
IV. NEEDS IDENTIFICATION AND STRATEGIES A. Agency Roles		F.	Private Transportation Providers	38
A. Agency Roles B. Needs and Strategies		G.	Gaps in Private Transportation Providers	. 40
B. Needs and Strategies	IV.	NEE	DS IDENTIFICATION AND STRATEGIES	41
•		A.	Agency Roles	. 41
CONNECT UNDER- AND UNEMPLOYED PERSONS TO ENTRY-LEVEL JOI INCREASE METRO MOBILITY SERVICE LEVELS		В.	Needs and Strategies INCREASE REGULAR-ROUTE TRANSIT IN AREAS AND DURING TIMES WITH LOW LEVELS OF SERVICE CONNECT UNDER- AND UNEMPLOYED PERSONS TO ENTRY-LEVEL JOBS. INCREASE METRO MOBILITY SERVICE LEVELS CLOSE GAPS IN PUBLIC DIAL-A-RIDE SERVICE. IMPROVE INTEGRATION BETWEEN REGULAR-ROUTE AND DIAL-A-RIDE SERVICES INCREASE COORDINATION IN PRIVATE TRANSPORTATION IMPROVE AWARENESS AND UNDERSTANDING OF TRANSPORTATION SERVICE	41 42 43 43 45 46 CES
INCREASE COORDINATION IN PRIVATE TRANSPORTATION				CES

Figures	
Figure 1 – Elderly Population	7
Figure 2 – Low-Income Population	8
Figure 3 – Households without a Vehicle	9
Figure 4 – Home Location of Persons with a Disability	
Figure 5 – Entry-Level Jobs (2000)	
Figure 6 – Low-Income Residents (2000)	11
Figure 7 – Twin Cities Regular-Route Transit Service	18
Figure 8 – Weekday Evening Transit Service (8:30 P.M. or Later)	19
Figure 9 – Weekday Late Night Transit Service (12:00 A.M. or Later)	20
Figure 10 – Saturday Frequent Transit Service (20+ Trips)	21
Figure 11 – High-Frequency Transit Service	
Figure 12 – Transit Travel Time for Cedar/Riverside, Minneapolis	24
Figure 13 – Transit Travel Time for Phillips, Minneapolis	
Figure 14 – Transit Travel Time for Near North, Minneapolis	
Figure 15 – Transit Travel Time for Phalen, St. Paul	
Figure 16 – Transit Travel Time for the North End, St. Paul	
Figure 17 – Transit Travel Time for Thomas-Dale, St. Paul	
Figure 18 – Job Accessibility by Transit	
Figure 19 – Service Centers and WorkForce Centers Served by Midday Service	
Figure 20 – Hospitals Served by Midday Service	
Figure 21 – Nursing Homes Served by Midday Service	
Figure 22 – Community-Based Urban and STAP Dial-A-Ride Programs	
Figure 23 – Community-Based Rural Dial-A-Ride Programs	37
Tables	
Table 1 – Elderly Population by County, 2000 Census	
Table 2 – Income to Poverty Ratio and Median Income, 2000 Census	
Table 3 – Households without a Vehicle, 2000 Census	
Table 4 – Disability Population by County and Employment Status, 2000 Census.	
Table 5 – Population Not Working at Home and Travel Time to Work, 2000 Censu	
Table 6 – Means of Transportation to Work, 2000 Census	
Table 7 – Regular-Route Fare Structure	16

I. Introduction

A. FEDERAL BACKGROUND

The Federal Transit Administration (FTA) is interested in assisting people who are disadvantaged in terms of their ability to obtain their own transportation. The *United We Ride* program was established in February 2004 by the U.S. Department of Transportation to improve coordination of public transit and human services transportation. In August 2005, Congress passed the Safe, Accountable, Flexible, Efficient, Transportation Equity Act: A Legacy for Users (SAFETEA-LU), reauthorizing the Surface Transportation Act. Part of this reauthorization established new requirements for grantees under the New Freedom Initiative, Job Access and Reverse Commute (JARC) and Elderly and Disabled Transportation (5310) programs starting fiscal year 2007. These new requirements include the creation of coordination action plans for public transit and human services transportation at the state, regional and local levels. The plans are meant to establish goals, criteria and strategies for delivering efficient, coordinated services to elderly, underemployed or otherwise financially disadvantaged persons and persons with disabilities.

The August 30, 2006, proposed FTA guidance for each funding program includes a chapter on the coordinated planning process. This chapter, which is identical in each program guidance, states that projects selected for funding from each program must be "derived from a locally developed, coordinated public transit-human services transportation plan" and that the plan be "developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public."

B. PROGRAMS

5310 ELDERLY AND DISABLED PROGRAM CAPITAL ASSISTANCE FOR SPECIALIZED TRANSIT VEHICLES

Section 5310 is a formula-based funding program for capital vehicle expenses that assist local private nonprofit and certain public agencies in delivering transportation to the elderly and disabled. Capital expenses include buses, but may also include purchased transportation services and state program administration. The Minnesota Department of Transportation (Mn/DOT) administers the program. The current program structure is a competitive solicitation with a 20 percent local match.

JOBS ACCESS REVERSE COMMUTE

JARC was created to help address the transportation needs of unemployed and underemployed persons in accessing jobs. Public transit primarily serves people entering the central city area while entry-level jobs are being created in the suburbs. JARC programs should provide innovative ways to address this issue. Examples of JARC-funded programs include reverse-commute bus routes, vanpools, work force circulators and mobility managers. JARC funding may be competitively solicited in FY 2007 and must be solicited in FY 2008. The current structure requires a 50 percent local match for net operating deficit or a 20 percent local match for capital expenses.

NEW FREEDOM PROGRAM

The New Freedom Program is a newly created program under SAFETEA-LU. The purpose of New Freedom is to expand transportation services for the elderly and persons with disabilities beyond what is required by the Americans with Disabilities Act (ADA). Some examples of this include same-day service, door-through-door service and service beyond the ¾-mile requirement of a fixed route. New Freedom Program funding must be competitively solicited in 2008. The current structure requires a 50 percent local match for net operating deficit or a 20 percent local match for capital expenses.

The programs that will be solicited as a result of this coordinated action plan are Elderly and Disabled Program Capital Assistance for Specialized Transit Vehicles (Sec. 5310), Job Access and Reverse Commute (Sec. 5316) and New Freedom (Sec. 5317). The solicitation process for JARC and New Freedom may begin in FY 2007 through the Metropolitan Council, which is recognized as the region's Metropolitan Planning Organization, and must begin in 2008 at the latest. The solicitation for Section 5310 will be administered by Mn/DOT.

C. PROGRAM ELIGIBILITY

Solicitations for projects wishing to apply for funding under the above-mentioned Federal programs should consider the following FTA-established criteria when establishing priorities:

- ◆ Ability of the program to address current gaps in service delivery in communities where significant demand exists
- Supports or initiates coordination efforts that are achievable within the technical capacity of the project sponsor
- Makes use of available resources and leverages resources to the greatest extent possible
- ♦ Establishment of new means of coordination that promote further efficiencies and opportunities
- Ability to document successful implementation for continuing projects

Projects identified in this document under *Strategies and Actions* are eligible because they have been recognized as needs. In addition, projects with documentation exhibiting some degree of new coordination that fill and identified need or gap will be eligible if the coordination is deemed appropriate. Eligible projects, according to the FTA, will include the following:

Mobility Management – These activities are eligible capital projects defined as "consisting of short-range planning and management activities and projects for coordination among public transportation and other transportation service providers carried out by a recipient and sub-recipient through an agreement entered into with a person, including a government entity; but excluding operating public transportation services." They can be funded by federal transportation grants that include a capital option. Examples of eligible projects include:

- Development of coordinated transportation plans
- ◆ Maintenance and operation of transportation brokerages to coordinate providers, funding agencies, and customers

- Development and maintenance of other transportation bodies and their activities, including Transportation Management Organizations (TMO) and neighborhood travel coordination
- Development and support of transportation coordination information centers, including one-stop call centers and management of eligibility requirements and arrangements for customers among supporting programs
- Acquisition and operation of intelligent transportation technologies to help plan and coordinate vehicle scheduling, dispatching, and monitoring technologies as well as billing and payment systems

New Freedom Program – The FTA states eligibility for these funds be open to projects that are "new public transportation services" and "public transportation alternatives beyond those required by the ADA" that assist individuals with disabilities with transportation. Examples of eligible projects include:

- Door-through-door service Assistance that extends into the destinations of patrons
- ◆ Feeder service Paratransit that complements service for which ADA is not normally required, such as commuter rail or intercity bus
- ◆ Paratransit beyond ¾ mile of a fixed bus route or rail transit station, including continuation of existing service
- ♦ Same-day ADA service

Job Access and Reverse Commute – Previously funded JARC projects that are able to document successful implementation will be eligible. New projects must relate to "the development and maintenance of transportation services designed to transport welfare recipients and eligible low-income individuals to and from jobs and activities related to their employment." Examples of eligible projects targeted at welfare recipients and eligible low-income individuals transitioning into work include:

- ◆ Public transit late-night and weekend service
- ♦ Public transit guaranteed ride home service
- ♦ Expanding fixed-route mass transit routes
- ♦ Demand-responsive van service
- Ridesharing and carpooling activities
- ♦ Local car loan programs that assist individuals in purchasing and maintaining vehicles for shared rides
- Promotion of public transit for non-traditional work schedules:
- Voucher programs targeted to persons entering the workforce or on welfare;

Recommended Performance Measures – The FTA has established recommended measures of performance for projects applying for funding under FTA Section 5310, FTA Section 5316, and/or FTA Section 5317. The performance measures will fall under the following categories:

♦ Efficiency of Operations – Increase the number of rides for persons who are older, persons with disabilities and persons with limited incomes for the same or lower cost.

- ◆ Program Effectiveness Increase the number of communities with easier access to transportation services for persons who are older, persons with disabilities and persons with limited incomes.
- Customer Satisfaction Increase the quality of transportation services for persons who are older, persons with disabilities and persons with limited incomes.

The percentage of increase is stated in terms of an annual target, which will be established after a baseline has been determined and validated during the first year. For 5316 (JARC), baseline figures will be established in the first year of the program whether they are new or existing services for the following: cumulative number of jobs reached through the provision of JARC-related services for low-income individuals and welfare recipients.

D. STATE BACKGROUND

Beginning in 2004, Mn/DOT and the Metropolitan Council jointly began a study to develop a statewide and metro area plan for coordination. In March 2006, Mn/DOT released the draft *Minnesota Coordination Action Plan* to "establish a planning framework to educate public transit and human service transportation stakeholders...about the benefits of coordinating public transit and human service transportation." The plan is also a "statewide action plan for improving transportation coordination" and includes a framework for developing the metro area coordination action plan. After extensive statewide outreach and public input over the summer months, the *Minnesota Coordination Action Plan* was finalized in September 2006. Although data and input were collected on a statewide basis, metro area information was able to be segregated in order to be applied specifically to a metro area plan. The statewide plan also included a brief analysis of needs and potential strategies for the metro area based on the preliminary input they received during the state process. The state plan is available through Mn/DOT's website:

http://www.dot.state.mn.us/transit/coordination/index.html

The plan defines coordination, for the purposes of this project, as:

A process through which representatives of different agencies and client groups work together to achieve any one or all of the following goals: more cost-effective service delivery; increased capacity to serve unmet needs; improved quality of service; and, services which are more easily understood and accessed by riders.

This document is the Metro Area Coordination Action Plan. The purpose of this document is to encourage the coordination of transportation services serving disadvantaged groups in the seven-county metro area, making them more efficient and effective through the use of 5310, JARC and New Freedom Federal funding programs.

The Metropolitan Council is the administrator of the above-mentioned federal funding programs in the metro area. The Metropolitan Council is named as the regional coordination-planning agency in the *Minnesota Coordination Action Plan*, and as such has the responsibility of producing and implementing the Metro Area Coordination Action Plan.

E. PLAN GOALS

The goals for this plan are:

- Increase the level of understanding of public transit and human service transportation coordination among stakeholders, elected officials and the Metropolitan Council in the metro area.
- ◆ Identify where there is potential for better coordination with the assistance of Federal funding, especially with regard to service duplication and unmet needs in the metro area.
- ♦ Establish strategies for associated Federal funding sources that support coordination within the delivery of human services transportation.

The needs and strategies of this plan were developed for the purpose of distributing federal funding under the JARC, New Freedoms and Elderly and Disabled Program Capital Assistance for Specialized Transit Vehicles programs.

F. PLAN PROCESS

INVENTORY

A stakeholder assessment was conducted to gather relevant information on agencies involved in providing public transit or human services transportation. It was difficult to determine every agency involved in delivering human services transportation because there are many definitions for it. The Minnesota State Coordination Action Plan accomplished most of this work through surveys, interviews and workshops throughout the state. Metropolitan Council staff developed a similar evaluation of stakeholders conducted for the metro area.

PUBLIC INVOLVEMENT

A major focus of developing a coordinated transportation plan is public input, more specifically stakeholders' input. The primary objective of this plan is to encourage coordination and, thus, encourage agencies with opportunities to coordinate to work interactively with each other. A plan review committee was created to oversee the creation of this plan and initiate discussions about coordination opportunities. This committee was representative of transit providers, human service organizations, WorkForce Centers, transit funding providers and governing bodies. In addition, this plan was presented to the Metropolitan Council's Transportation Providers Advisory Committee and the Transportation Accessibility Advisory Committee as well as released to the public for review.

NEEDS ASSESSMENT AND GAP ANALYSIS

After the inventory was completed, Metropolitan Council staff conducted an analysis of the existing service to assess the region's needs, gaps and redundancies. Needs come in the form of areas needing transit service, areas needing better coordination, areas where redundancy can be eliminated and other forms as established. The needs assessment is the primary tool used to define recommended strategies and actions toward better human services transportation. Needs were determined from demographic

trends and existing survey data and will include input from the review committee when available. The needs draw from data included in the inventory section.

STRATEGIES AND ACTIONS

The needs assessment identifies areas poised for improvement and areas where Federal funding could improve transportation coordination. Strategies for addressing the region's needs were established by drawing from the current needs, current practices in the state and best practices across the country.

G. STUDY AREA

The effective area covered by this plan includes the seven-county metro area of Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington Counties 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."

II. DEMOGRAPHICS

A. POPULATION MAPS

The following maps illustrate the concentrations of elderly and disadvantaged persons in the metro area:

Figure 1 – Elderly Population

Twin Cities Metropolitan Area Population Age 65 and Older By Census Tract, Census 2000

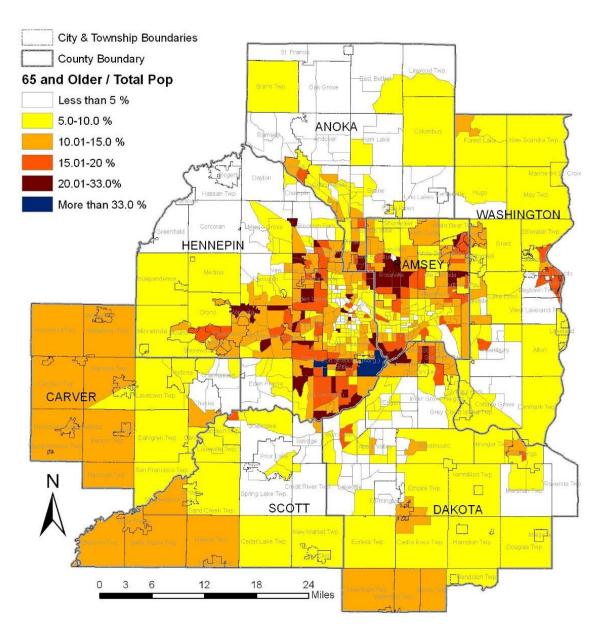


Figure 2 – Low-Income Population

Twin Cities Metropolitan Area Percent of Households Below 150% of Poverty By Census Tract, Census 2000

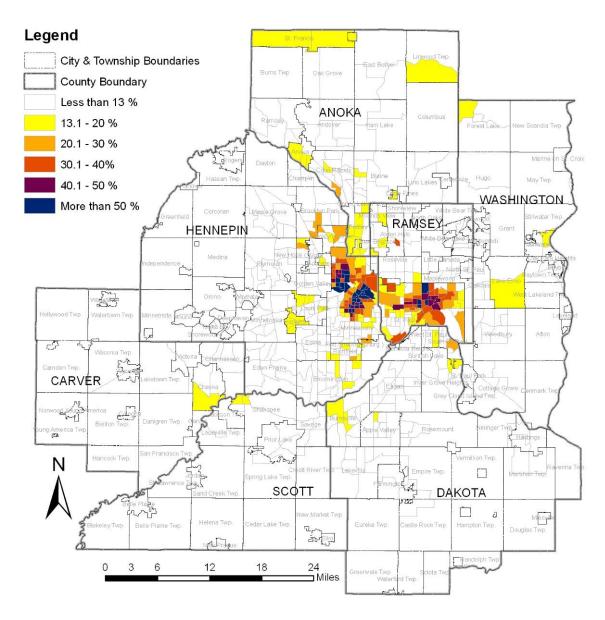




Figure 3 – Households without a Vehicle

Twin Cities Metropolitan Area Number of Households Without a Vehicle By Census Tract, Census 2000

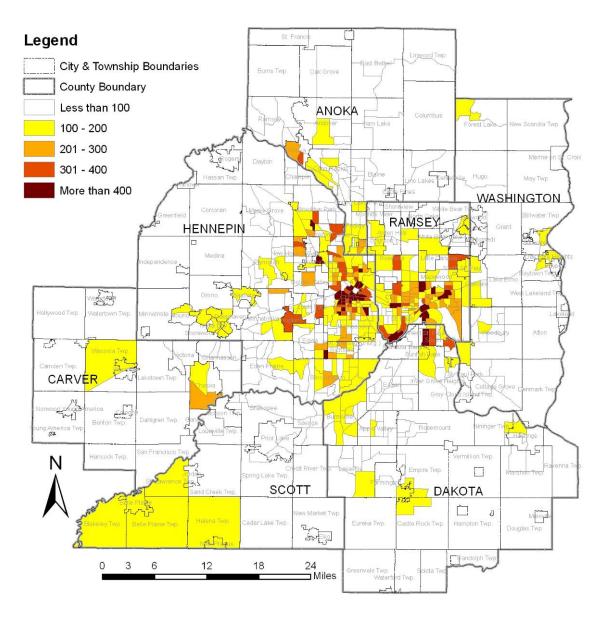
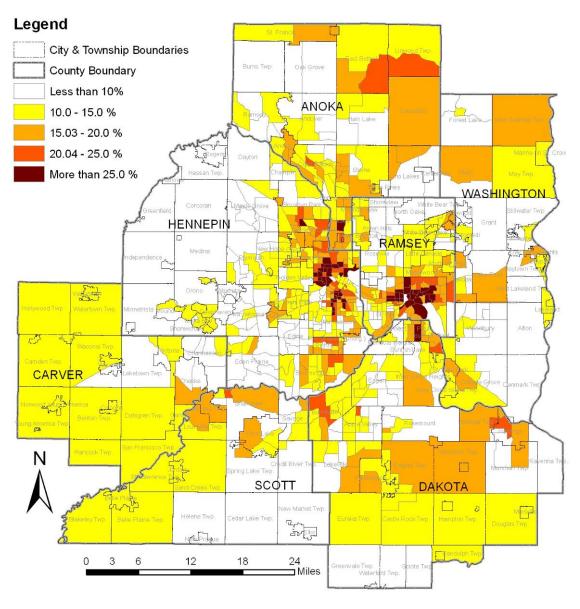




Figure 4 - Home Location of Persons with a Disability

Twin Cities Metropolitan Area Persons ages 16-64 with Disability By Census Tract, Census 2000



Metropolitan Council

Figure 5 – Entry-Level Jobs (2000)

Locations of Potential Entry-Level Jobs

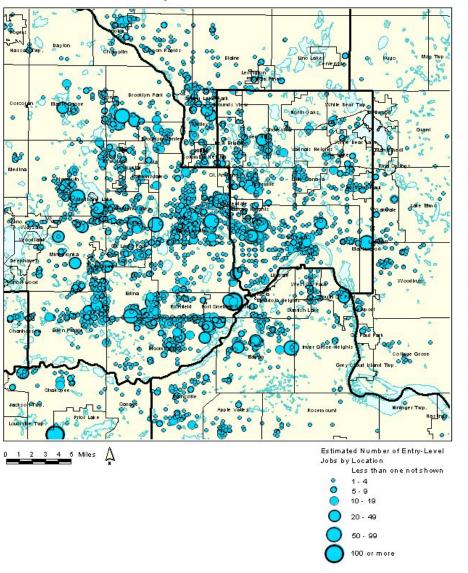
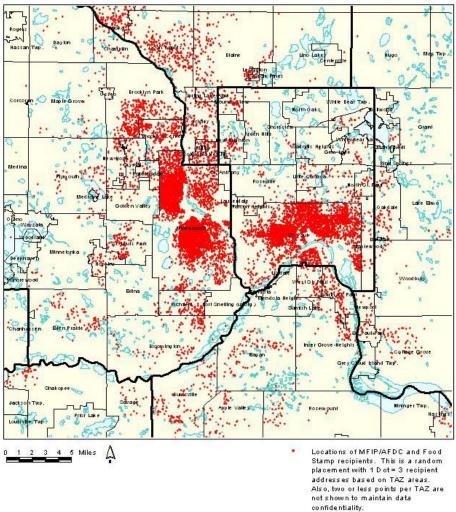


Figure 6 – Low-Income Residents (2000)

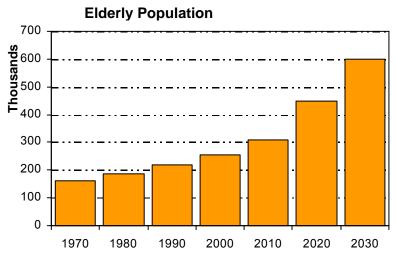
Home Locations of AFDC/MFIP Recipients



B. SENIOR POPULATION

The senior population has higher concentrations in the first-ring suburbs but is generally dispersed throughout the metropolitan region.

In early January of 2006, the Minnesota Department of Human Services released a study analysis of aging population needs and system capacity called Transform 2010. Profiles were compiled at the county and regional level. The profiles examined



U.S. Census and Met Council – March 8, 2006 Forecast

current and future conditions of elderly (65+) populations, elderly services and gaps or needs in elderly services. Transform 2010 also surveyed human service stakeholders on the adequacy of transportation for seniors in their counties. Two counties, Anoka and Dakota, identified transportation for seniors as a high priority in the near future. For the region, transportation improvement for seniors was identified as one of the two biggest needs looking into the future.

In the 2000 census, there were 255,245 persons 65 years or older in the metro area. By 2010, there is expected to be 307,920 persons 65 years or older. The percent of the population that are elderly will grow to 16.3 percent, or 600,675 persons, in the seven-county metro area by 2030, up from 9.7 percent in 2000. If the current trends in service delivery are maintained, travel demand for the elderly will also grow accordingly by 2030. Hennepin County currently has 48 percent of the elderly population in the metro area, about 70 percent of which live outside of Minneapolis.

Table 1 – Elderly Population by County, 2000 Census

	Anoka	Carver	Dakota	Hennepin	Ramsey	Scott	Washington	Metro Area
Total Population	298,084	70,205	355,904	1,116,200	511,035	89,498	201,130	2,642,056
65+ Population	21,082	5,246	26,246	122,358	59,502	5,544	15,267	255,245
Percent of Total	7.1%	7.5%	7.4%	11.0%	11.6%	6.2%	7.6%	9.7%
85+ Population	1,862	727	2,902	17,679	8,870	643	1,655	34,338
Percent of Total	0.6%	1.0%	0.8%	1.6%	1.7%	0.7%	0.8%	1.3%

C. LOW-INCOME POPULATION

The FTA, for the purposes of this study, identifies low-income as at or below 150-percent of the poverty level. Figure 2 above indicates concentrations of low-income persons in the inner cities. Figure 3 indicates a strong connection between poverty and the lack of an automobile in households. Over 10 percent of the households in both Hennepin and Ramsey Counties do not have a vehicle available and the concentrations are even greater in the inner cities.

Table 2 – Income to Poverty Ratio and Median Income, 2000 Census

Poverty Status Determined, 2000	Anoka	Carver	Dakota	Hennepin	Ramsey	Scott	Washington	Metro Area
Below Poverty	12,367	2,391	12,757	90,384	52,673	2,979	5,765	179,316
Percent Below Poverty, 2000	4.2%	3.5%	3.6%	8.3%	10.6%	3.4%	2.9%	6.9%
Percent Below Poverty, 2003	5.3%	4.0%	4.9%	9.1%	10.7%	3.8%	4.7%	7.6%
Below 149% of Poverty	22,866	4,494	23,972	152,388	86,536	5,983	11,587	307,826
Percent 149% or Below	7.8%	6.5%	6.8%	13.9%	17.5%	6.8%	5.9%	11.9%
150% or Above	271,717	64,790	329,703	940,183	408,942	82,428	186,399	2,284,162
Percent 150% or Above	92.2%	93.5%	93.2%	86.1%	82.5%	93.2%	94.1%	88.1%
Total	294,583	69,284	353,675	1,092,571	495,478	88,411	197,986	2,591,988
Median Income (16 and Older)	\$30,059	\$31,498	\$31,547	\$28,971	\$26,128	\$32,179	\$32,411	\$29,342

Table 3 – Households without a Vehicle, 2000 Census

Households, 2000 Census	Anoka	Carver	Dakota	Hennepin	Ramsey	Scott	Washington	Metro Area
Households without a Vehicle	4,911	846	5,447	48,930	23.666	959	2,332	87,091
Total Households	108,091	24,833	133,750	468,824	206.488	31,609	73,635	1,047,230
Percent of Households without a Vehicle	4.5%	3.4%	4.1%	10.4%	11.5%	3.0%	3.2%	8.3%

Figures 5 and 6 depict the relationship between low-income residents (in this case, recipients of certain types of government aid based on income) and entry-level jobs. What these maps show is that while the concentration of low-income residents exists primarily in the inner cities of Minneapolis and Saint Paul, entry-level jobs are scattered throughout the region. There are significant concentrations of jobs in the western suburbs along major transportation routes. Transit has historically focused on providing service into the central cities but accessibility is shifting toward the suburbs as employment moves there.

Despite shifts in job locations, low-income persons have made up the majority of transit riders in the Twin Cities. In a survey of 2004 household incomes for transit riders conducted by the Metropolitan Council, 51.6 percent of respondents indicated having household incomes of less than \$35,000. The 150-percent poverty level, considered the low-income threshold for JARC purposes, would be approximately \$26,200 for a four-person household with two children under the age of 18. The percentage of transit riders in the Twin Cities that had household incomes of less than \$25,000 was 38.4 percent in 2004. Overall, the average household income of a transit rider was \$44,400.

D. Persons with Disabilities

The 2000 census also indicated 12.9 percent of primary working-age persons (ages 16-64) reported some kind of disability. Of this population, 66 percent are employed, the highest rate in the country among the largest 25 metro areas. While the percentage of persons with disabilities is small, their mobility requirements are higher than our peer areas are because more persons with disabilities are employed. The 2000 census does not indicate the mobility requirements of disabled persons (i.e., drive, transit, etc.) but is still an indicator of specialized transportation needs. Of the total population ages 5 and older, the 2000 census indicated that 21.5 percent of the civilian non-institutionalized metro area population reported some form of disability, either sensory, physical, mental, or self-care.

Table 4 – Disability Population by County and Employment Status, 2000 Census

For Civilian Non- Institutionalized Population 5 or Older	Anoka	Carver	Dakota	Hennepin	Ramsey	Scott	Washington	Metro Area
Persons with a Disability	62,173	11,409	69,886	260,093	133,589	14,365	33,961	523,303
Total Population	273,274	63,694	326,998	1,031,354	470,550	80,423	183,012	2,429,305
Percent of Total	22.8%	17.9%	21.4%	25.2%	28.4%	17.9%	18.6%	21.5%

E. TRAVEL TRENDS

The 2000 census surveyed average travel times to work and means of transportation to work for workers ages 16 and above. The results are compiled below, by county and for the whole region, as a reference.

Table 5 – Population Not Working at Home and Travel Time to Work, 2000 Census

Workers 16 and Older, Not Working at Home	Anoka	Carver	Dakota	Hennepin	Ramsey	Scott	Washington	Metro Area	Percent of Total
0-9 Minutes	14,445	4,954	24,265	63,870	32,590	6,498	12,806	159,428	11.6%
10-19 Minutes	37,803	8,043	58,224	198,098	89,898	11,079	26,640	429,785	31.4%
20-29 Minutes	37,161	7,818	48,010	162,392	68,197	11,978	26,210	361,766	26.4%
30-39 Minutes	32,902	7,313	35,832	98,381	37,626	9,554	21,281	242,889	17.7%
40-59 Minutes	26,123	5,512	18,769	43,155	16,513	5,991	12,628	128,691	9.4%
60 or More Minutes	9,139	1,619	5,632	17,855	7,426	1,508	3,805	46,984	3.4%
Total	157,573	35,259	190,732	583,751	252,250	46,608	103,370	1,369,543	100.0%
Mean Time to Work, Minutes	27	26	23	22	21	24	25	23	

Table 6 – Means of Transportation to Work, 2000 Census

Workers 16 and Older, Not Working at Home	Anoka	Carver	Dakota	Hennepin	Ramsey	Scott	Washington	Metro Area
Drove Alone	134,070	30,836	165,063	455,123	195,317	40,810	89,991	1,111,210
Percent of County	85.1%	87.5%	86.5%	78.0%	77.4%	87.6%	87.1%	81.1%
Car Pooled	16,516	3,261	17,755	57,684	28,735	4,578	10,147	138,676
Percent of County	10.5%	9.2%	9.3%	9.9%	11.4%	9.8%	9.8%	10.1%
Car, Truck, or Van	150,586	34,097	182,818	512,807	224,052	45,388	100,138	1,249,886
Percent of County	95.6%	96.7%	95.9%	87.8%	88.8%	97.4%	96.9%	91.3%
Public Transit or Taxi Cab	4,406	285	4,542	43,737	15,718	441	1,438	70,567
Percent of County	2.8%	0.8%	2.4%	7.5%	6.2%	0.9%	4.40/	5.00/
D: 1 14/ II					0.2 /0	0.970	1.4%	5.2%
Bicycle or Walk	1,944	752	2,270	23,851	11,099	617	1,322	41,855
Percent of County	1,944	752 2.1%	2,270 1.2%	23,851				
					11,099	617	1,322	41,855
Percent of County	1.2%	2.1%	1.2%	4.1%	11,099 4.4%	617	1,322	41,855

III. INVENTORY OF TRANSPORTATION SERVICES

The Twin Cities area offers various transportation alternatives to meet the needs of human service clientele to include general public regular route transit service, general public dial-a-ride transit service and nonprofit transit services that serve specific segments of the population and private transportation providers.

A. REGULAR-ROUTE PUBLIC TRANSIT

Regular-route transit service is provided almost exclusively within the Transit Taxing District, a legislatively defined district within which property taxes are levied for transit capital improvements. The one major exception to this is the Northstar Commuter Coach, which extends beyond the Transit Taxing District. There are a total of 92 communities in the Transit Taxing District. There is a regional fare system for all regular route transit services with the exception of Northstar, which charges \$1.75 (in addition to the \$2.75 rush hour express fare) for trips outside the Transit Taxing District. The following costs are associated with each rider type:

Table 7 – Regular-Route Fare Structure

		Non-Rush Hours	Rush Hours
Adults (Ages 13-64)	Local Fare	\$1.50	\$2.00
Addits (Ages 10-04)	Express Fare	\$2.00	\$2.75
Seniors (65+), Youth (6-12),	Local Fare	\$0.50	\$2.00
and Medicare care holders	Express Fare	\$0.50	\$2.75
Persons with Disabilities	Any Trip	\$0.50	\$0.50

Regular-route service exists through the following providers in the metro area, also exhibited in Figure 1:

Metro Transit Bus - The largest regular-route service provider in the region is Metro Transit, a division of the Metropolitan Council. Metro Transit provides regular service on 108 bus routes (46 express and 62 local)¹ and the Hiawatha light rail line. Metro Transit operates a Hi-Frequency network of transit routes, running no less frequently than every 15 minutes from 6 a.m. to 7 p.m. on weekdays and 9 a.m. to 6 p.m. on Saturdays. The majority of the network lies in the urban core. Two Metro Transit local routes, the #5 and #16, currently operate 24 hours a day and 7 days a week.

Metro Transit Rail - The addition of light rail occurred in 2004. The Hiawatha line route operates in Hennepin County as an urban local service, but the benefits of the service

¹ Suburban Transit Association Provider routes operated by Metro Transit are included with the Suburban Transit Association Provider figure.

extend beyond the line through the utilization of park-and-ride lots. The route operates between approximately 4 A.M. and 1:15 A.M and is considered a local, Hi-Frequency route.

Suburban Transit Association Providers - 12 communities have chosen to opt out of Metro Transit in order to provide their own service. Five communities (Apple Valley, Burnsville, Eagan, Rosemount and Savage) have formed a consortium known as the Minnesota Valley Transit Authority (MVTA). Three communities (Eden Prairie, Chaska and Chanhassen) have formed a consortium known as Southwest Transit through which regular-route service is provided. The cities of Plymouth, Maple Grove, Prior Lake and Shakopee also provide regular route service. Maple Grove and Plymouth are the only communities to provide complementary dial-a-ride service in addition to regular-route service. In total, Suburban Transit Authorities operate 61 regular routes, 23 local and 38 express.

Contracted Regular Routes - There are 31 private regular routes also operated in the metro area under contracts with private, government and nonprofit organizations. These contracts include nine express and 22 local routes and include a mix of bus sizes from small cutaway buses to 40-foot transit buses. The Metropolitan Transportation Services division of the Metropolitan Council manages these routes.

Northstar and University of Minnesota - There are two regular-route public transit services that are not funded by the Council but operate as part of the regional system. They are the Northstar Commuter Coach, which mimics the planned Northstar Commuter Rail line until its completion, and the University of Minnesota system, which includes four regular routes operating within and between the Minneapolis and Saint Paul campuses. The University of Minnesota system is free and available to the general public.

All buses in the regional fleet are equipped with ADA-accessible ramps or lifts. Most regional providers of regular-route service, including Metro Transit, Metropolitan Transportation Services, Suburban Transit Association Providers and Northstar, utilize transit centers and park-and-ride facilities to increase ridership in less dense areas.

Figure 7 – Twin Cities Regular-Route Transit Service

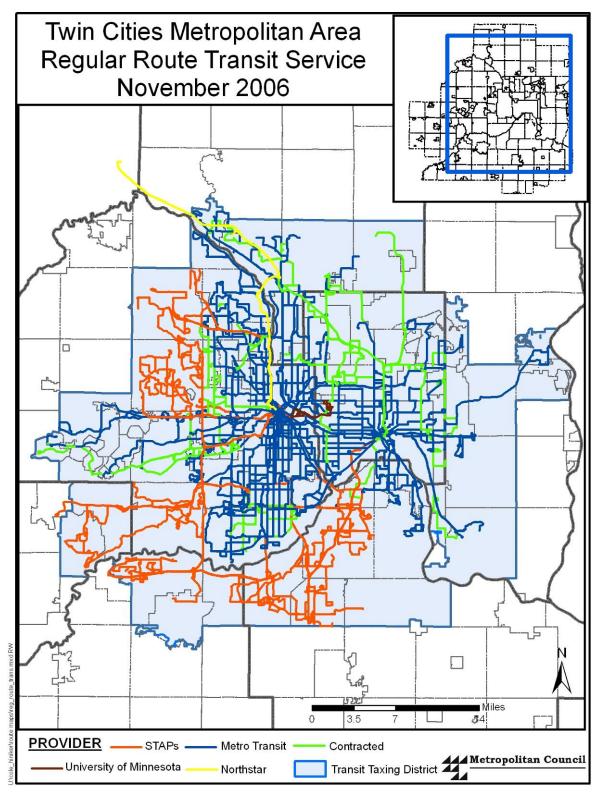


Figure 8 – Weekday Evening Transit Service (8:30 P.M. or Later)

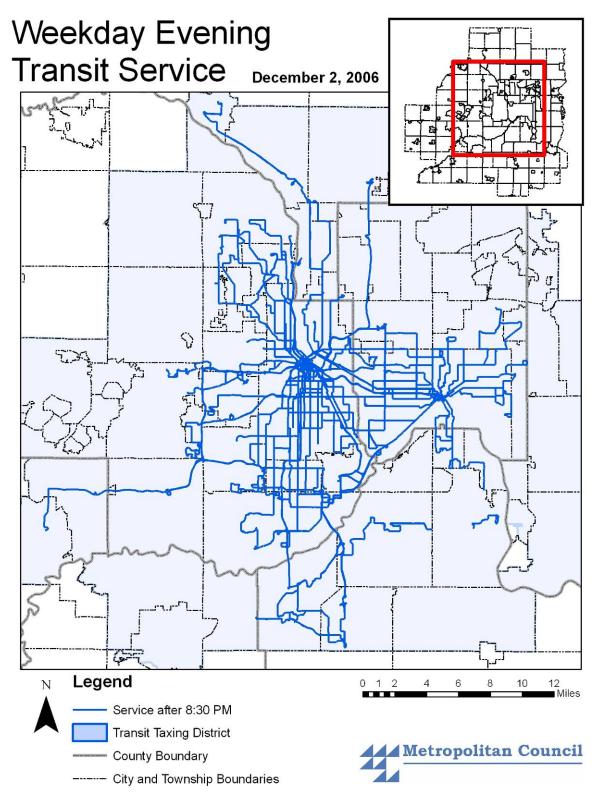


Figure 9 - Weekday Late Night Transit Service (12:00 A.M. or Later)

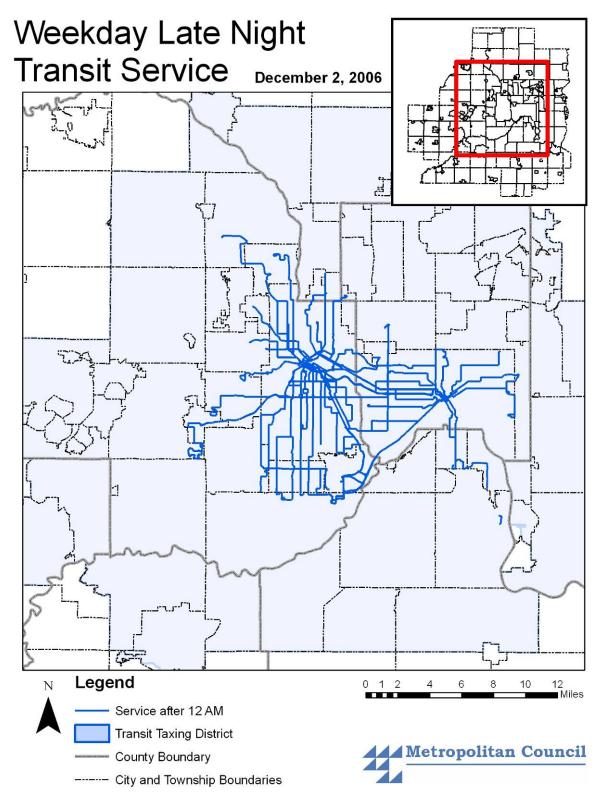


Figure 10 – Saturday Frequent Transit Service (20+ Trips)

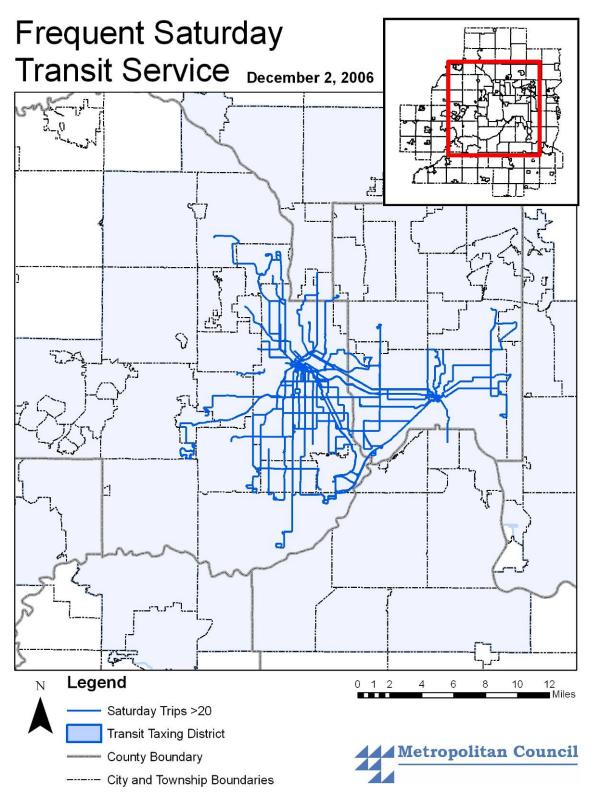
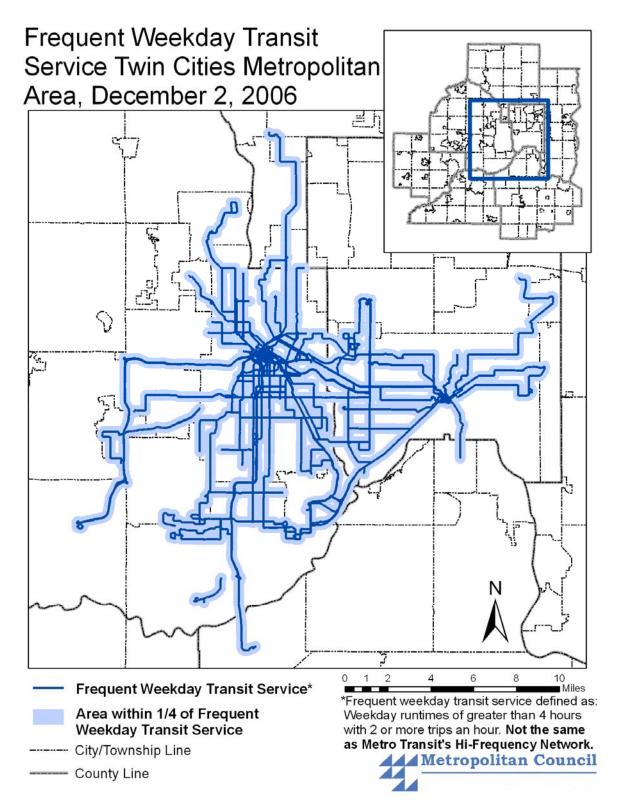


Figure 11 – High-Frequency Transit Service



B. REGULAR-ROUTE TRANSIT TRAVEL TIME

A significant measure of accessibility is travel time. Transit travel time involves a multitude of factors, including wait time, transfer time and walking time. Because there are many factors involved in making a transit trip, travel times are often greater than comparable trips by automobile. The following six maps illustrate the average transit travel time during off-peak times, when many entry-level jobs start or end. The maps use an origin zone that has been identified as having a high concentration of low-income households and they illustrate areas accessible by transit within an hour.

The maps show that many low-income concentrations have limited transit accessibility within an hour of their origin. This is especially true when attempting to access suburban communities, but even transportation from St. Paul to Minneapolis, or vice versa, appears relatively difficult to accomplish within an hour.

Figure 12 - Transit Travel Time for Cedar/Riverside, Minneapolis

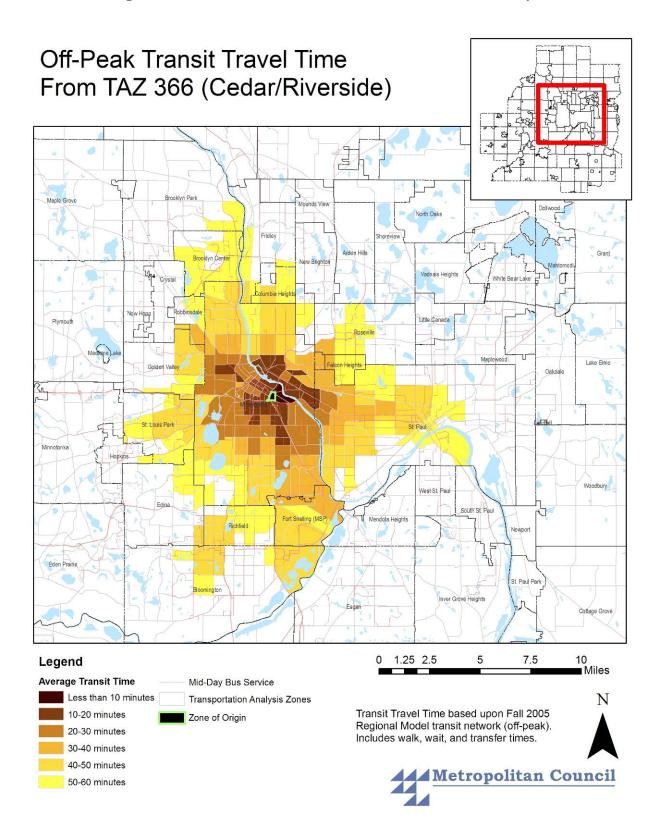


Figure 13 - Transit Travel Time for Phillips, Minneapolis

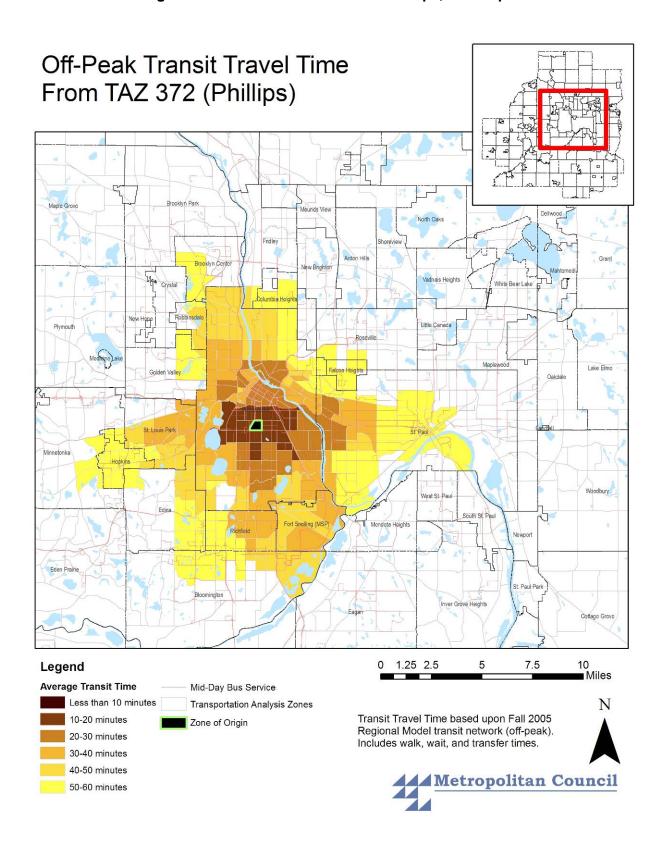


Figure 14 - Transit Travel Time for Near North, Minneapolis

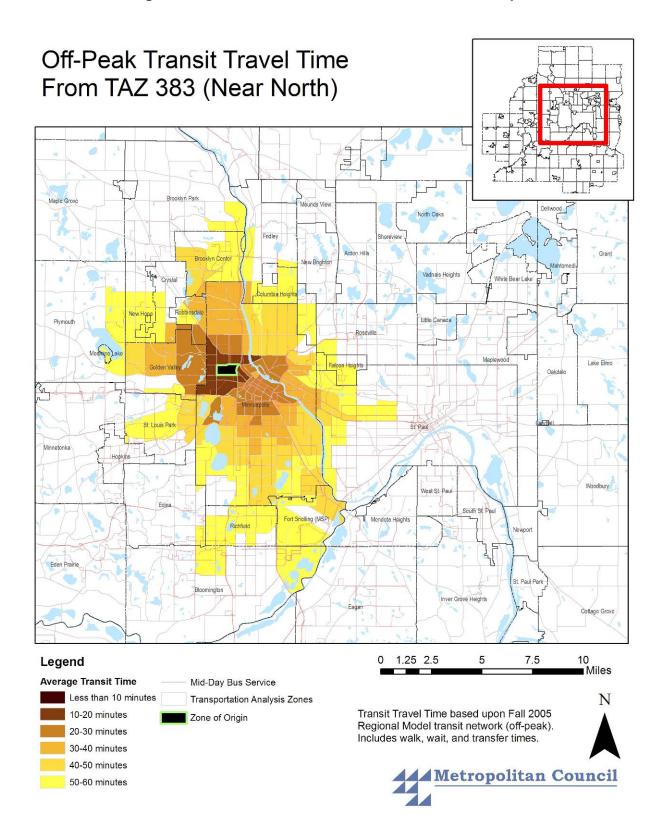


Figure 15 - Transit Travel Time for Phalen, St. Paul

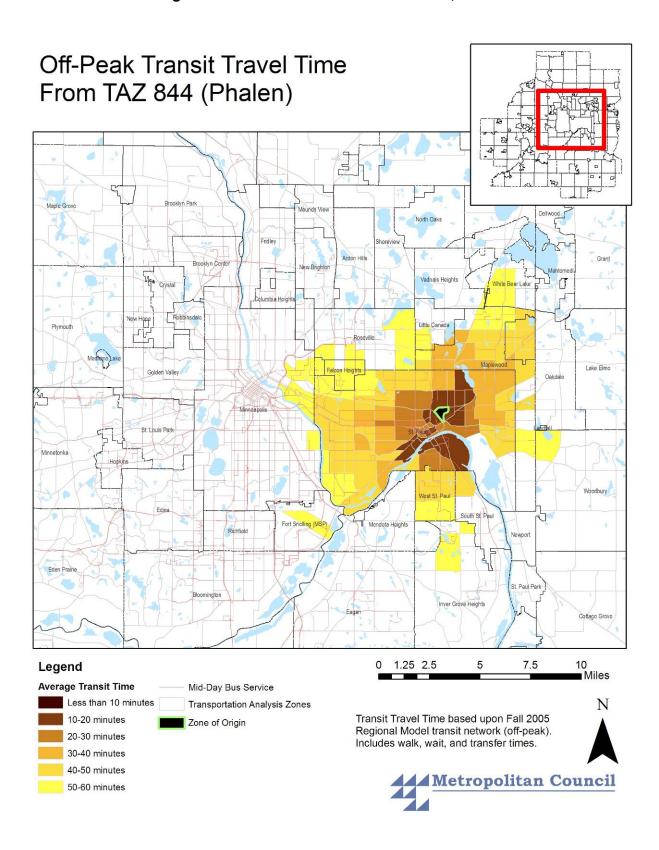


Figure 16 - Transit Travel Time for the North End, St. Paul

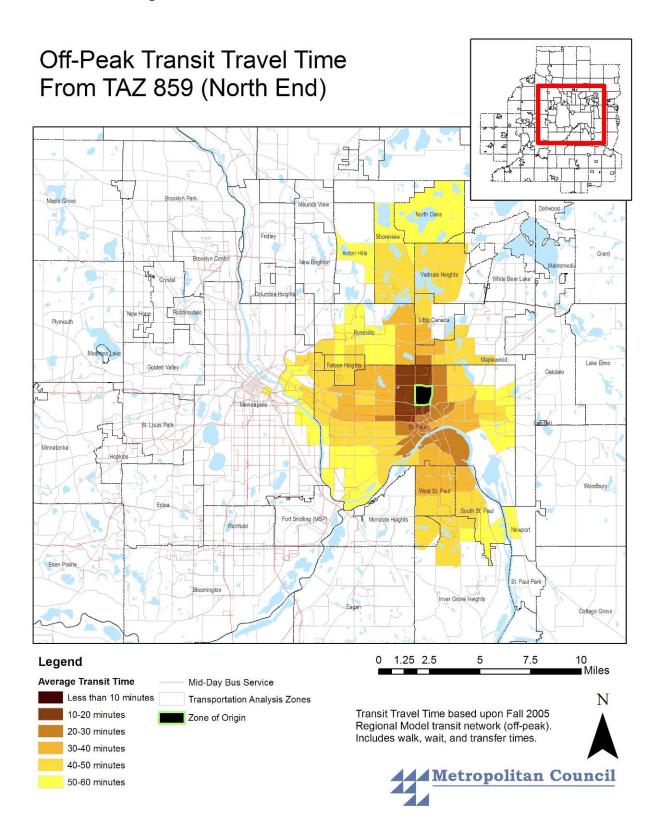
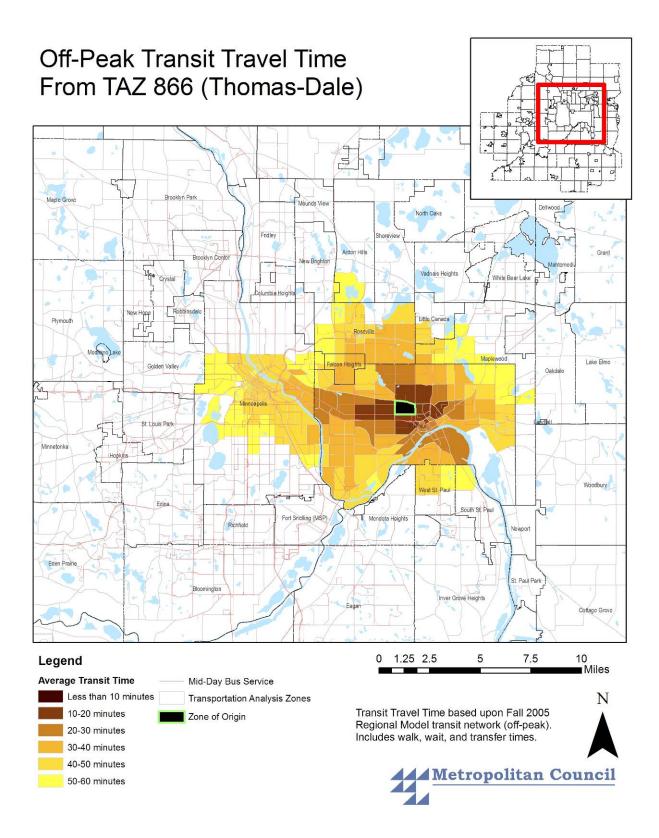


Figure 17 - Transit Travel Time for Thomas-Dale, St. Paul



C. ISSUES WITH REGULAR-ROUTE PUBLIC TRANSIT

There are several issues that affect regular-route public transit service's ability to meet the needs of people who are trying to access employment or who are unable to drive an automobile.

Higher population, employment and commercial densities make local regular-route transit service (where buses run along city streets and stop every few blocks) successful. As densities decline, regular-route service becomes less cost-effective because the distances between riders and destinations increase. Because of this, most local service is concentrated in the higher-density central city areas. In lower-density suburban areas, transit tends to be concentrated at transit centers and park-and-rides that act as collectors for larger geographic areas. Often there is not local transit service to these centers. In many cases, it is difficult to access suburban park-and-ride centers without the use of a bicycle or automobile.

Another factor influencing regular-route transit is density of employment. The two downtowns bring together a large number of jobs into a small geographic area, making transit an effective way of bringing people to these jobs. Suburban employment is dispersed throughout a much larger area, making it much harder to serve these areas with transit. Reverse commute routes can provide limited access but they must target the areas of highest employment concentration in suburban areas. In addition, because ridership is often low, the levels of service are often low, creating difficulty for people who need a more flexible schedule. Within the Twin Cities, low ridership levels have often made it difficult to justify the continuation of reverse commute services.

Another challenge in meeting the needs of people who are trying to access jobs is varying work schedules. Many entry-level jobs often fall outside of typical work schedules and commute times. Many bus routes end at 7 p.m., which means that, although a person working a 4 p.m. shift might be able to get to work, they may not have a reliable way to return home after midnight. The routes that provide the highest levels of service, Metro Transit's High Frequency network, do not provide high-frequency service during atypical work times.

Another difficulty with regular-route transit service is a lack of awareness of transit options by human service agencies. Human service agencies often utilize taxis or county resources even when there are opportunities to use the regular-route transit system. The transit system could provide customized information for specific human service populations. This information could include maps, schedules, how-to guides and web resources. Agencies can currently buy transit tokens at a 10 percent discount for their clients, but with adapting technologies, transit agencies could explore more innovative possibilities including purchase of Go-To passes.

Social services are focused at specific geographic locations such as agencies, service centers, nursing homes or medical facilities. Many trips currently taken by human service clients take place between these facilities. Some of these facilities are served by public transit but others are not. There is potential for improvement with the addition of transit service to these facilities, especially during off-peak day service. The following maps indicate which human service destinations are well served by midday regular route transit service. The green indicators are within ½-mile of a regular route in the cases of service centers while green indicators for nursing homes and hospitals are within ½-mile.

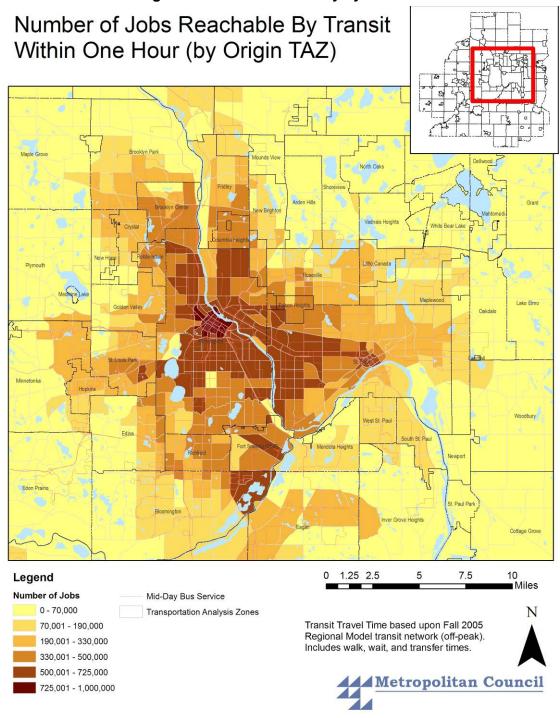
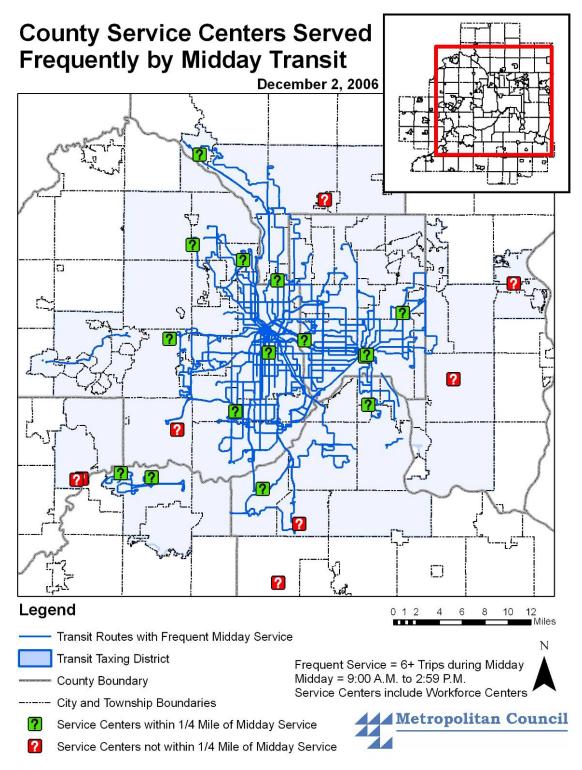


Figure 18 - Job Accessibility by Transit

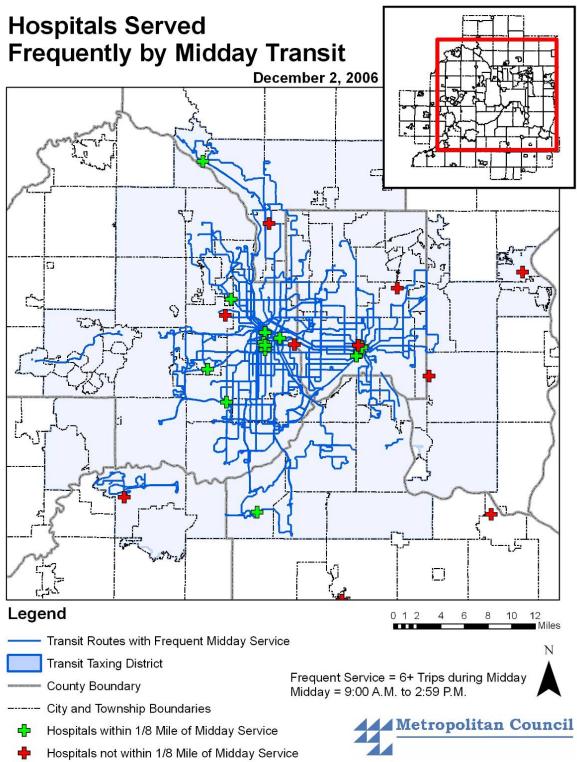
The number of jobs accessible by transit measures how many jobs are reachable from a given zone within an hour, using transit during the off-peak time. This maps shows that many low-income areas have limited accessibility to jobs in general (e.g. east St. Paul and near north Minneapolis). Although this map does not indicate whether jobs are low-income or not, it does indicate job accessibility in general. The areas having the most job accessibility by transit also have the most transit service, such as downtown Minneapolis and the Mall of America.

Figure 19 - Service Centers and WorkForce Centers Served by Midday Service



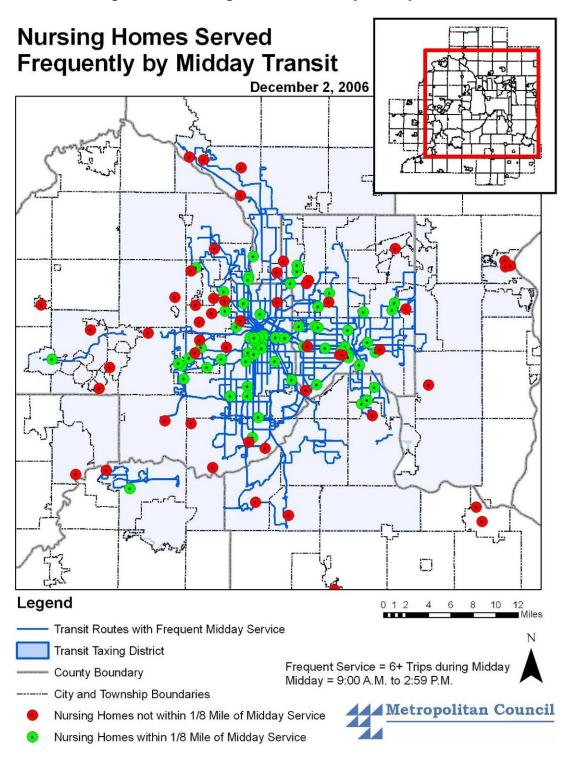
Seven of the 22 county service centers or WorkForce Centers within the Transit Taxing District are not served by frequent midday regular route transit service within at least ¼-mile. County service centers and WorkForce Centers play a significant role in the delivery of human services to the public.

Figure 20 – Hospitals Served by Midday Service



Eight of the 23 hospitals (2003 inventory by Department of Health) within the Transit Taxing District are not served by frequent midday regular route transit within at least $\frac{1}{8}$ -mile. A $\frac{1}{8}$ -mile is used in this case because hospital patients generally have less personal mobility.

Figure 21 - Nursing Homes Served by Midday Service



Forty-seven of the 115 (2003 inventory by Department of Health) within the Transit Taxing District are not served by frequent midday regular route transit within at least $\frac{1}{8}$ -mile. A $\frac{1}{8}$ -mile is used in this case because the elderly generally have less personal mobility. A large proportion of these are in the first-ring suburbs just to the north and west of Minneapolis.

D. DIAL-A-RIDE PUBLIC TRANSIT

Dial-a-ride transit is provided through three different ways in the metro area. One is Metro Mobility. The second is through countywide programs and the third is through municipally based programs.

Metro Mobility – Metro Mobility is a paratransit service provided by the Metropolitan Council for people whose disabilities prevent them from riding the regular-route transit system at least under certain circumstances. Metro Mobility serves ADA-certified persons within the Transit Taxing District. Riders can schedule rides up to four days in advance. The operating hours for ADA service vary by community but the reservation line is open from 6 a.m. to 5 p.m. seven days a week. The ADA fare is \$2.50 during nonrush hour and \$3.50 during rush hour.

Four county-based agencies, Anoka, HSI (Washington County), Scott and DARTS (Dakota County), serve ADA riders through contracts with the Metropolitan Council/Metro Mobility while Carver County is served directly by Metro Mobility in Chaska and Chanhassen. Some overlap in service occurs, but significant coordination efforts take place between the agencies and Metro Mobility. Metro Mobility does not require each program to separate ADA, senior and human service agency trips, meaning they may be on a vehicle at the same time.

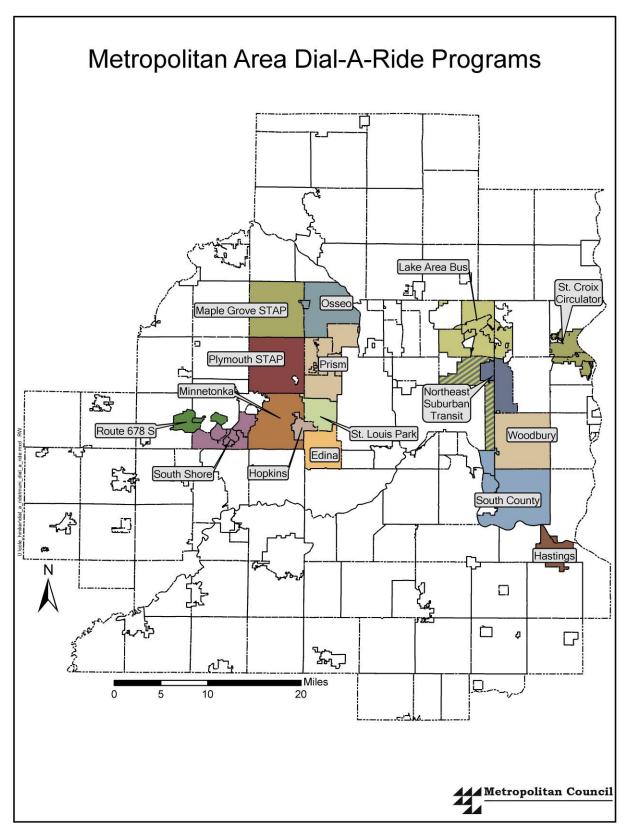
Countywide Programs – General-public dial-a-ride in rural areas exists on a countywide basis in Anoka, Carver, Scott and Washington Counties (HSI). The other countywide program serves specific segments of the population. That program is Dakota Area Resources and Transportation for Seniors (DARTS).

These programs have varying fare structures and operating hours.

Municipal Programs – Hennepin and Ramsey Counties do not have countywide dialaride programs. Their dial-a-ride service consists of a patchwork of programs operated by different organizations and serving different communities and varying purposes. Two Suburban Transit Association Providers, Plymouth and Maple Grove, provide general-public dial-a-ride service throughout their community. There are several community-based urban programs serving primarily in Hennepin and Ramsey Counties, including Edina, St. Louis Park, People Responding in Social Ministry (PRISM), Minnetonka, Lake Area Bus, Northeast Suburban Transit (NEST), South Shore, St. Croix Circulator, South County, Woodbury, Osseo and Hastings. Much of rural Hennepin County is served by Senior Community Services through four programs: Reach for Resources, Westonka Rides, Senior Transportation and Delano.

Minneapolis and St. Paul do not have general public dial-a-ride programs as they have a dense regular-route transit network and a private taxicab market.

Figure 22 – Community-Based Urban and STAP Dial-A-Ride Programs



Community-Based Rural Programs **Anoka County Transit** Senior Transportation HSI Delano Westonka Rides Reach for Resources 包 **Carver County** Scott County DARTS 2017 10 ▲ Metropolitan Council

Figure 23 – Community-Based Rural Dial-A-Ride Programs

E. GAPS IN PUBLIC DIAL-A-RIDE

Hennepin County reportedly spends nearly \$10 million annually to provide transportation for human service clients using taxis and vans, according to their Human Services Department. It would appear that there could be substantive savings with the implementation of a few key strategies. Some possibilities include training for social workers or their support staff to appropriately research readily available public transit options by utilizing Metro Transit's trip planning software and developing a method for coordinating existing providers into a virtual countywide network where fixed-route services are not available. Coordination of paratransit and fixed-route services could also create significant efficiencies.

People dependent on dial-a-ride are limited in where they can travel by the geographic boundaries of service providers. This problem is especially acute for programs that cover only one community. Dial-a-ride programs have limited coordination with regular-route transit service. In part, this is because of limited opportunities due to low levels of local transit service in suburban and rural areas. Another issue is that some regular-route facilities are not amenable to transfers from dial-a-ride service. There may be opportunities to make capital improvements to existing facilities to improve transfers from dial-a-ride to regular-route service.

Metro Mobility is required by the state to provide service within the entire Transit Taxing District. The federal government requires, at a minimum, that service be provided on a schedule comparable to the availability of regular-route non-commuter transit service. Over the last five years, the regular-route transit system has been reduced by about 10 percent, which has reduced the hours of service of some routes. This has reduced the hours when Metro Mobility service is available, although it has not reduced the area where service is available at least some time during the day.

F. PRIVATE TRANSPORTATION PROVIDERS

The role of private transportation providers is different from that of public transportation providers. Public transit serves the general public and is available to everyone in a specific geographic area. Private transportation providers are interested in serving clients involved in their programs. They typically operate their own vehicles or set up contracts with private operators to serve these clients. In most instances, the needs of a particular organization are too specific for public transit to be able to serve those needs. Because of this, most private providers operate their service out of necessity or desire for efficiency. Some of the largest organizations providing these services are:

American Red Cross - The American Red Cross of Saint Paul is one of the largest private transportation providers in the Twin Cities. It operates 19 vehicles directly, has a network of 10 contractors and serves 85,000 trips per year. Ninety-six percent of this ridership consists of seniors. The Red Cross provides driver training to their contractors as well. The American Red Cross is also the Ramsey County Coordinated Transportation Provider, as recognized by Metropolitan Area Agency of Aging.

Twin Cities United Way and 2-1-1 - The Twin Cities United Way funds many nonprofit agencies providing transportation to their clients. In 2004, United Way inventoried 107 agencies in the metro area. These agencies had in-house transportation operations that used about 1,000 vehicles, 250 of which are 15-passenger vehicles.

United Way also provides the United Way 2-1-1 directory of human service providers, a critical link between citizens and nonprofit transportation programs. 2-1-1 is a key link between the clients and non-profits agencies. It provides personalized results for each client tailored to his or her specific needs and location. The 2-1-1 directory is accessible online and through a call center. A separate search function for transportation services allows a user to search by location (zip code, city or county), specific need and/or keyword. Specific search topics include car-sharing programs, senior ride programs, medical transportation, bus fare/gas money and local bus service. The directory can be accessed both over the web and through telephone assistance. The 2-1-1 directory also directly links to Metro Transit's on-line trip planner and can transfer persons to Metro Transit's telephone-based Trip Planner at 612-373-3333.

One of the most advanced features allows users to narrow down their search to include only services near public transportation and/or services that also operate on nights and weekends. These options are available for every search, thus allowing human service agencies to coordinate with public transit. Searches also include links to transportation resources, including public transit, special transportation services, disability access and taxi services.

Another key component of the 2-1-1 directory is the description of each service. Most services have a short description of what the agency/service is, what the eligibility requirements are and when they operate.

Senior Community Services – Senior Community Services is a private, nonprofit agency that operates several dial-a-ride programs throughout Hennepin County. In 2006, they were awarded the Hennepin County Transportation Coordination contract for three years by the Metropolitan Area Agency on Aging. They coordinate transportation with the Minneapolis American Indian Center, Oromo Community, Eastside Neighborhood Services, PRISM Express, Southeast Asian Community Council, ElderRide/Volunteers of America, 5 Cities Senior Transportation Program and their own dial-a-ride programs. In 2006, SCS provided 77,000 rides with 19 vehicles in service.

Other agencies – The region has over a hundred private agencies providing transportation. The majority of these are providing transportation for the elderly and persons with disabilities and specific health conditions. They serve their own clientele to meet their flexible and unique needs.

FTA Section 5310 Elderly and Disabled Program Capital Assistance - The Section FTA 5310 Elderly and Disabled Program Capital Assistance has provided a federal match for capital vehicles purchases for agencies throughout the Twin Cities area. There are limited cases where services use Section 5310 funding to begin service, although this is not encouraged. For federal fiscal year 2006, metro area organizations received \$1,031,000 total in 5310 funding, less some Mn/DOT overhead expenditures.

Twin Cities Area Section 5310 Program Recipients through Fiscal Year 2006 * = 2006 Recipient

*Achieve Services, Inc., Blaine, MN
*American Red Cross of Saint Paul, St. Paul, MN
Anoka, City of, Anoka, MN

Bloomington, City of, Bloomington, MN

CLUES, St. Paul, MN

Dakota Area Resources and Transportation for Seniors (DARTS), West St. Paul, MN

East Side Neighborhood Services, Inc., Minneapolis, MN

East Suburban Resources, Stillwater, MN

Hallie Q. Brown Community Center, St. Paul, MN

Human Services, Inc. (HSI), Oak Park Heights, MN

*Jewish Community Center of the Greater St. Paul Area, St. Paul, MN

*Lifeworks Services, Inc., Mendota Heights, MN

Martin Luther Manor, Bloomington, MN

Merrick, Inc., Maplewood, MN

Midway Transportation, Inc., St. Paul, MN

*Midwest Special Services, Multiple Metro Locations

Minneapolis American Indian Center, Minneapolis, MN

MN Masonic Home Senior Outreach Services, New Hope, MN

MRCI - Burnsville, MN

*New Americans Community Services, St. Paul, MN

Northeast Contemporary Services, Inc., Roseville, MN

*Opportunity Partners, Minnetonka, MN

*Phoenix Alternatives, Inc., White Bear Lake, MN

Pillsbury United Communities, Minneapolis, MN

*PRISM, Golden Valley, MN

*ProAct, Inc., Eagan, MN

*Rise, Inc., Spring Lake Park, MN

Roseville Area Senior Program, Roseville, MN

Sojourn Adult Day Program, Spring Park, MN

St. Olaf's Residence, Minneapolis, MN

University Good Samaritan Center, Minneapolis, MN

Volunteers of American, Minneapolis, MN

White Bear Area Senior Program, White Bear Lake, MN

*White Bear Lake Lions Club, White Bear Lake, MN

G. GAPS IN PRIVATE TRANSPORTATION PROVIDERS

Private transportation providers provide transportation to their clients only, for varying reasons. By default, they are already meeting gaps in transportation needs, whether caused by lack of public transit, inability to drive, inability to own a car, or other factors.

According to United Way's 2004 survey of metro area agencies, about one-third of the 107 agencies surveyed do not want to be in the transportation business; another one-third would give it up if there were a better option; and the remaining third view transportation as part of their mission as an agency. This survey appears to show that private transportation providers are interested in finding ways of collaborating on transportation to reduce their costs and to streamline their organizations.

Significant hurdles exist to creating these collaborations. First, matches would need to be made among agencies, based on their geographic areas or client base. It is not clear how many agencies have enough overlap to share resources. A way of organizing these services among the agencies would also have to be created. Another significant restraint is insurance liability. Vehicle sharing appears to be a significant option for improving coordination but insurance liability can make this problematic.

IV. NEEDS IDENTIFICATION AND STRATEGIES

A. AGENCY ROLES

In its role as the region's Metropolitan Planning Organization (MPO), the Metropolitan Council is the lead agency for regional transportation planning. It will be responsible, with the Transportation Advisory Board and a Technical Advisory Committee, for the process of selecting projects under the JARC and New Freedoms programs. The Metropolitan Council will also be responsible for incorporating those projects into the Transportation Improvement Programs (TIP) and for administrating grants. Other agencies will be sub-recipients of federal grants.

The Governor established the Interagency Committee on Transportation Coordination (ICTC) to explore opportunities for public and human services transportation coordination efforts. The Metropolitan Council will ensure that the outcomes from this study are consistent with the recommendations of the ICTC.

The Department of Human Services (DHS) and all of its divisions involved in transportation are required to work with Minnesota Non-Emergency Transportation (MNET). This program offers transportation for the disabled, underserved, and elderly populations by contracting with private and public transportation providers. The Metropolitan Council will ensure coordination with DHS and MNET.

B. Needs and Strategies

Needs and strategies identified in this plan were developed for the purpose of distributing federal funds available through the JARC, New Freedoms and Elderly and Disabled Program Capital Assistance for Specialized Transit Vehicles programs. The strategies are consistent with the Metropolitan Council's regional transit standards and market areas, as identified in Appendix M of the 2030 Transportation Policy Plan (TPP). These strategies do not supersede policies set forth in the TPP.

The following are identified needs and corresponding strategies to address those needs:

INCREASE REGULAR-ROUTE TRANSIT IN AREAS AND DURING TIMES WITH LOW LEVELS OF SERVICE

Need: Higher levels of service in suburban areas and during off-peak times.

There are areas of the Twin Cities region that have low levels of public transit. This is primarily because these areas have low densities of housing and employment and because of budget constraints. In addition, transit is focused during peak hours when most people are going to and from work, making travel to jobs with non-traditional schedules difficult. Because of these two factors, mobility can be difficult in areas of the region for persons without automobiles.

 Need: Adequate transit connections to human services sites such as hospitals, nursing homes and centers.

There are human services sites in the Twin Cities that are not served or served by low levels of regular route public transit service. This makes it difficult for low-income persons, persons with disabilities, and disadvantaged persons to access these facilities.

 Strategy: Increase off-peak regular-route transit service, service in lowdensity areas and service to human service centers.

One of the most cost-effective ways to promote coordination is to increase usage of regular-route transit service, where appropriate. One of the keys to doing so is to increase transit service in areas that have low levels of transit service. This could include expansion of off-peak service, service in areas with low levels of transit service, and service to human services centers. This will improve access to suburban employment centers, improve employment opportunities for low-income persons in the suburbs, and improve access to jobs with non-traditional schedules. This would also improve access of persons with disabilities and the elderly to human services.

CONNECT UNDER- AND UNEMPLOYED PERSONS TO ENTRY-LEVEL JOBS.

 Need: Sufficient connections between under- and unemployed persons and entry-level jobs.

Inadequate mobility options often hamper entry-level workers the most. Figures 5, 6 and 11 illustrate the gap between low-income residents (Minnesota Family Improvement Program recipients), entry-level jobs and high-frequency bus service. Figure 9 illustrates where entry-level jobs have concentrated in the past, primarily in the central city and along major transportation corridors such as I-494, I-394, I-35W, I-94 and Excelsior Blvd. Often times, bus service is provided where residents live but does not connect them to the appropriate job opportunities.

 Strategy: Use reverse-commute routes, vanpools, route deviation, smaller transit vehicles, carpooling, or other innovative transit services to provide mobility in lower density areas.

Traditionally, fixed-route transit service cannot serve most suburban employment sites because jobs are widely dispersed. Reverse-commute routes can provide access to concentrations of suburban employment and should be used wherever sustainable.

However, reverse-commute routes are not sustainable in many suburban areas. Innovative regular-route approaches can help bridge this gap. This may include smaller vehicles, route deviation schedules, paratransit-to-fixed-route connections or other innovative techniques.

Vanpools and carpools may be most appropriate for low-density areas. It is also possible to use vanpools to link directly to agencies working with under- or unemployed persons with transportation services.

Need: Increased mobility options for persons with transitioning into the workforce with unique schedules.

Under- or unemployed persons often need transportation assistance while they are transitioning into the workforce. The goal, however, is for them to leave public programs and secure their own private transportation. Some persons need help making this transition.

Strategy: Create opportunities for persons to obtain their own personal transportation.

Automobile loan and car-sharing programs can provide a bridge between public or private transit and transportation independence for low-income persons.

INCREASE METRO MOBILITY SERVICE LEVELS

Need: Serve areas of the region currently underserved by ADA providers.

The hours of service that Metro Mobility and other ADA providers serve are affected by the hours of local regular route service. As regular-route service hours are reduced, complementary ADA service hours may also be reduced. There are opportunities for longer daily hours of operation because the number of persons who are elderly or disabled has been increasing.

Strategy: Expand ADA service hours and daily hours of operation.

ADA service hours and daily hours of operation could be expanded, especially in suburban communities, to provide sufficient service beyond the currently mandated ADA-requirements. This would improve the access for persons with disabilities to employment, medical treatment and other needs.

CLOSE GAPS IN PUBLIC DIAL-A-RIDE SERVICE

Need: Eliminate service duplication in metropolitan region.

There are areas where public dial-a-ride is duplicated. One example is Northeast Suburban Transit and Lake Area Bus, two programs providing public transportation with overlapping service areas. They could coordinate their services to eliminate service duplication and improve efficiency.

Need: Public dial-a-ride service and have higher levels of regular-route transit in areas of the region where appropriate demand exists.

There are areas of Dakota, Hennepin and Ramsey Counties that lack public non-ADA dial-a-ride service and have low levels of local regular-route transit. Additionally, Washington County has somewhat limited general public dial-a-ride service. People living in these areas receive lower levels of service than persons residing in other parts of the region. The result is that persons may be homebound because of a lack of transportation alternatives.

Need: Countywide public dial-a-ride programs in suburban Hennepin, Ramsey and Dakota Counties.

Hennepin County has public dial-a-ride provided by 11 separate programs. Ramsey County has service provided by two programs. However, there are significant portions of these counties which are not served by any form of public transit.

Hennepin County spends about \$10 million a year on taxicabs and vans to transport its clients. The county's Human Service Department believes it could spend substantially less by coordinating with or expanding existing dial-a-ride programs. Training social workers to use fixed-route trip itinerary planning and implementing more sophisticated coordination efforts between various transit options may offer additional efficiencies. Many programs that exist often cover only one or a few municipalities, making it difficult for persons to cross city boundaries. Local programs are often small and have a hard time advertising the availability of their services because of their size.

Strategy: Expand public dial-a-ride service in underserved areas of Ramsey, Carver, Washington, Dakota and Hennepin Counties.

Several different options exist to create these programs. One method would be to create countywide programs similar to those that exist in Anoka, Carver, Scott and Washington Counties. Another option would be to create a "virtual" network, with one contact number and one dispatching center to coordinate existing programs. Substantial issues would still need to be addressed. The Metropolitan Council often collaborates with local governments to provide dial-a-ride programs, providing about three-fifths of the cost of the service. Resources would be required to expand transit funding where programs need implementation. In addition, local units of government would have to find the resources for the remainder of the costs.

IMPROVE INTEGRATION BETWEEN REGULAR-ROUTE AND DIAL-A-RIDE SERVICES

Need: Adequate transfer facilities for dial-a-ride service to coordinate with regular-route service.

Regular-route service is typically less expensive than dial-a-ride service. Transportation costs can be reduced by using dial-a-ride programs to take people to regular-route service whenever possible. Then the majority of the trip can be made on regular-route service at a lower cost. One key is having facilities that allow for transfers. In some places, there are no or only minimal shelters, which makes transferring difficult, especially for vulnerable populations.

Strategy: Provide suitable, safe and reliable transfer locations.

Locations of frequent transfers should be improved to maximize accessibility, safety and convenience. This can be done through the construction of shelters, better pedestrian access, appropriate lighting, adequate space, addition of heat and other improvements. Efforts could be focused on key locations where a large number of transfers could occur.

Need: Information coordination on travel options between regular-route and dial-a-ride programs.

When transferring from dial-a-ride to regular route, riders do not know when a bus will actually arrive. This can be especially problematic for vulnerable populations and during the winter.

In addition, not all dial-a-ride scheduling software allows for integration of regular-route and dial-a-ride information. This means that schedulers can only know of dial-a-ride options when scheduling trips.

Strategy: Improve information about travel options.

The expansion of real-time information would allow persons to know when a bus will arrive. This can be especially important for vulnerable populations and in the winter.

In addition, scheduling software, which integrates regular route and dialaride service, should be implemented.

INCREASE COORDINATION IN PRIVATE TRANSPORTATION

Need: Eliminate service fragmentation among private providers.

Service fragmentation exists with human service transportation providers because most limit passengers they are willing to carry to their own client base. Opportunities for coordination may exist, however. Individuals may be involved with multiple programs. Programs with similar needs but different client bases may be close enough to share programs. Programs with similar client bases may be able to share resources.

Strategy: Coordinate among human services transportation providers.

Human service transportation providers need to take it upon themselves to coordinate their services to the greatest degree possible. This can be through sharing of vehicles or by one nonprofit "purchasing" transportation services from another or through other coordination models.

Strategy: Establish mobility managers to coordinate public and private transportation services in each county.

Hennepin and Ramsey counties could benefit from the creation of mobility managers to oversee the coordination of private human service transportation at the county level. Mobility managers could first work with county programs to find the lowest-cost transportation options for government programs. This work could then be extended to nonprofit organizations affiliated with the counties and then with other human services programs. This would allow them to coordinate existing public transportation programs (not including population specific programs such as Metro Mobility and MNET), identify duplication and inefficiencies and improve coordination among the various parts of the system. In addition to coordinating existing transportation programs, mobility managers could provide input on proposed additions to the transportation system.

The two counties with countywide public transit programs have some degree of coordination. These programs could work further with human service providers to explore expanded partnerships or improved coordination.

Need: Resolve regulatory issues hindering service coordination among providers.

Disincentives exist to sharing of transportation resources. For example, insurance costs can become prohibitive, especially in transporting disadvantaged individuals. Start-up costs for shared transportation system, like capital acquisition and scheduling systems, can also be prohibitive.

Regulatory issues may also work as a disincentive for coordination. For example, Metro Mobility was a Medicaid transportation vendor prior to the introduction of the MNET service. As many Medicaid clients are also ADA eligible, Metro Mobility had billing options that resulted in leveraging Federal funds available to pay for such trips. However, State legislature changes requiring a signature from medical personnel at the passenger's destination created a substantial obstacle to Metro Mobility's first door-through-first door service policy. The regulation tends to enforce, intended or otherwise, an exclusive-ride service delivery model with very personalized service that is expensive and inefficient.

Strategy: Address insurance issues related to shared transportation.

Innovative options could be used for addressing barriers to human service transportation providers sharing transportation resources. These include enacting state law to remove insurance barriers among human service agencies, enabling strict training and procedural codes for drivers and maintenance workers across agencies, and the use of insurance brokers and consortiums.

There are state regulations that prevent Metro Mobility from being a Medicaid transportation provider. If these laws were changed, Metro Mobility could provide these services and improve coordination among programs.

IMPROVE AWARENESS AND UNDERSTANDING OF TRANSPORTATION SERVICES AVAILABLE TO HUMAN SERVICE AGENCIES AND CLIENTS

Need: Increase awareness of public transportation options among human service agencies and human service populations.

Human service agencies sometimes overlook public transit. The services can have erroneous perceptions among agencies and consumers stemming from a lack of information, problems with schedules, and perceived convenience issues. These can lead to an underutilization of public transit and increased inefficiencies.

Strategy: Improve public transit marketing to human services agencies.

One opportunity to improve coordination is to improve the marketing of the regular route transit system to non-profits. For example, Metro Transit's Marketing Department could provide customized information packets 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. This could include specialized maps indicating the location of routes, the location of services, and pamphlets outlining transit works. In some instances, Metro Transit may want to produce personalized pamphlets for large, individual organizations. Metro Transit may want to also market

specialized fare options, such as Go-To cards and bus tokens to human service agencies.

Another area of marketing is to non-English speaking populations. Although Metro Transit has substantially expanded its efforts to communicate with these populations, barriers still exist. Service guides in other languages marketed specifically to human services organizations working with immigrant groups could help reduce barriers.

 Need: Increase convenient connections between information lines, such as United Way's "2-1-1", Metro Transit's "Transit Line," and MinnesotaHelp.

United Way 2-1-1, Metro Transit's "Transit Line," and MinnesotaHelp are the central resources for directing people to the appropriate agencies and services. Unfortunately, there is not strong integration among the three resources. Metro Transit's website does not have a link to United Way or MinnesotaHelp. United Way's website does have a link to Metro Transit, but it takes many extra steps to get transit information. MinnesotaHelp does not link to Metro Transit or Metro Mobility. Stronger links among these agencies would improve coordination and increase citizen awareness of available resources.

 Strategy: Improve coordination among United Way's 2-1-1, Metro Transit Line, and MinnesotaHelp

United Way 2-1-1, and MinnesotaHelp could improve the integration of transportation information into their processes and information. Metro Transit's website could have a link to United Way and MinnesotaHelp. Metro Transit's Transit Line could have information on United Way and MinnesotaHelp.