Metropolitan Council

Options, Alternatives, and Strategies for Future Metro Mobility/ ADA Paratransit Service

Prepared at the direction of the 2000 Minnesota Legislature

January 18, 2001

2000 Minn. Laws Chap. 479
Art. 1 Sec. 9

◢◢◢ Metropolitan Council

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General phone	651 602-1000
Regional Data Center	651-602-1140
TTY	651 291-0904
Metro Info Line	651 602-1888
E-mail	*data.center@metc.state.mn.us*
Council website	*www.metrocouncil.org*
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Executive Summary

LEGISLATIVE DIRECTIVE

The 2000 Minnesota Legislature directed the Metropolitan Council to prepare a report on the future of the Metro Mobility paratransit system. Metro Mobility provides service to people with disabilities under the federal Americans with Disabilities Act (ADA).

The legislation mandated the study to include options, alternatives, and strategies to:

1. Increase the availability of Metro Mobility service to meet present and anticipated demand;

2. Integrate Metro Mobility service into the new and expanded transit services described in the Metropolitan Council's Regional Transit Master Plan;

3. Integrate private taxi services to provide a more efficient pickup and delivery system, and potential savings from doing so; and

4. Change state or federal law, including, but not limited to, changes in fare structure and requirements, to increase effectiveness of the service.

1. INCREASING THE AVAILABILITY OF METRO MOBILITY SERVICE

Projected Demand for ADA Transportation Service

Metropolitan Area Disabled Population

- The study forecasts an increase in the 1990 metropolitan area population of people with disabilities from 31 percent to 48 percent by 2010 and from 39 percent to 70 percent by 2020.

ADA Paratransit Ridership

- To meet the high-end future ADA-related demand, the region will need to expand service to accommodate about a 30 percent increase in ridership by 2010 and about 50 percent by 2020.

Current Efforts to Prepare for Forecasted Growth

- In response to a growing demand for service, the Metro Mobility Service Center implemented the following new programs and policies throughout 1999-2000:
  - Supplemental service, provided by other organizations under contract with Metro Mobility to reduce trip denials during peak travel times.
  - Assured Ride Program, which guarantees an emergency ride home if Metro Mobility cannot be accessed.
  - Standing-order excessive cancellation policy, which allows for more consistent and effective utilization of limited space available.
  - 48-hour reservation "window," which reduces the number of last-minute cancellations.

Ridership and Funding Projections

Future needs through 2010 have been identified, using projections from the 1999 Metro Mobility Needs Assessment as a basis for ridership growth and recent experience to project rate increases.

These projections include both high-end and low-end estimates for annual increases in ridership for each biennium between 2004-2005 and 2010-2011 – 2.62% and 1.12%, respectively.

To meet this projected demand, biennial funding will need to grow from approximately $50 million to a range of $67 million to $75 million (see table below).

Projected Funding Needs* for ADA Paratransit through 2010

Biennium	2004-2005	2006-2007	2008-2009	2010-2011
High end	$49.9 M	$57.2 M	$65.5 M	$75.1 M
Low end	$48.8 M	$54.3 M	$60.4 M	$67.2 M

*Assumes that the 2002-2003 biennial funding is $45,291,000 and that the annual inflation rate over the entire period will be 4.3%.

Goals Identified by Riders and Advocates

1. Changes in Service
   - Achieve zero trip-denial rate.
   - Increase service area and service-hour availability in second- and third-ring suburbs.

2. Increased Funding
   - Seek dedicated funding source.
   - Seek increased funding through existing state appropriations.
   - Explore options for federal funding to address growing demand as they arise.

2. INTEGRATION OF METRO MOBILITY WITH OTHER SERVICES

Several opportunities exist for improving the coordination and integration between Metro Mobility/ADA services and other fixed-route transit modes. The following section identifies these opportunities.

Short-Term Recommendations

- Implement a travel-training program for riders.
- Utilize transit hubs and LRT stations for transfers between Metro Mobility and fixed-route service.
- Increase marketing efforts to promote use of fixed-route service.
- Coordinate transit-service planning between Metro Mobility and fixed-route service.
- Engage Metro Mobility stakeholders in transit decision-making.
- Enforce compliance with ADA fixed-route guidelines.

Long-Range Recommendations

- Use trip-planning software to facilitate transfers from Metro Mobility to fixed-route service.

- Implement a conditional eligibility policy for some trip requests when conditions are suitable for using fixed-route service.

3. INTEGRATION OF PRIVATE TAXI SERVICE

The Metropolitan Council recognizes that the taxi industry has a number of resources that are readily available and valuable to providing paratransit service. Although there are a number of barriers, developing a role for taxis in the provision of ADA service creates an opportunity to assist in meeting the growing demand for services.

Following are two recommended options:

- Include taxis in the provision of paratransit service by developing a "Taxi Ticket" program.

- Provide accessible vehicles to taxi companies.

4. CHANGES IN STATE OR FEDERAL LAW

- There are no recommended changes or waivers to federal paratransit service requirements. Additionally, there are no recommended changes or waivers to Minnesota STS laws. Without these requirements, the safety of the riders and integrity of the program would be compromised.

- Current legislative language prohibits taxi companies from operating the type of lift-equipped vehicles used by Metro Mobility. The Metropolitan Council recommends a change in this language that would allow Metro Mobility/ADA services to enact an additional strategy to meet growing demand for service.

- If funding for ADA services does not grow at a rate necessary to meet the growing demand, changes may be necessary to improve service quality and reliability and to reach the zero percent trip-denial goal established by the FTA. Areas where changes could be made include:
    1. ADA Certification Tools
    2. ADA Service Area/Service Hours

- The study recommends establishing a certification pilot program to assess the costs and benefits of full functional assessment. ADA riders and advocates oppose the pilot program and the use of licensed professionals in the verification procedure feeling that this would discriminate against people with disabilities by denying them service.

- ADA riders and their advocates are opposed to implementing any retrenchment of service availability. In fact, many advocate for additional expansions in service beyond both the current local policy and federal requirements

- Reduction in the service area or service hours would impose travel restrictions for some certified riders and could ultimately prohibit them from being active members of the community.

Preface

Study Background

The 2000 Minnesota Legislature directed the Metropolitan Council to prepare a report on the future of the Metro Mobility paratransit system. Legislation mandated the study to include options, alternatives, and strategies to:

1. Increase the availability of Metro Mobility service to meet present and anticipated demand;
2. Integrate Metro Mobility service into the new and expanded transit services described in the Metropolitan Council's Regional Transit Master Plan;
3. Integrate private taxi services to provide a more efficient pickup and delivery system, and potential savings from doing so; and
4. Change state or federal law, including, but not limited to, changes in fare structure and requirements, to increase effectiveness of the service.

Chapter 1 describes the current Metro Mobility paratransit system and the federal Americans with Disabilities Act (ADA). Chapter 2 addresses current and anticipated future demand for Metro Mobility/ADA services and describes actions to meet that demand. Chapter 3 addresses the integration of Metro Mobility/ADA service with other transit modes. Chapter 4 outlines strategies for integrating private taxi services. Chapter 5 provides options considered for law and policy changes.

Staff of the Metropolitan Council have conducted this study with the assistance of a steering committee. The membership of the committee included members of the Metropolitan Council's Transportation Accessibility Advisory Committee (TAAC), advocates of the disability community, ADA paratransit users, and professionals experienced in working with individuals with disabilities and their transportation needs.

Chapter 1

The Americans with Disabilities Act (ADA) Paratransit Service and Metro Mobility

ADA Requirements

The Americans with Disabilities Act (ADA) of 1990 requires that:

- "complementary paratransit" service be available to eligible individuals unable to use fixed-route transit systems due to disability,
- "complementary paratransit" service mirror fixed-route transit's geographic service area and service hours, and
- transit agencies cannot in any way limit the availability of paratransit services unless they reduce fixed-route transit services. Any reductions and limitations must be proportional to those made on the fixed-route system.

ADA Service Providers in the Minneapolis – St. Paul Area

ADA paratransit service in the seven-county Minneapolis–St. Paul (MSP) metropolitan area is provided by four transit programs, Metro Mobility and three county providers: Anoka County Traveler, Dakota Area Resources and Transportation for Seniors (DARTS) in Dakota County, and Human Services Inc. (HSI) in Washington County. The total ADA service area includes 89 cities and townships covering approximately 1,056 square miles (see Figure 1 for service coverage area of each provider).

Riders must be found to be ADA-paratransit eligible to use the service. Currently there are approximately 24,000 certified riders in the region. Of those, approximately 12,000 are active riders.

In 1999, Metro Mobility provided 87 percent of the region's ADA trips and accounted for 89 percent of the ADA service hours, and 90 percent of the operating costs. Operating funds for Metro Mobility/ADA service comes from two funding sources: a state general fund appropriation and passenger fares. In contrast, the fixed route system receives operating funds from three sources: a state general fund appropriation, passenger fares, and property taxes.

ADA Operations

Metro Mobility, an operating unit of the Metropolitan Council, is a fully accessible door-through-door service, providing passenger assistance to and from the vehicle.

Figure 1
Minneapolis - St. Paul Metropolitan ADA Service Area
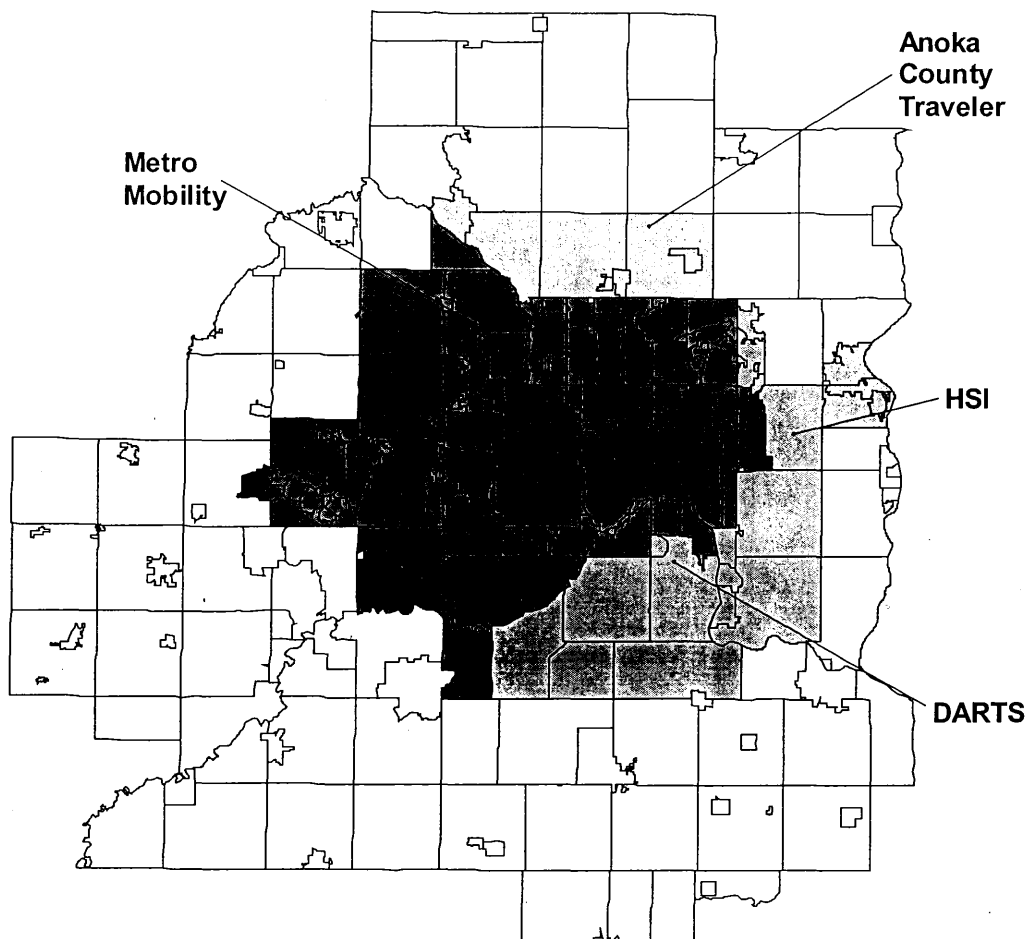
Metro Mobility is the region's primary ADA service provider. Metro Mobility operates a three-tiered system comprised of demand, agency, and supplemental service.

- Demand Service - Provides demand-response and standing order service for individuals with disabilities. Demand-response service is for riders who call in to place their trip requests on an as-needed basis. Riders with a routine weekly trip schedule may qualify for a standing order, eliminating the need to call in individual ride requests. Per ADA requirements, no more that 50 percent of demand service can be allocated for standing orders. Demand service is the most visible component of the program. Two private contractors operating 150 vehicles provide the service.

- Agency Service - Provides ADA group rides to clients of high-volume Day Training and Habilitation (DT&H) and adult daycare facilities that contract for the service. Agency service is provided by two private contractors operating 86 vehicles.

- Supplemental Service - Provides additional ADA services during peak hours, since February 2000, to contracted DT&H and adult daycare facilities to meet growing demand and reduce trip denials. The service is provided by two private contractors and two non-profit organizations operating 10 vehicles.

Ride requests for ADA service are accepted on a first-come, first-served basis and may be requested up to four days in advance. There are no restrictions based on the purpose of trip. Passengers traveling outside the Metro Mobility service area may transfer to other accessible services to complete their trip.

One-way fares are $2.50 during peak periods and $2.00 in off-peak periods. Personal care attendants travel at no charge. Guests accompanying certified riders are allowed to ride and pay the same fare as the ADA rider.

Hours of operation vary by community, mirroring fixed-route weekday transit service. Outlying communities have service between the hours of 5 a.m. and 7 p.m., with service increasing up to 24 hours a day for Minneapolis, St. Paul, MSP Airport, and Columbia Heights.

Small portions of the service area overlap with areas also served by ADA county providers to facilitate transfers. Metro Mobility served 661 square miles in 1997. In 1999, the service area was expanded to include portions of Scott and Carver Counties, increasing the service area to approximately 700 square miles.

During peak hours, Metro Mobility operates a fleet of approximately 246 vehicles, including 135 Council-owned vans and 15 sedans available for demand services, plus 96 contractor-owned vehicles for agency and supplemental services. In addition to Metro Mobility, the Anoka County Traveler, DARTS, and HSI provide demand services with 21, 4, and 8 vehicles respectively. The combined ADA programs provide nearly 1.2 million rides annually at a total operating cost of $18.6 million (1998).

The Metro Mobility ADA paratransit program serves a very diverse population. The results of an informal demographic survey conducted in 1999 by the Metro Mobility Service Center (MMSC) illustrate the diversity of Metro Mobility riders, as summarized below:

- Trip Purpose: medical (39%), work (20%), social (14%), shopping (10%), education (5%), other (12%);
- Age: Under 40 (18%), 40-59 (22%), 60-79 (30%), Over 80 (30%); and
- Living Arrangements: live alone (48%), live with family (29%), live in group home/assisted living (15%), live in nursing home (8%).

Trends identified through a comparison of the recent survey with a 1990 survey indicate increases in the percentage of riders under the age of 60, the percentage of trips for work purposes, and the percentage of riders who are employed. This trend is expected to continue as more disabled individuals enter the work force.

Metropolitan Council's ADA Policy

The region's ADA program is designed to comply with six service criteria established by the U.S. Department of Transportation. The following table describes the ADA criteria and the corresponding Metropolitan Council policies.

SERVICE CRITERIA	FEDERAL REQUIREMENT	METROPOLITAN COUNCIL POLICY
1. Service Area	"…the basic service area is a corridor centered on the fixed-route and extending ¾ of a mile to either side of the route."	Service is available on a by-community basis. If fixed-route service is provided in a community, then that community also receives ADA service.
2. Response Time	The regulations require that "next day service" be provided and that local policy determine a maximum reservation window of up to 14 days. If service is provided 7 days a week, reservations must be taken 7 days a week during hours comparable to normal office hours.	Reservations can be placed from 4 days in advance through same day. Reservations are taken 7 days a week from 6:00 a.m. to 5 p.m. A 48 hour advanced reservation policy is currently under consideration by the Council's Transportation Accessibility Advisory Committee (TAAC).
3. Fares	"Fares charged for complementary paratransit service can be no more than twice the fare paid by a person without a disability on the fixed-route system."	Currently the maximum fixed-route base fare is $1.50 during the peak and $1.00 non-peak. Metro Mobility fares are $2.50 during peak and $2.00 during non-peak.
4. Trip Purpose	"Requests for all types of trip purposes must be accepted and handled on an equal basis." Prioritizing trips is not permitted.	There is no prioritizing by trip purpose. Reservationists do not request the trip purpose when scheduling a ride, just as a fixed-route bus driver does not ask the trip purpose of those who enter the vehicle.
5. Hours and Days of Service	"Complementary paratransit service must be offered during the same days and hours that the fixed-route system is in operation."	Each ADA community is assigned one of the following service spans based on the level of fixed-route available: 24 hours, 4 a.m. – 2 a.m., 5 a.m. – 11 p.m., 5 a.m. – 7 p.m. These hours are the same each day of the year.
6. Capacity Constraints	"This provision of the regulations prohibits public entities from limiting the amount of complementary paratransit service provided to ADA paratransit eligible persons." A pattern or practice of denials indicates capacity constraints. A recent interpretation by the FTA establishes a goal of zero capacity denials.	The ADA programs make every effort to provide all trips requested. The average trip denial rate is about 3 percent to 6 percent.

In the summer of 2000, the Federal Transit Administration's Triennial Review process found the region fully compliant with its ADA complementary paratransit service.

Comparison of Metro Mobility to Peer City ADA Paratransit Systems

Metropolitan Council 1999 Transit System Performance Audit

As a part of this audit, the Metropolitan Council conducted a comparative service analysis of the region's ADA service with twelve peer systems:

- Baltimore
- Buffalo
- Cincinnati
- Cleveland
- Dallas
- Denver

- Houston
- Milwaukee
- Pittsburgh
- Portland
- St. Louis
- Seattle

The analysis showed that ADA service provided through the Council performs well when compared to other areas and providers.

- The operating cost per passenger for ADA service in the region was about 20 percent less than the average cost for the regional peer group in 1998 ($16.01 versus $19.90).
- The region's operating cost per revenue hour was 4.7 percent less than the average for the peer group ($38.63 versus $40.52).
- Passenger productivity, as measured by passengers per revenue hour, was greater than the peer group average (2.4 versus 2.1).

Metropolitan Council ADA/Special Transportation Service (STS) Needs Assessment (1999)

An important element of the Needs Assessment Study conducted by the Metropolitan Council in 1999 was a comparative analysis of the region's ADA services to similar services around the country.

General information on services from several cities was reviewed. Six cities were selected for inclusion in the peer review process. The six cities were selected based on their similarity to the region when considering annual trips provided, service area size, and weather. The six cities/areas selected for the peer review were:

- Portland (Tri-Met)
- Pittsburgh (PAT)
- Seattle (ACCESS)
- Boston (MBTA)
- Philadelphia (SEPTA)
- Orange County – CA (OCTA)

The selected cities/areas for the review provide similar services. However, multiple differences were identified throughout the data collection process.

A number of aspects relating to performance measures were reviewed in developing the comparative analysis. Data was collected from each peer city regarding:

- General service characteristics;
- ADA/STS service information;
- Service area;
- Population data.

Overall, ADA service in the region compares very favorably with service in similar cities. Comparisons made between the ADA-only services in Boston, Orange County, California, and the region reveal the local system:

- has a lower cost per passenger,
- has a considerably higher average trip length (the region equals 9.5 miles, peer average equals 6.6 miles),
- transported the highest number of passengers,
- has higher productivity levels (the region has 2.28 passengers per hour, peer average is 2.03 passengers per hour), and
- has a higher percentage of riders using wheelchairs.

In addition, the region's service area was considerably larger than Boston or Orange County's service areas. Revenue hours in the region were also less than in Boston.

When analyzing ADA-only services, the region compared closely to the peer cities' averages in terms of total annual passenger trips, ride requests, and revenue hours. Denied requests were slightly above average. However, the city of Pittsburgh's zero denial rate produced a skewed average.

Chapter 2

INCREASING THE AVAILABILITY OF METRO MOBILITY SERVICES

Introduction

This section analyzes the pertinent issues and trends that determine the level of ADA paratransit service needed to meet current and future demand and the region's ability to accommodate the demand given existing and forecasted resources.

Identification of Current and Future Needs and Issues

The steering committee identified a number of current and future needs and issues related to ADA paratransit service in the region. Those identified needs and issues are summarized as follows:

Background/Preliminary Issues

- ADA paratransit service is a supplemental requirement of the fixed-route system. It cannot be replaced by additions or modifications to the fixed-route transit system because it is intended to serve individuals who either cannot get to or cannot use the fixed route system even if it is fully accessible.
- The public benefits of ADA paratransit services are substantial and include increased self-sufficiency and independent living, mobility, and personal and economic vitality of riders, while reducing welfare and social security burdens on taxpayers.
- The population of people aged 65 and older is expected to double by 2030; persons 85 and older are expected to increase 50 percent by 2030.
- Latent demand will likely overcome any decrease in ADA paratransit demand once the fixed-route system becomes fully accessible in 2003.
- Seasonal demand will continue to vary because of climatic conditions.
- Further incentives to get individuals with disabilities to use fixed-route service need to be used.

Required Methods and Services to Better Meet Current Demand

- Use more efficient methods to deal with longer trips – coordinate transfers with fixed-route services.
- Provide additional service during peak times – 6:00 a.m. to 9:00 a.m. and 2:30 p.m. to 6:30 p.m. weekdays.
- Increase supplemental services to further decrease trip denials – although denials are down, they still occur, especially during peak hours.
- Pursue zero denials for scheduled rides.

- Address winter spike in demand.
- Provide additional training to establish consistency in process and information.
- Apply consistency in policy and procedures by Council staff, contractors, and consumers.
- Expand service hours in communities past 7:00 p.m. where fixed-route service ends by 7:00 p.m. – e.g., Maple Grove, Arden Hills, Woodbury.
- Round-trip guarantee.
- Provide timely pickup.
- Increase ability to consistently obtain ride, even when the caller places the request later than four days before the requested ride.
- Provide improved or additional technology to assist in scheduling and dispatching.
- Increase driver professionalism – in appearance and process.
- Address workforce issues – driver shortage, wages and benefits, and training.
- Establish equivalency in standards and eligibility measures between Metro Mobility and county providers.
- Change the perception of the program's image, structure, and purpose in the public and customer perspective – move away from the social service identification toward the concept of a public transit organization.

What is Required to Meet Future (2020) Needs

- Change in public and policymaker perceptions – accessibility is not just ADA and its minimum requirements.
- Recognize that current needs remain unmet, which makes meeting future needs unlikely without substantial change.
- Provide for the increasing numbers in the disability population as a percentage of total population.
- Add more flexibility to transit options.
- Be user-friendly and allow persons access more freely.
- Include time and flexible options concerning calling for appointments.
- Recognize future housing patterns that allow for integration of transit services for people with disabilities.
- Integrate transit systems to meet the needs and hours of service.
- Incorporate ADA into the Council's Smart Growth planning efforts.

Previous and Current Long-Term Planning Efforts

Several planning efforts concerning Metro Mobility ADA paratransit service have recently been completed or are currently in process at the Metropolitan Council.

In preparation for long-term planning efforts, the Metro Mobility Service Center completed the Americans with Disabilities Act (ADA) / Specialized Transportation

Services (STS) Needs Assessment in 1999. This study assessed present and future demand for ADA paratransit service in the region, which included:

- Developing a baseline of system performance;
- Collecting information on similar services around the country;
- Identifying regional trends or influences likely to impact ADA service demand;
- Developing a methodology for predicting future service demand.

The study's focus was to estimate ridership and resources required to meet ADA paratransit service needs in the years 2010 and 2020. The trends identified by the Needs Assessment serve as the basis for the analysis in this report.

In early 2000, the Metropolitan Council approved the Transit 2020 Master Plan, which included a comprehensive, long-term study of the region's transit needs and recommendations for serving those needs. This plan was the result of a 1999 Minnesota Legislature directive to the Metropolitan Council to develop a balanced regional master plan for transit. The Needs Assessment estimates of ADA ridership and fleet size growth were incorporated in the regional master plan. The regional master plan also considered the future of ADA services.

With the results of these long-range planning efforts as a guide, the Metropolitan Council has developed a 2002-2003 State Appropriation Biennial Request to fund Metro Mobility/ADA operations during the upcoming biennium. The Metropolitan Council has also developed a 2001 budget for Metro Mobility/ADA services.

Projected Demand for ADA Transportation Service

Metropolitan Area Disabled Population

The Council developed two estimates of the disabled population for the Needs Assessment study.

- One estimate assumed that the disabled population would remain at a constant percentage of the total population over time (low-end projection).
- The second estimate considered the increase in the number of persons requiring services due to the increase in numbers of elderly with the baby boom generation and increased life expectancy (high-end projection).

The study forecasts an increase in the 1990 metropolitan area population of people with disabilities from 31 percent to 48 percent by 2010 and from 39 percent to 70 percent by 2020.

Low-End Forecast of the Population of People with Disabilities
(Adjusted Fixed Percent)

Year	Population Size
1990	70,265
1997	84,931
2010	92,249
2020	97,650

Source: 1999 Needs Assessment

High-End Forecast of the Population of People with Disabilities
(Adjusted Fixed Percent)

Year	Population Size
1990	70,265
1997	84,931
2010	103,999
2020	118,723

Source: 1999 Needs Assessment

ADA Paratransit Ridership

As the population in the ADA service area grows and ages, a higher percentage of the total population will become eligible for ADA transportation services. While ADA paratransit eligibility is not based on age, there is a high correlation between age and functional disability. Without considering the effects of Metro Transit growth, the impending impact on ridership for 2010 and 2020 is shown in Figure 2.

Ridership was estimated based on a several factors, including:

  a) the percentage of active users (percent of individuals who used the service at least once in the last 13 months),
  b) demand per capita, and
  c) the percentage of trips denied.

To meet the high-end future ADA-related demand, the region will need to expand service to accommodate about a 30 percent increase in ridership by 2010 and about 50 percent by 2020.

Figure 2. Estimated Annual ADA Ridership
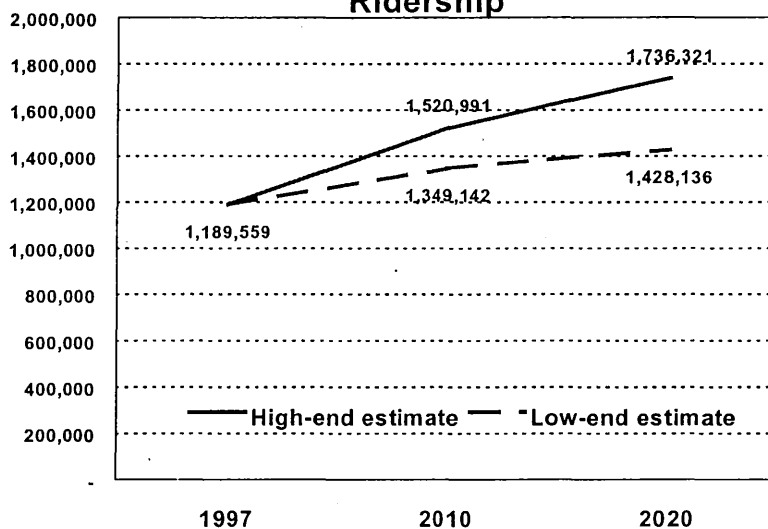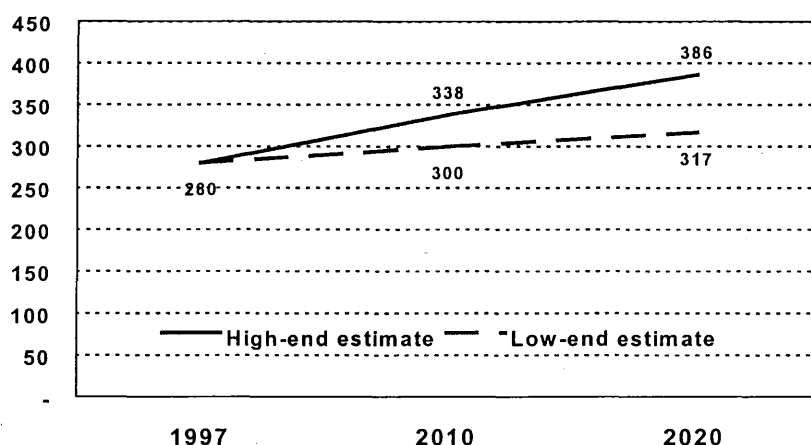

Source: 1999 Needs Assessment

Fleet Size

The study also considered the effect of the increasing accessibility on the fixed-route fleet. The fixed-route fleet was 54 percent accessible in 1999 and is scheduled to be fully accessible by the end of 2003. The study concludes that the increasing accessibility of the fixed-route service is reducing latent demand for ADA transportation services, while not yet materially affecting the demand for ADA transportation services. Therefore, riders are unable to use fixed-route transit on their own, at least under specific conditions.

The ADA paratransit fleet size will need to be expanded accordingly, by about 20 percent by 2010 and 40 percent by 2020 under the high-end projection, or by 7 percent by 2010 and 13 percent by 2020 under the low-end projection. This projection does not account for any possible future ADA paratransit expansions that might occur complementary to changes in the fixed-route service.

Figure 3. Estimated Annual ADA Fleet Size 2010-2020

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450
400 ....................................386.........
        338
350 ............................../........................
300 .................._..._.--.-.-.--.-.-.-.-...........
          280                300          317
250 ..............................................
200 ..............................................
150 ..............................................
100 ..............................................
        ——High-end estimate —— ‾Low-end estimate
50  ..............................................
  -
      1997            2010            2020
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Source: 1999 Needs Assessment

Short-Term Factors

The study examined multiple factors including current and future housing, urban design, and telecommuting. However, due to the uncertainty surrounding the impact of these issues on ADA service demand, these items did not alter the study forecast.

Another factor affecting future ADA transportation needs is the requirement that regional ADA paratransit extend its service area to correspond to any expansion in the fixed-route system, regardless of Light Rail Transit (LRT), commuter rail, or bus system. For example, the Transit 2020 Master Plan identifies an extension of the Hiawatha LRT line to Dakota County. If implemented, this would require an expansion of ADA transportation service hours in that area to be comparable to the hours of operation (per the ADA service criteria outlined in chapter 1 of this report).

Current Efforts to Prepare for Forecasted Growth

Throughout 1999-2000, in response to a growing demand for service, the Metro Mobility Service Center implemented the following new programs and policies:

- Supplemental Service – The program provides limited ADA service to contracted Day Training & Habilitation and adult daycare facilities and became fully implemented in May 2000. The program helps reduce trip denials during the peak travel times by shifting riders from the demand service onto Supplemental Service.

- Assured Ride Program – Launched in July 2000, the Assured Ride program utilizes taxis to provide ADA service as an emergency backup for riders who are unable to access Metro Mobility. Eligible riders receive four coupons a year, each worth up to $25. Qualified riders are reimbursed for rides using a taxi company instead of Metro Mobility in emergency situations.

- Standing Order Excessive Cancellation Policy – A new policy effective January 1, 2000, allows use of "Standing orders" for rides that are automatically scheduled in advance, thereby eliminating the need to call in to schedule the ride within the usual four-day window. For the past several years the MMSC has been unable to accommodate all standing order requests since ADA limits these trips to no more than 50 percent of demand service. Riders who cancel more than 40 percent of their standing order rides lose their standing order privileges for those days where their cancellation rate exceeds 50 percent. This policy has allowed for more consistent and effective utilization of the limited space available.

- 48-Hour Reservation Window – Shortening the window to 48 hours from four days would benefit Metro Mobility service on several fronts. A rider's transportation needs are more definite two days in advance versus the current four day period. Many riders make reservations four days in advance, not knowing for certain that they need the ride. The shortened reservation time window would reduce the number of last minute cancellations and increase availability. A 48-hour reservation window would also flatten the peak call-in times since riders could not call more than 48 hours before their requested pick up time. Currently riders experience problems getting through to the reservations center between 6:00 and 7:00 a.m. The Transportation Accessibility Advisory Committee (TAAC) approved the concept of shortening the reservations window to 48 hours and a public hearing on the reduced window is scheduled for early 2001.

Paratransit Funding

Currently Metro Mobility is funded almost solely with fares and state general funds. The transit system overall is funded primarily with three funding sources: fares (30%), state general funds (25%), and property taxes (40%). The balance is primarily from federal funds and advertising revenues.

Other parts of the country use other revenue sources for transit. Figure 4 shows these revenue sources.

Figure 4
Revenue Sources for Transit

	Largest Revenue Source	Second Largest Revenue Source
Baltimore (MTA)	State Multimodal Fund Gas Tax/MVET/Corporate Income)	
Buffalo (NFTA)	State Petroleum Business Tax	Local Mortgage Recording Tax
Cincinnati (SORTA)	Local Income Tax	State General
Cleveland (RTA)	Local Sales Tax	
Denver (RTD)	Local Sales Tax	
Houston (Harris Cty)	Local Sales Tax	
Pittsburgh (PAT)	State and Local General Funds	State Lottery/Hotel/Many other smaller taxes
Portland (Tri-Met)	Local Payroll Tax	Local Property Tax
Seattle (METRO)	Local Sales Tax	Local Property Tax
St Louis (Bi-State)	Local Sales Tax	
Twin Cities (Metro Transit)	Property Tax	State General

Per capita transit spending in the Twin Cities is lower than most of its peer cities. Figure 5 shows transit spending per capita in the Twin Cities in comparison with other peer cities.

Figure 5

Transit Spending Per Capita
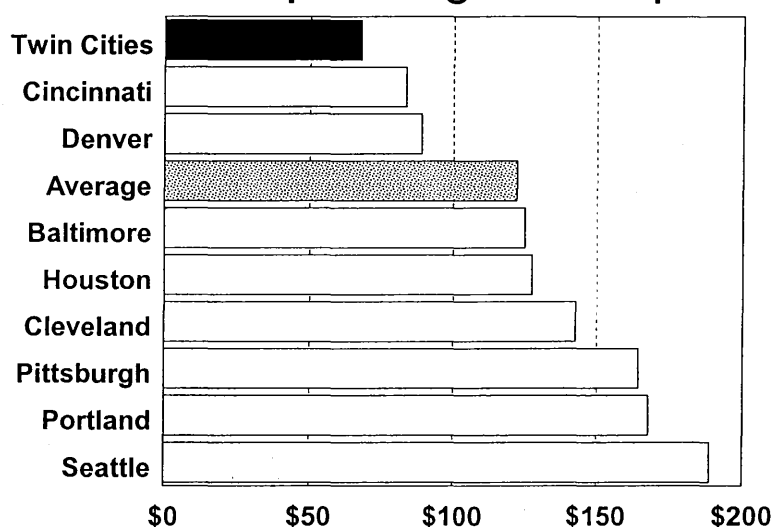
The Metropolitan Council is requesting an 11 percent increase in state appropriations over the 1999-2001 biennium for the 2001-2003 biennium. The total ADA request approximates $42.3 million, plus additional funding to minimize trip denials to comply with the ADA goal for zero denials. Costs during this period are likely to increase at a rate greater than inflation due to high fuel costs and a tight labor market.

The appropriated assumptions built into the 2000 budget for Metro Mobility includes:

- Funding to provide for the increase in demand caused by the increase in certified ridership and costs due to a tight labor market and high fuel costs, under a new demand contract, effective July 1, 2001;
- Continuance of supplemental service at the current level – about 3,000 weekday peak-period rides per month that previously used demand service;
- Continuance of the Assured Ride Program, offering frequent riders four $25 coupons each year for emergency situations; and
- Continuance of the Driver Incentive Program, which provides a bonus of $0.98 per revenue hour if the provider reaches 98 percent of its contracted hours, through June 30, 2001.

This request will provide the program a strong start toward meeting the growing, future transportation needs of the region's disability community.

Future Projections

Future needs through 2010 have been identified, using projections from the Needs Assessment as a basis for ridership growth and recent experience to project rate increases.

The estimates, shown in Figure 6, are projections made for biennial funding needs through 2010.

Figure 6
Metropolitan Area Projected Funding Needs for ADA Paratransit through 2010

Biennium		2004-2005	2006-2007	2008-2009	2010-2011
Annual Ridership	Hi-End	2.62%	2.62%	2.62%	2.62%
Growth Projections	Low-End	1.12%	1.12%	1.12%	1.12%
Est. Annual Inflation		4.3%	4.3%	4.3%	4.3%
*Projected Funding	Hi-End	$49.9 M	$57.2 M	$65.5 M	$75.1 M
Needs	Low-End	$48.8 M	$54.3 M	$60.4 M	$67.2 M

*Assumes that the 2002-2003 biennial funding is $45,291,000.

Recognizing the current and projected future funding needs for the region's ADA service, the Steering Committee, along with other riders and advocates, have identified areas that can enhance the effectiveness of the program. Goals identified by riders and advocates include:

1. Changes in Service

   - Achieve zero denial rate. As per the Federal Transit Administration (FTA) interpretation of the ADA, a paratransit system is prohibited from allowing substantial numbers of trip denials or missed trips: "Operators must monitor current ADA complementary paratransit usage, acquire additional service based on projected demand, and maintain the ability to respond to surges in demand."[1]
   - Increase service area and service-hour availability in second- and third-ring suburbs.

2. Changes in Funding

   - Seek dedicated funding – excessive reliance on general appropriations funding is an obstacle to providing better services because of competition with other public services.
   - Seek increased funding through existing state appropriations.
   - Explore options for federal funding to address growing demand as they arise.

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[1] Letter to Cheryl Y. Spicer, COO of Southeastern Pennsylvania Transportation Authority, from Patrick W. Reilly, FTA Chief Counsel, dated December 28, 1999.

If a different source of funding was used for the State general fund portion of Metro Mobility's funding, it would need the following characteristics:

- Be stable and reliable
- Have the ability to grow with the population growth in the region
- Have the ability to grow with inflation
- Dedicated to transit to allow for long-range planning for the transit system
- Produce revenues large enough to fund the system

In Minnesota, there are many possibilities for a different funding source for transit. The sources most discussed are:

<u>Regional Sales tax:</u> This would be a dedication of a portion of the existing state sales tax or a new regional sales tax.

<u>Automobile-related taxes:</u> These taxes include the Gasoline Tax, Motor Vehicle Excise Tax, Tab Fees, Petroleum business tax, or other taxes.

<u>Property taxes:</u> Property taxes currently used to fund transit could be an expanded revenue source. It has several substantial drawbacks, however. It leads to local rather than regional transit solutions. It is also the most regressive of the three major taxes used in Minnesota.

<u>Other:</u> Other ideas considered historically include funds from toll roads and dedication of other state general fund revenues such as the mortgage recording tax.

<u>Multimodal fund:</u> All of these revenue sources could be combined with other needs into a multi-modal fund, which would fund both transportation and transit needs. A multimodal fund could also include more than one revenue source and could include needs for both inside and outside the region.

Summary

The Metro Mobility Service Center has implemented several new programs and policies (Supplemental Service, Assured Ride Program, and Standing Order Cancellation Policy) to serve increasing demand and reduce trip denials. It is important to recognize that current needs remain unmet and meeting future needs is unlikely without substantial change. Riders and advocates would like changes in service to achieve a zero denial rate and increases in service area and service-hour availability in second- and third-ring suburbs. They also seek increased funding through existing state appropriations and a dedicated funding source for transit to meet current and future paratransit needs.

Chapter 3

Integrating Metro Mobility

Introduction

Integrating Metro Mobility ADA paratransit services with other transit systems provides individuals with disabilities many benefits, including:

- increased transportation options,
- greater flexibility, and
- easier travel.

Integrated transit systems give riders the opportunity to complete a portion of their trip using the fixed-route system and it benefits Metro Mobility by shortening trip times. This allows Metro Mobility to accommodate additional trip requests.

Current Strategies

The Metropolitan Council provides a variety of transit service options for individuals with disabilities. The Metropolitan Council is working to fully integrate these options within the region's transit system, including fixed-route transit, paratransit, light rail transit, and commuter rail.

Accessible Fixed-Route Bus Service

ADA requires that fixed-route buses be accessible to individuals with disabilities. Metropolitan Council policy requires all replacement vehicles in the region be ADA compliant. In 2000, 773 of the 984 buses (79 percent) operated by Metro Transit were accessible. Metro Transit's fleet is scheduled to be fully accessible by the end of 2003.

Accessible buses operated by Metro Transit and other private providers throughout the region offer travel options that do not require the same advance planning needed for Metro Mobility/ADA services. Riders may be able to take accessible fixed-route buses for some of their trips, or portions of their trips, and use Metro Mobility to complete the trip.

Utilization of County ADA Providers

The Metropolitan Council uses the services of county providers in delivering ADA trips. Instead of using Metro Mobility to cover the entire ADA area, the Metropolitan Council contracts with Anoka County Traveler, Human Services, Inc. (HSI) in Washington County, and Dakota Area Resources and Transportation for Seniors (DARTS) in Dakota County. By contracting with these providers, the Metropolitan Council is able to

maximize productivity, while minimizing service duplication efforts. Some riders transfer between Metro Mobility and the county providers to complete their trips.

Transfer Fare Reciprocity

Riders are able to transfer between Metro Mobility/ADA services and to fixed-route service at no additional cost. A rider boarding a Metro Mobility/ADA vehicle pays the full regular fare and requests a transfer ticket from the driver. When boarding the subsequent bus, the rider provides the fixed-route driver a transfer ticket and pays no additional fare.

If the trip starts on a fixed-route bus, the rider pays the 50-cent Limited Mobility fare and requests a transfer. When transferring to a Metro Mobility vehicle to complete the trip, the rider gives the driver the transfer, worth 50 cents, and pays the difference to equal the complete Metro Mobility fare.

Riders transferring to/from Metro Mobility vehicles must schedule rides, through an advance reservation and must provide a specific address and pickup or appointment time. The number of transfers between systems is very nominal, approximately 100 for 1999.

Discounted Fares for Limited Mobility Riders on Fixed-Route Service

Metro Transit's Limited Mobility program provides a discounted 50-cent fare for all day fixed-route bus service for qualified individuals with disabilities. Like ADA eligibility, Limited Mobility recipients must apply for the program. Limited Mobility's eligibility criterion is less stringent than the ADA requirements. Therefore, all ADA-certified riders qualify for the Limited Mobility discounted fare, but Limited Mobility riders may not qualify for ADA services. Fixed-route riders receive the discounted fare by showing the bus driver:

- a state identification card with an "L" endorsement,
- a state drivers license with an "L" endorsement, or
- an ADA paratransit photo identification card.

Figure 5 shows the increase in limited mobility riders using the discounted fare since 1995.

Figure 5
Usage of Limited Mobility Discounted Fares on Metro Transit

	Discounted Fare Riders	Percent Increase in Limited Mobility Fare Riders	Total Metro Transit Riders	Discounted Fare Riders as Percent of Total Riders
1995	123,833		61,058,925	0.2%
1996	315,043	154%	61,887,808	0.5%
1997	1,083,011	244%	62,044,513	1.7%
1998	1,687,950	56%	66,027,398	2.6%
1999	1,836,593	9%	71,874,146	2.6%

Issues of Integration of Metro Mobility

While full integration of Metro Mobility with the regional transit system is the desired outcome, there are issues that may preclude the Metro Mobility Service Center from achieving full coordination with fixed-route services.

Conditional Certification Not Recognized

ADA has two primary certification classifications – "unconditional" and "conditional" eligibility. Unconditional eligibility is determined by a person's disability or health condition and their inability to use fixed-route transit services, due to their functional needs and abilities. An ADA determination of unconditional eligibility entitles a rider access to complementary paratransit services for all their transit trips.

A rider determined as conditionally eligible demonstrates the functional ability to use fixed-route service for at least some of their ride. Ridership is not restricted based on current eligibility because the fixed-route service is not yet fully accessible.

Limitations of Fixed-Route Buses

By federal law, any transit vehicle in excess of 22 feet long must maintain a minimum of two wheelchair securement positions. Any vehicle less than 22 feet must maintain at least one secured wheelchair position. The increasing accessibility of fixed-routes produces increased opportunities for individuals with disabilities to access this system. Increased access to fixed-routes has the potential to impact capacity if the wheelchair securement positions are occupied and fixed-route transportation is unable to accommodate additional riders in wheelchairs. A lack of capacity would require a rider to wait for the next scheduled accessible bus. Currently, several fixed-routes travel through areas with high concentrations of accessible housing units that can overload

capacity. Insufficient wheelchair capacity on fixed-route buses may curtail Metro Mobility's ability to successfully implement conditional eligibility.

A malfunctioning wheelchair lift is a significant concern on the fixed-route system. Wheelchair-lift technology and reliability has improved greatly. However, the region's weather environment poses increased risk of lift malfunction. If a wheelchair lift is not operable, a rider is not able to board and must wait for the next scheduled accessible bus. The disability community expresses concern regarding this issue, especially for times and locations with low bus frequency. Riders would like to have more input when accessibility standards for fixed-route bus purchases are being developed.

There are a number of additional operational considerations under the umbrella of ADA that need to be further addressed in order to provide greater access to fixed-route service. For example, persons who are visually impaired require audible notice of bus stop locations. Enforcing drivers to announce stops is essential to encourage visually impaired riders to use the fixed-route system.

Four Paratransit Service Providers

There are four paratransit providers. The Metropolitan Council, through Metro Mobility, provides rides solely to ADA-certified riders. County paratransit services provide rides to both ADA-certified riders and other residents of their counties. They are able to do this because the counties provide additional tax dollars to fund the paratransit system and these additional rides.

Accessible Living Facilities and Jobs

Communities throughout the region have an increasing number of living facilities for individuals who are ADA-paratransit eligible. In addition, employers are locating in second- and third-ring suburbs. There are few transit options available to many of the residents in these suburban communities. Consequently, it is difficult to integrate paratransit service where there is limited fixed-route transit.

Recommendations

Several opportunities exist for improving the coordination and integration between Metro Mobility/ADA services and other fixed-route transit modes. The following section identifies these opportunities.

Short-Term Recommendations

The following recommendations, most of which can be implemented at low cost, would significantly enhance the system for riders.

1. Implement a Travel Training Program

    It is recommended that a travel training program be implemented. Travel-training programs throughout the country, such as Boston, Cincinnati, Dallas, and Broward County, Florida, have been very effective in teaching individuals with disabilities how to access fixed-route services. The benefits of increased use of fixed-route transit by person with disabilities can far outweigh the investment in training and education. Increased rider independence and usage of fixed-route service allows Metro Mobility/ADA to provide additional service to other persons with disabilities and decreases trip denials.

    A component of the travel-training program should include the provision of free passes on the fixed-route system throughout the training period. This will provide riders an incentive to try the service and allow them time to become familiar and comfortable with riding fixed-route buses.

2. Utilize Transit Hubs and LRT Stations

    It is recommended that Metro Mobility and county providers use transit hubs and Light Rail Transit stations for transfers. A transit hub is a location where multiple, intersecting bus routes provide added route options for bus riders. Physical facilities serving a transit hub may range from a simple waiting shelter to an administrative building with multiple amenities. The hub brings together fixed-route service, local and express service, and paratransit service. The service offered may vary from timed transfers to frequent fixed-route service.

    Light rail transit stations are locations where fixed-route bus service and paratransit service can make connections to the light rail transit system.

    Transit hubs and light rail transit stations must be accessible as required by ADA regulations.

3. Increase Marketing Efforts

    Metro Mobility currently engages in limited marketing efforts regarding transit options available to individuals with disabilities. It is recommended that Metro Mobility develop a plan to increase the marketing of accessible routes, transfer trips, fare reciprocity, and the 50-cent discounted Limited Mobility fare. It is recommended that the MMSC work together with Metro Transit to develop a marketing plan. The steering committee encourages the use of elderly and persons with disabilities in advertising for the fixed-route system.

4. Coordination in Transit Service Planning

    An ongoing committee that represents Metro Mobility/ADA, Metro Transit, and other providers is recommended to better coordinate and plan transit service

changes. This committee is necessary in order to effectively and efficiently integrate Metro Mobility/ADA services with fixed-route services, LRT, and commuter rail.

5. Engage Decision-Makers as Stakeholders

The Metro Mobility Steering Committee recommends additional input from the disability community in decision-making. The Metro Mobility Steering Committee members expressed concern that there are no representatives of the disability community on the Transportation Advisory Board (TAB), that there is no Council Member appointed to serve as a liaison to the Transportation Accessibility Advisory Committee (TAAC), and there are no representatives of persons with disabilities on the Metropolitan Council. It is believed that lack of stakeholder representatives in decision-making entities does not serve the needs of persons with disabilities.

6. Enforce Compliance with ADA Fixed-Route Guidelines

Metropolitan Council policy requires that transit providers follow all ADA guidelines, including the requirement that drivers audibly indicate each bus stop. Metro Transit, the opt-out providers, and other providers must continue to train and monitor their drivers to ensure that all stops are audibly indicated. Additional training of drivers on the needs of persons with disabilities is recommended.

Long-Range Recommendation

1. Trip Planning Software

It is recommended that trip planning software be installed at Metro Mobility/ADA providers. Installation of trip planning software would provide reservationists the tools necessary to plan a rider's trip via the fixed-route system. This would allow Metro Mobility/ADA providers to plan trips for certified riders that would maximize regional transit dollars. This would also minimize riding time, while maximizing rider space on Metro Mobility/ADA to accommodate additional trip demand.

2. Recognize Conditional Eligibility

Application of ADA eligibility categories for riders would allow Metro Mobility to require transfers to the fixed-route system. Once a rider is trained in using the fixed-route system and the trip planning software is activated, conditionally eligible riders can use the fixed-route system when appropriate, thus increasing capacity on the Metro Mobility/ADA system to meet user demand. However, until conditional eligibility is recognized, Metro Mobility/ADA services cannot require a rider to access a fixed-route system, even when it may be an effective and efficient method of transportation.

Chapter 4

Using Taxis to Provide ADA Service

For 15 years, taxis were heavily involved in the provision of pre-ADA paratransit service in the Metropolitan area, providing up to 55 percent of all rides at that time. Since 1993, taxis have played a limited role in paratransit service, most recently as non-contracted providers in the Assured Ride program.

The Metropolitan Council recognizes that the taxi industry has a number of resources that are readily available and valuable to providing paratransit service. Two of note are a knowledgeable driver pool and numerous vehicles. Although there are a number of barriers, developing a role for taxis in the provision of ADA service creates an opportunity to assist in meeting the growing demand for services.

Advantages

Increased Service Capacity

By utilizing taxis to provide ADA service, the size of the fleet of vehicles available to provide trips would be greatly increased. Access to the use of taxis allows for provision of more rides, especially in peak periods when demand is highest and clients sometimes have difficulty scheduling rides at their desired time.

Flexibility in Selecting Provider

The use of taxis for ADA services could give riders, under certain conditions, the flexibility to select their own provider for certain trips. Currently riders are assigned to one provider under Metro Mobility/ADA service and are required to use that provider for all trip requests.

Reduced Denials

Trip denials on Metro Mobility could be reduced by the inclusion of taxis. The FTA has established a zero percent denial goal for ADA services that could be better attained with the inclusion of taxis into the service system (see page 15).

Issues Associated with Utilizing Taxis to Provide ADA Service

Rules and Regulations

Taxi companies would need to implement and enforce additional rules and regulations in order to provide ADA services. These expanded requirements would add to the taxi industry's cost of delivering service.

1. Drug and Alcohol Testing

    If taxi companies entered into a contractual agreement with the Metropolitan Council to provide ADA services, they would be required to conduct drug and alcohol testing per FTA regulations.

2. Driver Training

    Minnesota Special Transportation Services (STS) rules outline the amount of driver training required for the provision of transportation services for the disability community. This training exceeds the training programs required by local taxi companies. Metro Mobility exceeds STS by requiring 80 hours of driver training prior to transporting passengers. This training includes passenger-assistance training, first aid and safety, sensitivity training, wheelchair securement and defensive driving skills.

3. Criminal Background Checks

    STS rules also mandate an extensive background check of all drivers. A nationwide search of any criminal history for the previous 10 years is conducted through the Bureau of Criminal Apprehension (BCA). Local jurisdictions that license taxi drivers are limited in their ability to conduct background checks because they cannot check records outside the state of Minnesota.

Accessible Taxis in the Region

There are currently three accessible taxi vehicles in the metro area owned by one company. These taxis are licensed to operate in Minneapolis. Concerns of the taxi industry include complications of maintenance, additional training, and securing drivers, which come with using accessible vehicles. It is not clear how many companies are willing to operate accessible vehicles, and additionally, how many drivers are willing to take on the challenges of additional training and using lift-equipped vehicles.

Quality Control

Provision of additional ADA service by taxi companies raises quality control issues. Quality control issues are complicated by the fact that taxi drivers retain independent

contractor status instead of being employees of the taxi company or the paratransit agency. It is uncertain how and by whom enforcement of rules, regulations, and disciplinary action would be handled.

Adequate administrative controls to ensure appropriate billings are an important element in contracting with taxi companies. This issue has been raised as a concern in other cities using taxis for ADA services.
Real-time service delivery and communication problems can arise since taxi companies remain separate entities from the paratransit agency with independent service centers for dispatching rides. Ride requests received by Metro Mobility, but performed by taxi companies, would create an added layer of communication if a rider is checking on a late ride. This inefficient method of communication could result in further frustration by the rider due to delays and an increased probability of miscommunication along the chain.

Tipping

Being a public transit system, Metro Mobility/ADA services prohibit tipping. This is a potential problem if ADA riders feel obliged to tip in order to compete with business travelers and airport traffic for rides.

Cost

It is estimated that the <u>average</u> cost of a Metro Mobility/ADA trip would be comparable whether using a taxi or a ADA paratransit provider. Based on this, utilizing taxis to provide ADA service does not appear to offer significant cost savings over the existing Metro Mobility service.

Current Use of Taxis to Provide ADA Service

Assured Ride Program

Taxis are currently being utilized to provide ADA service as an emergency backup service for riders through the Assured Ride program. This program mirrors the fixed-route Guaranteed Ride Home program, which provides coupons to frequent riders for use in emergency situations when other transit options are not available. Eligible riders receive four coupons a year, each worth up to $25. Qualified riders can be reimbursed for rides they have taken using a taxi company instead of Metro Mobility in an emergency situation (as determined by the rider).

This program balances the benefits of using the taxi industry by providing options to the disability community and it avoids surmounting many of the regulatory barriers. Since there are no contracts, there are no federal drug and alcohol testing regulations, no Special Transportation System (STS) training requirements, and no Bureau of Criminal Apprehension (BCA) checks necessary. As currently operated, persons using wheelchairs and scooters have experienced difficulty accessing taxi service because of the limited number of accessible taxi vehicles.

Implementation Plan

Provide Accessible Vehicles to Taxi Companies

A key issue in providing options to riders is the availability of accessible vehicles in the metro area. Metro Mobility will be replacing its fleet of 136 demand vehicles in 2001. A few of those vehicles could be rehabilitated and distributed to reduce start-up costs for taxi companies by providing accessible vehicles.

Under state regulations, the cut-away lift-equipped vans used by Metro Mobility are too large to be used in the provision of general taxi service. The Metropolitan Council could seek a state law change that allows taxi companies to operate the used Metro Mobility vehicles.

Develop a "Taxi Ticket" Program

Metro Mobility would like to implement a new program called "Taxi Tickets" to reduce trip denials. No contractual arrangement would exist between the Metropolitan Council and the taxi companies, thus avoiding STS training requirements, BCA checks, and FTA drug and alcohol testing. Participation in this program would be calculated on a rider's level of previous trip-denials. All riders would be issued taxi tickets and Metro Mobility would authorize riders to use a taxi ticket (within maximum allotment), when a Metro Mobility requested trip cannot be accommodated. The rider would pay the taxi fare in full and would get a receipt from the driver for the trip. The Taxi Ticket and receipt would be mailed back to the Metropolitan Council/Metro Mobility Service Center and would be reimbursable up to the current subsidy per passenger on Metro Mobility ($16.00).

This program allows taxis to operate independently of Metro Mobility and provide overflow ADA service as well as general public accessible service. By providing backup service, trip denial rates can be reduced as a portion of the existing and latent demand shifts to the taxis.

Summary

Despite the barriers identified, it is important to proceed in the use of taxis to deliver ADA paratransit service in the limited capacity noted.

While the estimated cost for taxi service is higher, it is comparable to the cost for Metro Mobility to provide service. The efforts to decrease trip denials are strong, and taxis could provide another service option aimed at the goal of reducing denials. It also creates a social benefit by providing an alternative transportation option for the ADA community.

Chapter 5

Changes in State or Federal Law

Federal ADA laws, which established the minimum service requirements for complementary paratransit services in 1990, guide state laws, as well as local policies and procedures for services provided by Metro Mobility. Because the region receives federal funds, Metro Mobility must comply with additional Federal Transit Administration (FTA) regulations, such as drug testing for all safety sensitive employees and contractors.

In addition, Metro Mobility/ADA services are required to comply with Minnesota's Special Transportation Services (STS) law. STS laws establish minimum driver training requirements, vehicle specifications, criminal background checks and operating parameters.

These requirements can create barriers and increase the costs of providing service. However, they provide riders, their families and caregivers an invaluable level of assurance. Without these requirements, the safety of the riders and integrity of the program would be compromised. There are no recommended changes or waivers to federal paratransit service requirements. Additionally, there are no recommended changes or waivers to Minnesota STS laws.

Current legislative language prohibits taxi companies from operating the type of lift-equipped vehicles used by Metro Mobility. The Metropolitan Council recommends a change in this language that would allow Metro Mobility/ADA services to enact an additional strategy to meet growing demand for service. (See Chapter 4, page 29 for details.)

Local Policies

Some local policies developed over time for ADA paratransit services exceed minimum federal ADA requirements. If funding for ADA services does not grow at a rate necessary to meet the growing demand, changes may be necessary to improve service quality and reliability and to reach the zero percent trip-denial goal established by the FTA. Local policies exceeding minimum ADA requirements include:

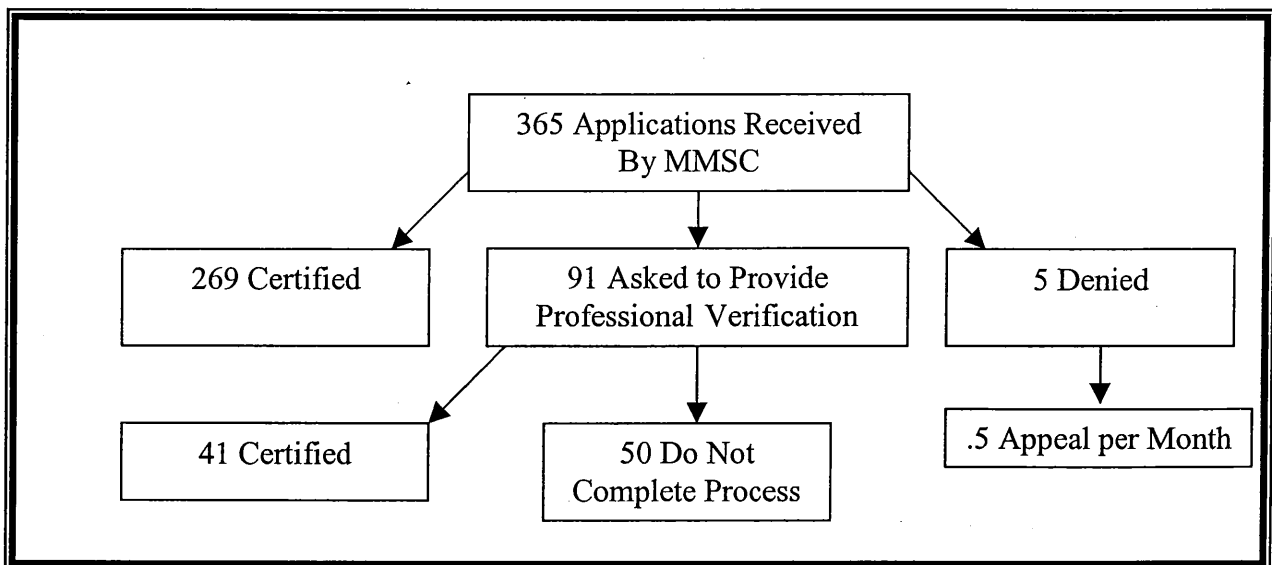1) ADA Certification Tools
2) ADA Service Area
3) ADA Service Hours

ADA Certification Tools

Application Process

The MMSC is responsible for processing all requests from metropolitan area residents for ADA transit service eligibility. The certification form completed by the applicant was developed by a task force and updated by the Transportation Accessibility Advisory Committee (TAAC) of the Metropolitan Council. The applicants complete a two-page questionnaire. A staff person from the MMSC is designated to review the questionnaire. The applicant must exhibit through their written responses a functional inability to use fixed-route service due to a physical, mental, or cognitive disability. If the MMSC determines information is inconsistent or is unable to determine eligibility status, an additional form is sent to the applicant requiring professional verification of their disability.

Each month, the MMSC receives approximately 365 new applications for service. During a typical month, 85 percent are certified and 15 percent are not certified. Figure 5 shows the results of the application process for a typical month.

Figure 5
Application Process: A Typical Month

Alternative Certifications Tools

Transit properties across the United States have begun to explore alternative tools for functional ADA assessments. Changes are premised on the need for better quality service and zero trip denials for the eligible population.

In November 1999, a survey of customer satisfaction was conducted by the Department of Administration to gather information from riders who had used Metro Mobility at some time during September 1999. The probability of participation increased with the frequency of use during that month. The survey revealed that 22 percent of Metro Mobility riders used fixed-route service during the previous year, and that 13 percent used fixed-route services during the winter.

In Broward County (FL), Cincinnati, Chicago, Pittsburgh, Las Vegas, and the state of New Jersey, applicants no longer use the self-certification process. Various other methods for assessing functional ability are employed ranging from in-person interviews for all individuals to full physical functional assessments by physical therapists, occupational therapists and psychologists. Chicago abandoned its self-certification process and implemented an in-person interview process for all applicants and use of functional assessments for individuals with questionable eligibility. The number of new applicants decreased 30 percent. The rationale for the decrease was not determined. Certifications declined by 29 percent. Broward County initially reduced its eligible clientele by 14 percent (similar to Las Vegas and Pittsburgh) through a full in-person physical functional assessment, which improved service availability for certified and has allowed them to achieve zero percent trip denials.

Pursuing alternative assessment tools is a highly controversial issue. Many riders and ADA advocates perceive that a full functional assessment constitutes a retrenchment from gains made in the past and that the costs of implementing full functional assessments would cost more than the benefits gained. The costs and benefits can be quantified, but a pilot program is required to determine an exact cost/benefit analysis.

It is recommended that a pilot program be established for a 12 month trial to determine the costs and benefits associated with a full functional assessment. It is recommended that functional assessments initially be used with new certification applicants who are currently asked to provide professional verification of their disability. In order to implement the functional assessments, the MMSC would contract with independent licensed professionals. Implementation of the pilot program would be developed in consultation with TAAC.

Following the 12-month period, the process and outcomes will be evaluated to determine future recommendations dependent on the cost/benefit analysis.

Conditional Eligibility

A strategy to maximize capacity and improve operational efficiencies is the application of conditional eligibility categories. Efficiencies in service could be gained by transferring riders to other transit modes and utilizing seasonal eligibility for some riders. Federal law allows transit properties to categorize their eligible riders into one of the three following categories:

1. Unconditional – Individuals who, because of the nature of their disabilities, cannot navigate even a transit system that is otherwise accessible. These individuals cannot independently board, ride and/or disembark from an accessible vehicle. This category also includes individuals who have impairment conditions that prevent them from getting to or from a boarding or disembarking location.

2. Conditional/Transitional – Persons with a disability who can use an accessible vehicle, but for whom any desired trip cannot be made because the fixed-route service they need to use is not yet accessible are deemed eligible. ADA paratransit eligibility is directly related to the accessibility and operation of the fixed-route transit system.

3. Conditional/Intermittent – Individuals whose condition varies by day. The intermittent disability may at times affect the individual's ability to board certain vehicles or travel certain distances.

The MMSC does not differentiate between eligibility categories. As outlined in federal law, only conditionally certified riders can be required to transfer to other transit modes. All riders are treated as unconditionally certified at this time. Therefore, Metro Mobility can not require transfers to other transit modes to complete lengthy trip requests (see Chapter 3).

This strategy could be expanded when fixed-route becomes fully accessible to include seasonal eligibility for conditional/transitional certified riders. This strategy would require collaboration with the travel training program. The TAAC would continue to explore this possibility over the next three years.

ADA Service Area

Federal law requires that complementary paratransit service be provided along a corridor centered on the fixed-route and extending ¾ mile to either side of the route. Paratransit service must be provided to all origins and destinations in core service areas – i.e., St. Paul and Minneapolis. Paratransit service is not required along fixed-routes that provide only commuter services.

Metro Mobility/ADA services are provided on a full community basis. In other words, if any portion of a mid-day fixed-route runs through Woodbury, then the full community of Woodbury receives ADA complementary paratransit service. The Metropolitan Council opted to exceed the ¾ mile ADA minimum requirement primarily to minimize rider confusion because the pre-ADA programs, Project Mobility and Metro Mobility, defined the service areas by community. In addition, the ¾ mile corridor created problems with operating logistics. Metro Mobility is now equipped with advanced scheduling and dispatch software. This new software is designed to meet ADA operational requirements and readily allows for implementation of a ¾ mile service corridor.

Riders, advocates, and the Metropolitan Council strongly support the continuation of the current policy.

ADA Service Hours

The final policy discussion focuses on ADA service hours. A change in this policy would also enable Metro Mobility to meet the growing demand for service, if funding is inadequate to meet service demands and FTA mandates. Federal ADA law states that complementary paratransit service must be offered during the same days and hours that the fixed-route system is in operation. This includes times when the fixed-route system is on a limited schedule, such as Sundays, holidays, late evenings or early morning hours.

Metro Mobility/ADA service hours mirror the most extensive week-day fixed-route service hours in each community. Metro Mobility/ADA services exceed the federal minimum requirements in this region by providing the same hours of service 365 days per year, regardless of fixed-route service reductions on weekends and holidays. A retrenchment in service hours to the federal requirements would eliminate weekend ADA service in communities like Cottage Grove and Woodbury, and eliminate Sunday service in communities such as Eagan and Anoka.

Riders, advocates, and the Metropolitan Council strongly support the continuation of the current policy in service hours.

Summary

ADA riders and their advocates are opposed to implementing any retrenchment of service availability. In fact, many advocate for additional expansions in service beyond both the current local policy and federal requirements. Riders currently experience limitations on evening travel, because many second- and third-ring suburbs do not receive ADA service after 7:00 p.m. Reduction in the service area or service hours would impose travel restrictions for some certified riders and could ultimately prohibit them from being active members of the community.

It is the responsibility of the Metropolitan Council to provide complementary paratransit service to those certified in an efficient and effective manner within the scope of ADA. Therefore, to ensure that those who need paratransit service receive it, it is recommended that the certification pilot program be implemented for 12 months rather than cutting back service, through reduction of service area and/or service hours.