

### **Summary of discussion and the status of transportation coordination in the region since 2006.**

In 2006, the Southwest Region identified three major strategies: develop and mobility management model, implement the model and clarify regulations and policies regarding coordination and volunteer drivers. Each had several actions identified to achieve the success of the strategies. At the time of the 2006 Plan development, it was recognized that without funding to work on the actions/initiatives, there would be very little plan implementation. The review of implementation actions show they were worked on as needs arose and where there was funding available.

Priority Strategy 1 – Seek funding to develop a mobility management model in southwest Minnesota. No action. Initially, during the meeting some individual NF, JARC, Section 5310 projects were identified; however upon reflection of this strategy, these were individual projects that dealt with areas in Strategy 2.

Priority Strategy 2 - Develop a Mobility Management Model for SW Minnesota. In 2006, this strategy with several actions was developed to aid in the development of a model, knowing that all elements of a Mobility Management Model were not included; a Model for SW Minnesota was never developed. Without Strategy 1 funded, Strategy 2 was implemented in a piecemeal way. It should be recognized that the Transit systems do implement some form of mobility management – at the local system level; but rarely go beyond the system service boundaries.

Actions that were initiated were done so under funding sources, such as WCA receiving a CSSD grant and engaging the SRDC to visit the transit systems with volunteer driver to record how the drivers were recruited and trained. This was initiated to determine what the status was and identify common practices where the systems would be comfortable with coordinating rides between systems, and permit systems to pool volunteer drivers and work together. It did not happen.

When looking at the actions identified in the 2006 Plan in strategy 2; there were some individual systems that implemented pieces of what was seen as actions of a mobility manager, such as:

- work with medical community – Lincoln Co
- marketing plan – individual transit systems do their own
- evaluation – again by individual transit systems
- Selection of choices – through some of the hospital and discharge planners in the medical community and in relation to work, PIC has had some involvement with larger employers.
- Shared use of vehicles was advocated with vehicle replacement and new vehicles as one option once other alternatives were explored.
- Extended hours of service – WCA was successful in a New Freedom grant in the City of Marshall; and other providers have implemented service in coordination with the bars (ie SoberCab)

Strategy 3 - Clarify regulations and policies regarding shared / coordinated vehicles, drivers and volunteers. The MNRAAA and SRDC have continued to advocate for legislative and policy change, and clarification to existing policy and regulations. Due to the nature of MNRAAA and SRDC, they have continued to advocate the awareness of breaking down the obstacles for cost effective rides. In December 2006, a white paper for insurance coverage for volunteer driver programs was developed and shared with agency and legislators. Through a collaborative effort between the Minnesota Board on Aging, MnDOT, DHS and the Minnesota Department of Commerce, an updated brochure for volunteer drivers entitled “Getting there Safely – Insurance & liability Information” was finalized and distributed in January 2008. MNRAAA and the SRDC were also successful in holding a meeting with DHS, the Family Service Agencies and invited Transit systems to discuss transportation issues and the new interpretation of the federal regulations – no load miles.

## Region 8's 2006 Local Coordination Plan Assessment

*All 2001 comment and identified actions to the 2006 Plan Strategies are in italicized print.*

**Priority Strategy #1:** Develop Mobility Management model, based on criteria and identified gaps for Public Transit and Human Services Transportation Coordination in Southwest Minnesota.

**Priority Strategy #2:** Implement Mobility Management for Public Transit and Human Services Transportation Coordination in Southwest Minnesota.

**Priority Strategy #3:** Clarify regulations and policies regarding shared / coordinated vehicles, drivers and volunteers.

Action	Some Action	No action	
		X	<b>PS #1, Strategy 1: Seek Funding to Develop Mobility Management model in SW Minnesota</b>
		X	a. Seek funding to plan the development of a Mobility Management model, sources may include: New Freedom, Section 5310, and JARC funding. <i>No funding for an organization / agency to devote time to seek funding.</i>
			<b>PS #1, Strategy 2: Develop Mobility Management model for SW Minnesota.</b>
		X	a. Clarify / define the meaning of Mobility Management and its needs in Southwest Minnesota
		X	b. Define Service Area(s) of Mobility Management (within SW and with the rest of the state)
	X		c. Identify the existing barriers that prevent Mobility Management from being implemented
		X	d. Define Mobility Manager roles - include but not limited to:
		X	o Problem solver
	X		o Develop common standards - area wide for everything (i.e. Volunteer Driver Training)
	x		<i>Through previous CSSD grant funding from WCA, the SRDC visited each of the transit systems with volunteer drivers to determine how volunteers were recruited, what training they had, and paperwork - ie background checks, medical checks, vehicle inspection, etc. WCA went to Worthington to train volunteer Drivers.</i>
	X		o Work with medical community, to define needs and role with transit coordination
	x		<i>Lincoln Co PT works with the Brookings medical community to consolidate rides. The system contacts the medical facility with the names of transit system riders and the medical facility is able to rearrange medical appointment to allow ride coordination.</i>
			<i>The Steering Committee identified the need to make sure the larger medical groups and EMS providers are involved with this plan. Discussion also involved use of Ambulance after hours and non-ambulatory needs.</i>
X X	X		o Develop a Marketing and Education Plan
			<i>Locally, the public transit systems have marketing plans; collectively there is not a lot of activity.</i>
	x		<i>The SRDC updates a brochure every 1-2 years of transit</i>

x			<p>providers and related services, the brochure is shared with transit systems and others for information on services available.</p> <p>Transit systems are included on <a href="http://www.minnesotahelp.info">www.minnesotahelp.info</a> which is updated, at a minimum, annually</p>
	X x		<ul style="list-style-type: none"> <li>Advocate for funding, coordinate existing funding sources, and seek new funding.</li> </ul> <p>The SRDC does advocacy for funding and coordination of funding sources and new funding sources with legislators.</p>
	X x	X x	<ul style="list-style-type: none"> <li>Develop a tool for continued gap identification and feedback to systems.</li> </ul> <p>This was identified as a need in the State Investment Plan.</p> <p>There is no regional tool</p>
X x		X x	<ul style="list-style-type: none"> <li>Develop a tool for evaluation by system users (agency and client)</li> </ul> <p>By individual systems evaluation is done</p> <p>Collectively nothing is done, unknown if all systems use the same evaluation tools</p>
		X	<p><b>PS #2, Strategy #1: Seek funding to implement Mobility Management model. No action was done in this strategy because actions in this strategy were not completed. This was meant as a follow up to PS#1, Strategy 2</b></p>
		X	<ul style="list-style-type: none"> <li>a. Seek funding to implement Mobility Management model, sources may include: New Freedom, Section 5310, and JARC funding</li> </ul>
		X	<ul style="list-style-type: none"> <li>b. Hire and train Mobility Manager(s)</li> </ul>
		x	<ul style="list-style-type: none"> <li>c. Seek training for Mobility Manager (s)</li> </ul>
			<p><b>PS #2, Strategy #2: Develop a Coordinated Transit System</b></p>
		x	<ul style="list-style-type: none"> <li>a. Develop ways for transit systems to increase their coordination with each other</li> </ul> <p>Transit alert was discussed and decided it was developed before the 2006 plan. It is still out there but not used.</p>
	x		<ul style="list-style-type: none"> <li>b. Identify options for transit to cross boundaries</li> </ul> <p>This is on-going, transit systems do call each other, unsure how regular it occurs.</p>
X	X x  X   x	x  x x x  x	<ul style="list-style-type: none"> <li>c. Develop selection of choices for clients for cost effective rides</li> </ul> <p>This is done somewhat through Hospital / Discharge planners, some transit systems, and through Sr Linkage Line and MinnesotaHelp.info</p> <ul style="list-style-type: none"> <li>Target larger business for car pools</li> </ul> <p>PIC had involvement with Suzlon, most businesses do this on their own, SMOC looked into routes for SWIFT, Businesses want it but do not want to run it.</p> <ul style="list-style-type: none"> <li>Research Van Pool (i.e. VPSI <a href="http://www.metrocommuterservices.com">www.metrocommuterservices.com</a>)</li> <li>Assist with Bulletin board posting at businesses for shared rides</li> <li>Research vehicle loan programs</li> <li>Use Public Funded vehicles, such as Section 5310, when not in use to fill service hour gaps for elderly and disabled individuals.</li> </ul> <p>The Section 5310 funded recipients are experiencing liability issues. If an organization would like to use the vehicle no money can be exchanged for the use of the vehicle, if it does, then there is a liability issue - and the 5310 recipient does not have the funding to allow free use - no recoup of costs - of the vehicle.</p> <p>Section 5311 programs do not address after service hours in their service plans. Potential thought - provide transit systems with information on how to make this possible.</p>

	X		<ul style="list-style-type: none"> <li>o Develop coordination or shared vehicle use with organizations that have Section 5310 vehicles or other public funded vehicles to provide affordable accessible transportation beyond current transit system service plan hours and / or boundaries as need is identified</li> </ul>
	X		<p><i>Typically do not provide backup vehicles, but provide backup drivers</i></p>
		X	<p><i>Nursing Home example discussed - resident needed trip to medical facility on a holiday. Transit service not running, nursing home had vehicle, told family they needed to transport, or have the ambulance - the nursing home vehicle was too expensive. Ambulance was very costly, return trip was by family. How would resident have gotten back to nursing home w/o family? Why did nursing home say the nursing home vehicle was too costly (for who?).</i></p>
		X	<p><i>What are restrictions to using an on-call list of individuals that are trained? Example driver sick/ vacation or job vacancies? Drug/Alcohol issue, Insurance issue</i></p>
			<p>Research other coordination measures for potential implementation</p>
	X	X	<ul style="list-style-type: none"> <li>o Advocate shared use with:</li> </ul>
	X	X	<ul style="list-style-type: none"> <li>o The existing 5311 Transit Systems to fill service hour gaps, back up vehicles, etc.</li> </ul>
	X	X	<ul style="list-style-type: none"> <li>o Other organizations that require accessible transportation.</li> </ul>
X			<ul style="list-style-type: none"> <li>o When an eligible organization identifies need and applies for a Section 5310 vehicle, other alternatives are to be documented as unfeasible, and the Section 5311 Transit System must identify why they will be unable to fill the transit need before an application will be considered for funding by the MnDOT District Screening Committee</li> </ul> <p><i>Organizations needing vehicle replacement should be in plan Section 5310 - There have been new vehicles since 2006 (Cottonwood Co DAC) - replacement vehicles. Will the 2011 Plan need to identify specific organizations for replacement and new vehicles or - will it identify # of vehicles for replacement and new vehicles (new applicants)?</i></p>
			<b>PS #2, Strategy #3: Lower the cost of transportation to clients through coordination and information</b>
X		X	<p>a. Identify gaps in service hours that can be met cost effectively</p> <p><i>Gaps have been identified in the 2006 plan</i></p> <p><i>Meeting them cost effectively has not been identified</i></p>
X	X		<p>b. advocate pooling rides</p> <p><i>No consistency - data privacy issues</i></p>
	X		<p>c. Seek funding and use of smaller accessible vehicles that are more cost effective for service in remote rural areas</p> <p><i>Transit systems can use smaller funded vehicles - but they cannot be publicly funded - (Assume MnDOT funded).</i></p> <p>Volunteer Drivers are being used</p>
	X		<p>d. Develop an Education / Awareness Plan which includes:</p> <ul style="list-style-type: none"> <li>o Acknowledging current behavior patterns and resistance to change</li> <li>o Quality of life for seniors, low income, disabled and public.</li> </ul>
	X		<p>e. Increase the awareness of local decision and policy makers with consistent data on public dollars spent on transportation and system efficiencies</p> <p>SRDC through local elected officials,</p> <p>ATP process for vehicle replacement</p>

	X		f. Identify inconsistencies in public information sources
	X		o Work with <a href="http://www.Minnesotahelp.info">www.Minnesotahelp.info</a> on inconsistencies in database
	x		<i>RSVP and Senior Linkage help provide the updated information for the database. Assistance by others would be appreciated</i>
	x		o When incorrect / inaccurate data or information on websites is found, contact the website to correct the information or provide link to a website where up to date accurate information is managed.
	x	x	o Work to make phone book listings consistent so users and potential users can find transportation resources. <i>This has been attempted, but is unsuccessful because the phone book companies list as they want to. And Transit is not in all Public Transit System names.</i>
X	X	X	g. Begin working with other public entities who have transportation needs to fill gaps (i.e. school districts) <i>Thru the W2W initiative we found that school districts require criminal background checks for other riding their buses (obstacle) Public entities are Counties, cities, SRDC, public schools. DPM's announced at the meeting that the Steering committee should not be discussing schools since they cannot buy public transit rides.</i>
x	x	x	<i>Parents can / do call a transit system to arrange a ride for their children to get to school or other activities.</i>
x		X	<i>Cottonwood DAC coordinates with the Transit system.</i>
	x		h. Seek innovative coordination possibilities
			<b>PS #2, Strategy #4: Address issues of crossing boundaries to provide quality and seamless service (service area, state lines, funding)</b>
X			a. Identify resources and barriers (time, funding, rolling stock, responsibilities) <i>The identification has been done in 2006 plan as well as implementation plan.</i> <i>Additional obstacles are identified over time, such as to implement the type of program that Scott - Carver County has implemented, all the participating FSA must be a Joint Powers.</i>
	x		b. Educate and Inform Decision and Policy Makers on resources and coordination advantages and barriers so gaps can be filled <i>Education is on-going.</i>
		x	c. Education for:
		x	o Accessing transit for Human Service Agencies, Medical Community and Public. <i>There is no good awareness of costs and availability, nor outreach, and obstacles that hinder cost effective transit in rural area, such as the "loaded mile" issue for volunteer drivers.</i> HIPAA
		x	o Transit Systems on vulnerable adults and sensitivity issues. <i>We changed it to "Transit providers". Examples of programs that can help are escort / rider companion (escorts ride for free - as stated by MnDOT).</i> <i>Appropriate interaction with disabled (physical and mental health issues). Bus and Volunteer Drivers can be / seem rude to disabled resulting in no ride to work, doctor, etc. Some folks cannot control their disability. Disabilities can be physical and / or mental</i> <i>General education is needed for drivers - some MNDOT training addresses this.</i> <i>Day programs and Supervision requirements _____</i>

	x	x	d. Develop systems with consistent software and hardware for common use, web-based, and training to use it (Region-wide and statewide) <i>There had been an initiative for software use, but it never was implemented among all the systems.</i>
		X	o Identify what technology systems currently have and what works well.
		X	o Seek funding to implement technology upgrades for a common use, web-based software program, hardware, and training for its use.
	x	X	e. Develop Regional Pool of Volunteer Drivers <i>This was initiated and SRDC surveyed all transit systems with volunteer drivers and submitted a report - nothing came of it.</i>
		X	o Develop consistent volunteer driver training and management. <i>Individual systems have their own training and management requirements.</i>
		x	o Develop protocols for volunteers; <i>Individual systems have their own protocol, no is the same which makes sharing volunteer drivers difficult.</i>
	x		o Identify and seek volunteers willing to cross boundaries for extended hours. <i>WCA - Jackson County and Nobles Transit are working together for Volunteer Driver trips. Calls for out of county trips go through Nobles Transit for them to transfer to WCA, the Taxi is also offered as an option.</i>
	x		o Recruit more volunteer drivers <i>In the counties where there is an RSVP Coordinator, the Coordinator assists with recruiting volunteers for enrolled stations - if one of the work stations is a transit system, then recruit volunteers who would be willing to be volunteer drivers or rider companions. It is the work station responsibility to do training, and management. Some areas need more volunteer drivers.</i>
			<b>PS #2, Strategy #5: Increase transit service hours where most appropriate</b>
	x	x	a. Conduct needs analysis to identify: <ul style="list-style-type: none"> <li>o Possible use of Volunteer Drivers to extend current system hours. <i>Discussed</i></li> <li>o Identify job related transit gaps which maybe filled with ride share or coordinated transit (beyond current system capabilities)</li> </ul>
x	x		b. Develop Pilot Program where most need is identified for extended hours and / or service. <i>WCA had a pilot, SMOC has looked into extended hours for SWIFT employees. others _____ New Freedom - WCA submitted two applications for funding, one was funded. while the funded pilot is still operating, they do not have continued NF dollars for operation as other systems seem to have in MN JARC - no funded applications</i>
x			c. Seek funding sources for pilot program in one or two transit systems. <i>WCA</i>
		x	d. If volume merits expand to other transit systems. <i>Information is available to the other transit systems.</i>
			e. Seek funding from businesses and organization / agencies that benefit from increased service hours.

x x			WCA has increased service hours Other providers were identified with services with relation to the bars / or public safety: Worthington Taxi, Marshall Sober Cab, Luverne OK Taxi, and marshall also has a taxi.
	x		f. Educate public about value of increased hours. For two years, SMOC has tried to get word out about safe rides. A problem is Worthington tickets cars if they are left at the bars (clarification - the city tickets all cars, regardless of who they are to - equal treatment). SoberCab offers rides both ways.
	x		PS #3, Strategy #1 Identify specific regulations and policies that prohibit or inhibit the coordination of rides.
			PS # 3, Strategy # 2 Inform, increase awareness of decision makers of the impact of policies and regulations that prohibit and inhibit the coordination of rides and advocate for change
x			a. Develop White Paper to share with elected officials, and be used as a legislative platform. Include: Volunteer driver liability clarification (risk), HIPAA, etc. <i>This was completed shortly after the completion of the 2006 Plan.</i>
X  x x	x  x	x	b. Contact the decision makers and allies that can impact the regulations and policies: <i>SRDC and MNRAAA discusses with policy makers the importance of volunteer Drivers , no load miles, etc.</i> <i>Transit discusses with policy makers</i> <ul style="list-style-type: none"> <li>o Local level: decision and policy makers, allies such as local agencies and public, etc.</li> <li>o State level: ICTC (<i>State Interagency Coordinating Committee</i>); MN Department of Transportation (MN/DOT); MN Department of Human Services (DHS); Minnesota Department of Health; Minnesota Association of Area Agencies on Aging, MN Department of Commerce (DOC), MN County Insurance Trust (MCIT), League of Cities; Transportation Alliance; MN Transit Association, Association of Minnesota Counties (AMC), etc. <i>MN Age Odyssey Presentation on 2006 plan results</i></li> <li>o National level: Legislators, Federal Highway Administration, United We Ride, National Association of Regional Organizations. (NADO), etc <i>RDC with NADO - NADO Presentation in Indianapolis, Indiana</i></li> </ul>
	x		c. Coordinate forum to increase awareness of the impact of rules and regulations on coordination and costs of rides. <i>Meeting with FSA and Bob Ries, where transit systems were invited to attend.</i>
	x		d. Attend Transit Day on the Hill with legislative agenda <i>This occurs through the Transportation Alliance, but few from SW Minnesota attend.</i>