

**Region Nine**  
**2017 Local Human  
Service-Public Transit  
Coordination Plan**



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*Prepared by:*



*May 2017*

## Executive Summary

Region Nine Development Commission partnered with the Minnesota Department of Transportation to create this regular update to the 2011 Local Human Service-Public Transit Coordination Plan. The plan's focus is on providing better service for people in the nine-county area that depend on public, private, and non-for-profit transit to get to medical appointments, jobs, or other destinations.

Composed of Blue Earth, Brown, Faribault, Le Sueur, Martin, Sibley, Waseca, and Watonwan Counties, Region Nine is situated in south central Minnesota, southwest of the Minneapolis/ St. Paul. At the center of the region, the Mankato/North Mankato metropolitan statistical area is a regional destination with multiple colleges, retail, and medical facilities. The proximity of the region to the Minneapolis/St Paul metro and the city Rochester, places a premium on making connections outside of the region, especially for medical purposes.

Region Nine's population, like much of Greater Minnesota, is aging as approximately a quarter of the population is expected to be over the age of 65 by 2030. Providing services for aging populations and new workforce needs will likely be expected of regional transit providers. Future positioning requires evaluating the needs of clients today. Surveys to non-public transit riders and transit service providers were disseminated across the region as part of this planning process. Rider survey information solicited from the Greater Minnesota Transit Investment Plan input process was also used to better understand the needs of transit users on publicly-operated systems.

This plan is made possible with the input of clients and professionals in the region that gave their time and input into this discussion. All ideas developed through this process are directly from people who attended the planning workshop or steering committee meetings and are intended to help existing transit providers operate more efficiently. Efficient operations improve service capacities for organizations providing transportation services while better meeting the many needs of riders from across the region.

Existing service providers are asked to provide efficient and essential services within a complex web of policies, often tailored to individual client needs. Most transit operations require dispatch systems, billing and reimbursement services, fleet maintenance, financial support, and peer-to-peer relationships, of which each component has many unique parts suited to work for each organization: Making transportation services work better for providers and riders requires finding commonalities in these complex areas. There is a desire in the region to complete some coordination tasks, but central support to drive coordination efforts will be required.

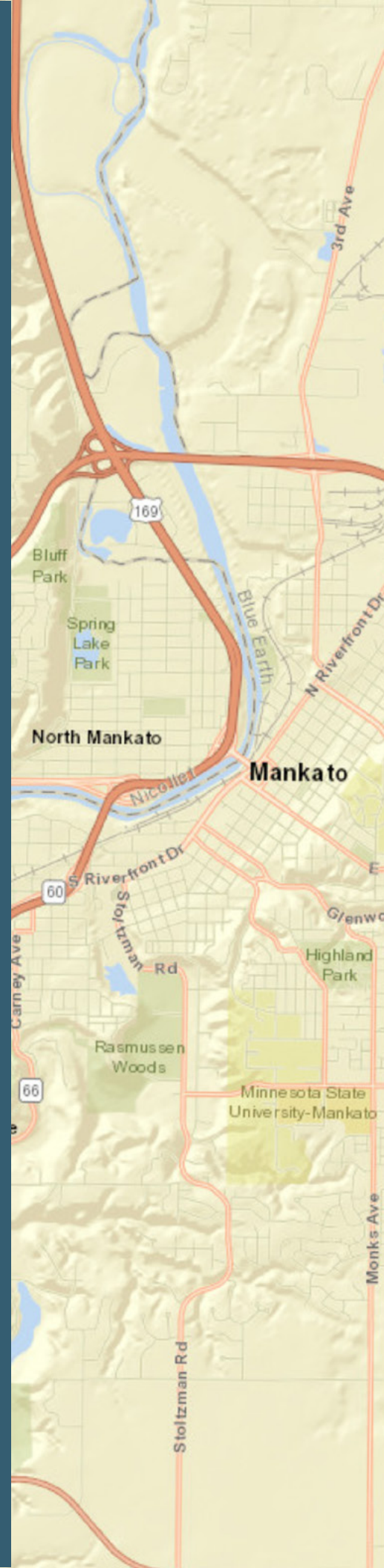
## Introduction

The goal of transit coordination is to enhance transportation access by minimizing duplication of services and facilitating the most appropriate and cost-effective transportation possible with available resources. The purpose of coordination between human services and public transit is to improve transportation services for all, but with special focus on persons with disabilities, older adults, and individuals with low incomes. By coordinating, communities can maximize use of transportation resources funded through public and private sources.

This document is an update of the 2011 Local Human Service-Public Transit Coordination Plan and will assist stakeholders as they determine ways to coordinate human service transportation and transit services in Region Nine. The 2017 Local Human Service-Public Transit Coordination Plan documents technical analysis that evaluates existing transportation services in Region Nine and assesses needs and gaps of transportation service provision among public transit agencies, social service agencies, and other providers. The plan also records public participation efforts and stakeholders' preferred strategies and projects to improve transportation coordination in Region Nine.

A Local Human Services-Public Transit Coordination plan is a federal requirement under the Fixing America's Surface Transportation Act (FAST Act). Federal regulations state that projects eligible for funding under the Transportation for Elderly Persons and Persons with Disabilities (Section 5310) program must advance strategies identified in a Local Human Service-Public Transit Coordination Plan. This planning process fulfills federal requirements by engaging transportation providers, social services agencies, and members of the public in identifying strategies for regional transportation coordination.

Beyond fulfilling federal requirements, this planning process encouraged representatives of diverse organizations to join together in articulating specific projects that could advance transportation services in Region Nine. Through public participation activities, stakeholders brainstormed project ideas and refined these ideas in a collaborative setting. The final project list reflects input from a broad range of regional stakeholders and provides a five year blueprint for future coordination efforts in Region Nine.





## Existing Conditions

### Geography

Region Nine refers to the nine counties of south-central Minnesota, an area that includes Blue Earth, Brown, Faribault, Le Sueur, Martin, Nicollet, Sibley, Waseca and Watonwan counties. This region covers about six percent of Minnesota's total area at approximately 5,064 square miles. The largest county by area is Blue Earth with 752 square miles, and Waseca is the smallest with 415 square miles inside its boundaries.

The nine counties comprise 147 townships and 72 cities, of which six have populations greater than 9,000 people. The largest cities in the region are Mankato (41,044), North Mankato (13,529), New Ulm (13,327), Saint Peter (11,666), Fairmont (10,221) and Waseca (9,241). At the center of the region, the Mankato/North Mankato metropolitan area is a regional destination with multiple colleges, retail, and medical facilities. The proximity to the region to Minneapolis-St. Paul and Rochester, places a premium on making connections outside of the region, especially for medical purposes.

Figure 1: Map of the Region



**231,683**  
people in Region Nine

Classified as a Level 1 Primary Regional Trade Center by the University of Minnesota's Center for Urban and Regional Affairs, Mankato serves as the region's dominant commercial hub and supports a diversified economy with large numbers of jobs in healthcare, retail, and manufacturing.

Region Nine's population, like much of Greater Minnesota, is aging as approximately a quarter of the population is expected to be over the age of 65 in 2030. While 73 percent of the area's population is in 72 of the region's cities, most incorporated cities are smaller towns which require residents to purchase goods and receive services, at varying levels, outside of their home community. The median population of all the cities in Region Nine is 688.

Blue Earth, Nicollet, Sibley and Watonwan are the only three counties that the Census Bureau estimates have grown between 2009 and 2015, which has been enough to estimate a region-wide growth rate over two percent. Current population growth tends to cluster around the Mankato-North Mankato MSA, with Blue Earth and Nicollet Counties showing the fastest increase, while other counties show little growth or population decline. Similar growth patterns are expected to continue, with proximity to Mankato and the Minneapolis/St. Paul Metro primarily benefitting Blue Earth, Le Sueur, Nicollet and Sibley Counties.

Due to its increasing population, the Mankato-North Mankato area received the classification of Metropolitan Statistical Area (MSA) from the U.S. Census Bureau in 2008 and the Mankato Area Planning Organization (MAPO) was formed. Sibley and Le Sueur Counties, on the northern side of the region, became part of the Census-designated Minneapolis-St. Paul-Bloomington MSA in 2013 as a recognition of increased connections with the Minneapolis/St. Paul area Metro.

Approximately a 90-minute drive from Mankato to downtown Minneapolis, the Minneapolis/St. Paul Metro represents an important destination region wide, with the most direct connection for most via U.S. Highway 169. Rochester, which takes nearly as much time to access from Mankato as Minneapolis, is a very popular regional destination for healthcare purposes. The Mayo Clinic Health System also operates hospitals and clinics throughout the region and enhances that connection. U.S Highway 14 spans the region, connecting New Ulm, Mankato, and Waseca to Owatonna and Rochester. Interstate 90, which runs through the southernmost counties in the area, also connects people to medical facilities in

Rochester and Sioux Falls, SD, with Fairmont in the exact center between the two cities. The largest hospital in the region, Mayo Clinic Health System-Mankato, has the highest trauma designation level at III, while all the other clinics and hospitals carry a classification of IV. While trauma is not a driver of hospital visits for consideration in this plan, it alludes to specialty health care that can only be attained outside the region.

Region Nine's economy remains strongly focused on agriculture, which dominates local land uses, with more than 90 percent of the regional land dedicated to agriculture uses. Few geographic barriers exist which impact transportation, although many highways are susceptible to flooding events or winter storms.



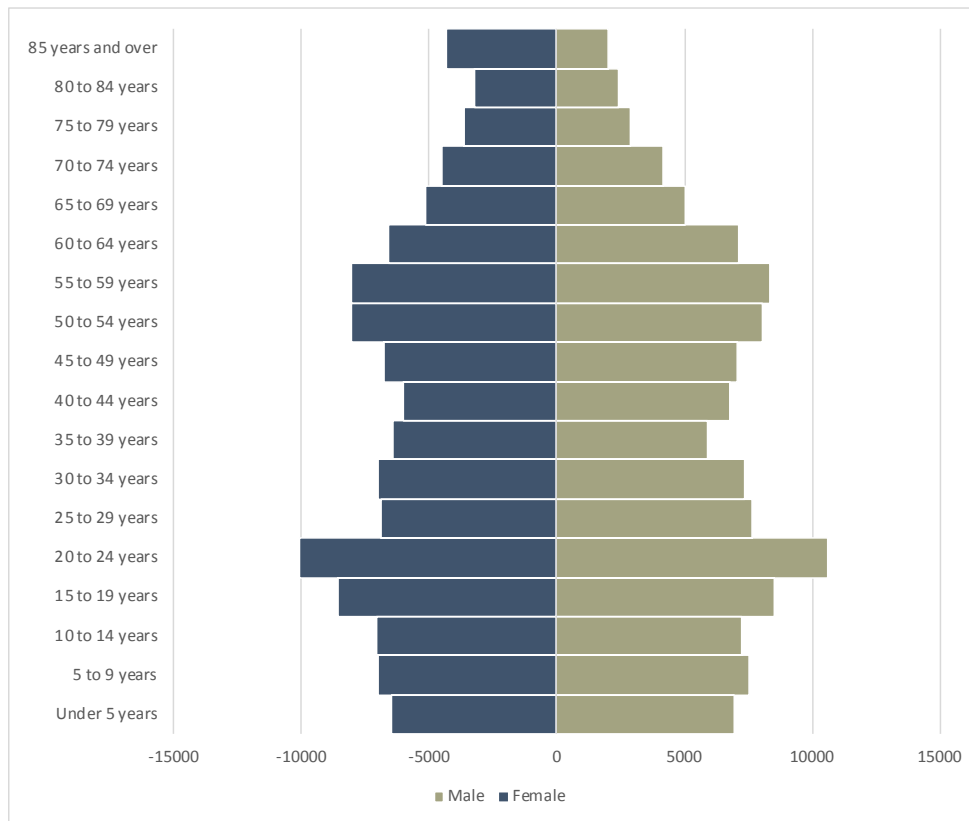


## Demographics

To better understand the relationship between regional demographics, transportation options and key destinations, a series of graphs were created depicting these elements in this region.

Region Nine has virtually the same number of men as women. The region's population pyramid from the Census Bureau's 2015 American Community Survey estimates, featured in Figure 2, contains two unique population bulges that impact services in the region. The first are the baby boomers (50-65) cohorts and the second is the college-age influx that migrate to the area to attend college (most prominent in 20-24).

Figure 2: Region Nine Population Pyramid



The baby boomers are causing the region's population to age at an aggressive rate. With over 16 percent of the existing regional population over the age of 65 in 2015, the numbers are expected to exceed 30 percent in some counties within a decade (see Figure 3).

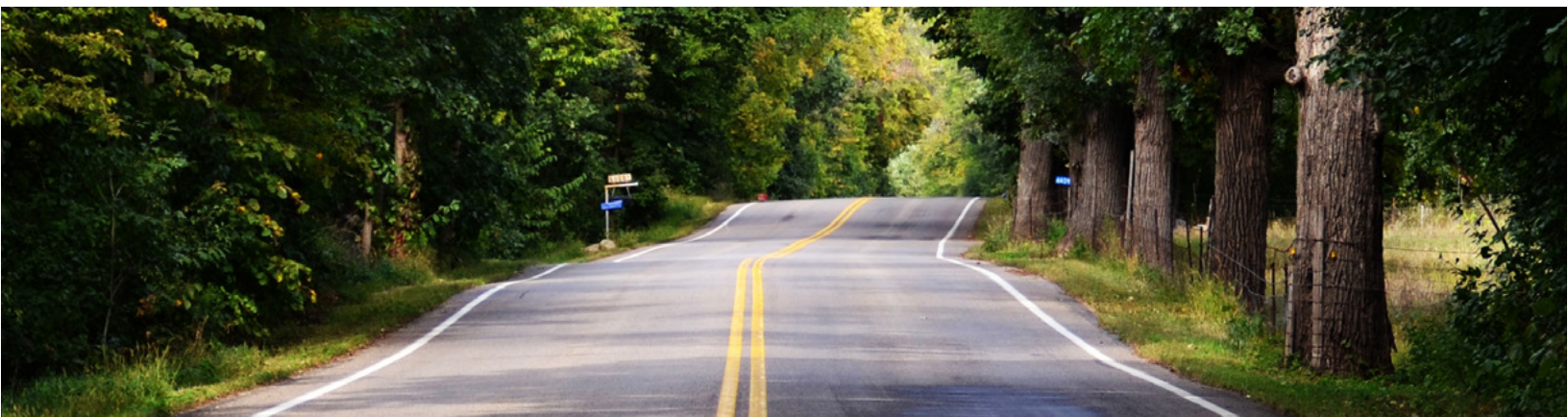
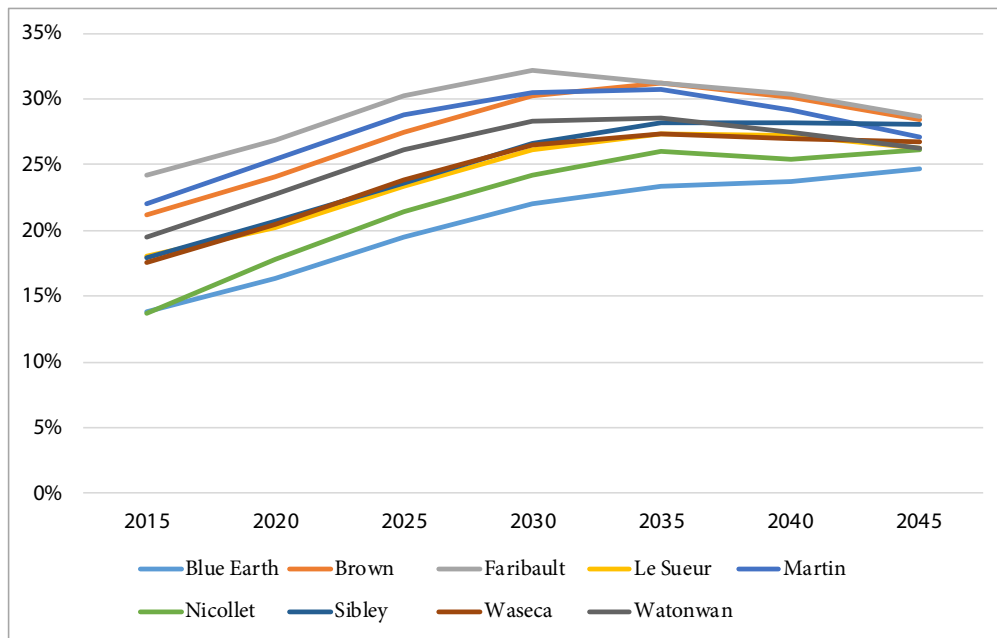


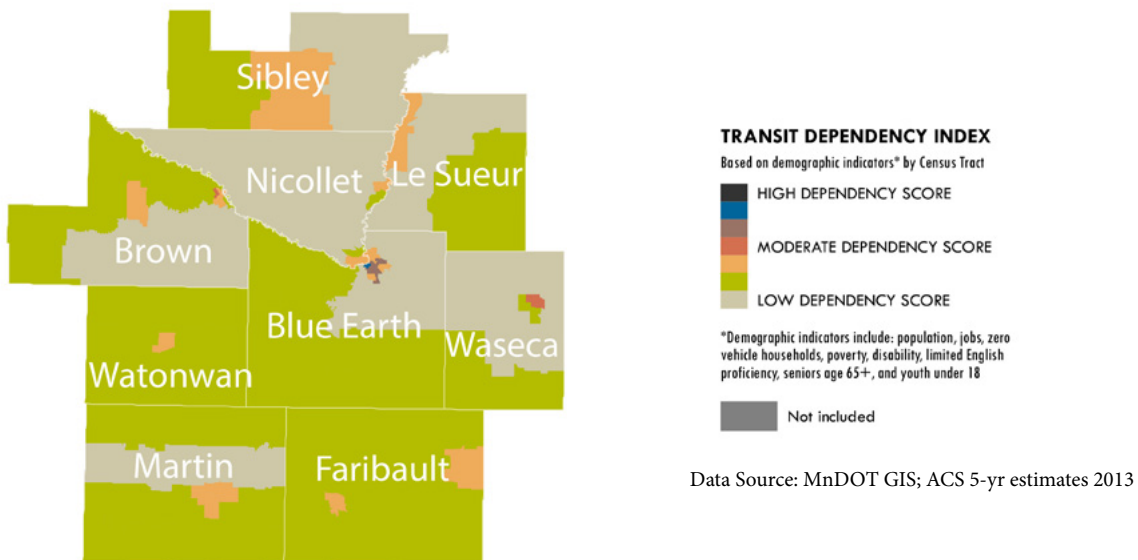
Figure 3: Projected Population Above 65



The Census Bureau estimates that in 2015 Region Nine’s population was over 90 percent white and non-Hispanic or Latino, much less diverse than Minnesota or the United States. The second largest group are those of Hispanic or Latino ethnicity at just over five percent. The only county that is not at least 90 percent white-only is Watonwan, which is estimated to have nearly 22 percent of its population of Hispanic or Latino heritage.

Mankato and North Mankato have also grown more diverse in recent years because of immigrant and refugee populations. These concentrations account for much of the transit-dependent pockets in the Transit Dependency Index map in Figure 4.

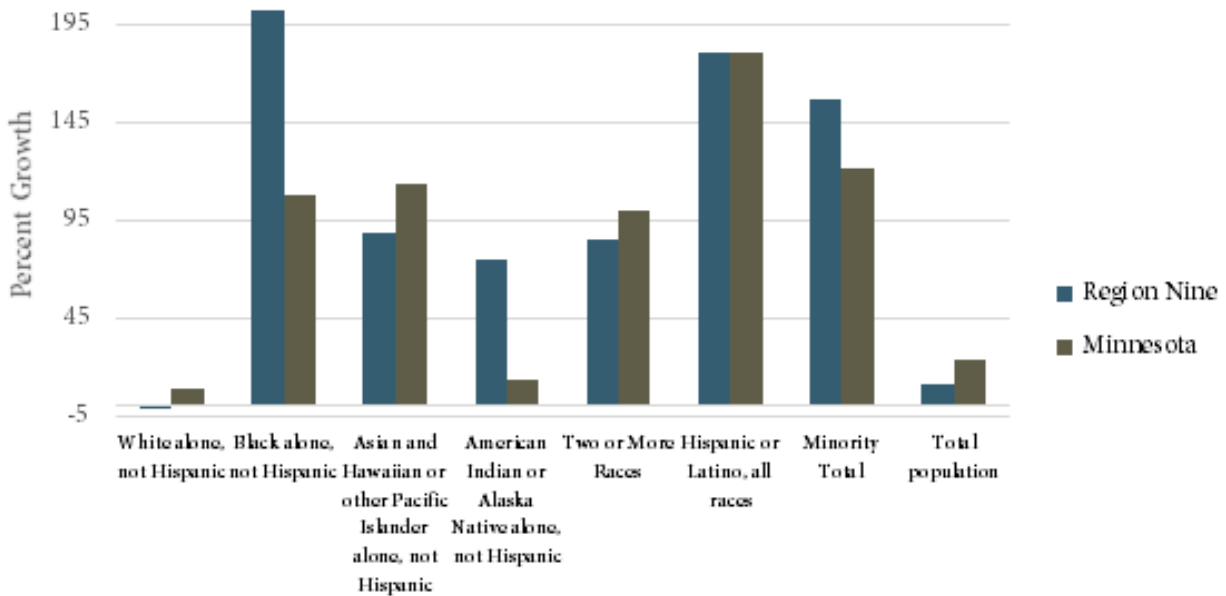
Figure 4: Transit Dependency Index





Like Minnesota, Region Nine is expected to become more diverse in the coming decades, as the white-alone population remains relatively stable, minority groups are expected to increase by over 150 percent from today's numbers. Projected population growth is provided in the Figure 5.

Figure 5: Projected Percent Minority Population Growth by 2035



Source: Minnesota State Demographic Center

More information on race and economic data can be found in the Region Nine Development Commission's Comprehensive Economic Development Strategy document [www.rndc.org/CEDS](http://www.rndc.org/CEDS).



## Transportation Resources

From November 2016 into March 2017, Region Nice developed an inventory meant to capture service information for all public, private, school district, human service and non-profit transportation providers in the region. The inventory provides a source of comparison across agencies and a means to identify service gaps. To complete the inventory, Region Nine Development Commission mailed a letter with a link to an online questionnaire to 106 of the region's transportation providers and followed up by emailing the link to those who did not respond. There were 32 responses from the 106 sought. A summary of the transportation resources from those who participated in the survey is available in Appendix B.

The current transportation systems in Region Nine are very complicated and built on formal and informal relationships between agencies, of which most existing coordination efforts were developed between organizations by phone call. The general feeling was that transportation, as part of each organization's mission to deliver services to clients, works because of the relationships that organizations have with their service providers. Financial and staff constraints do present limitations, which can be addressed by some limited provider coordination.

The City of Mankato provides public transit service throughout the city and to a lesser extent, the City of North Mankato. The Mankato Transit System regularly assesses its routes to ensure it is meeting the needs of its passengers, looking specifically at routes, destinations, and where connections between buses are happening. The cities of St. Peter and Le Sueur also share a public transit system serving those communities.

All the region's counties participate in some form of public transit system to serve small cities and rural areas, with VINE Faith in Action operating a new three-county system serving rural Blue Earth, Nicollet and Le Sueur Counties. This system, TRUE Transit, will start as a demand response operation and evolve as needs are identified. Connecting this rural system into the existing systems within the three-county area is something that has been a point of focus, to provide an efficient system for riders and providers.

A new subsidized transportation service operated by Land-to-Air connecting Mankato to Minneapolis, with stops in cities along the U.S. Highway 169 corridor began in April 2017. Like the new rural transit system, connecting public services has been a focus area, especially as college students and New American populations in the area are expected to provide substantial ridership. Land-to-Air, a service of Jefferson Lines, also offers subsidized service to Rochester.

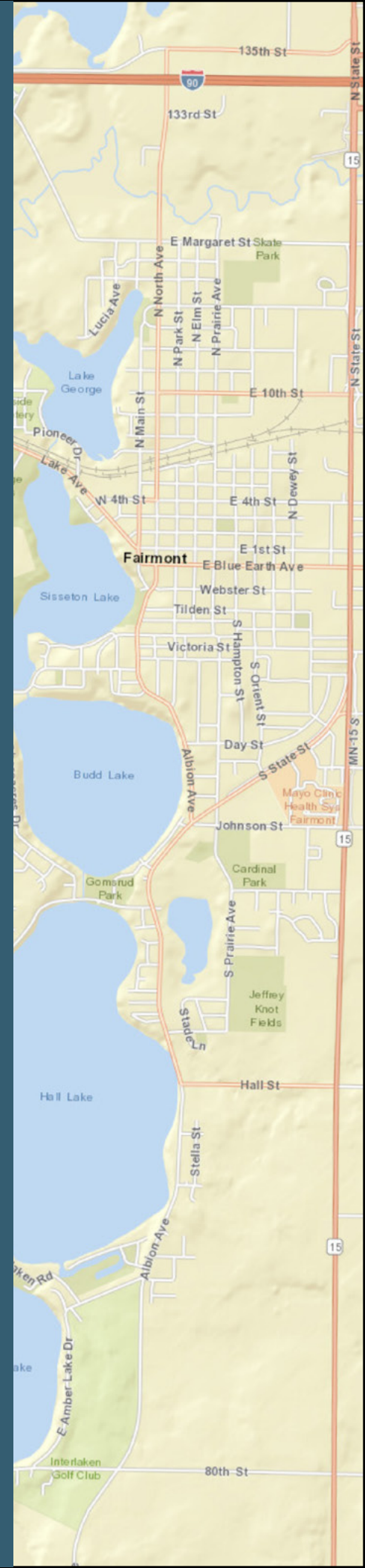
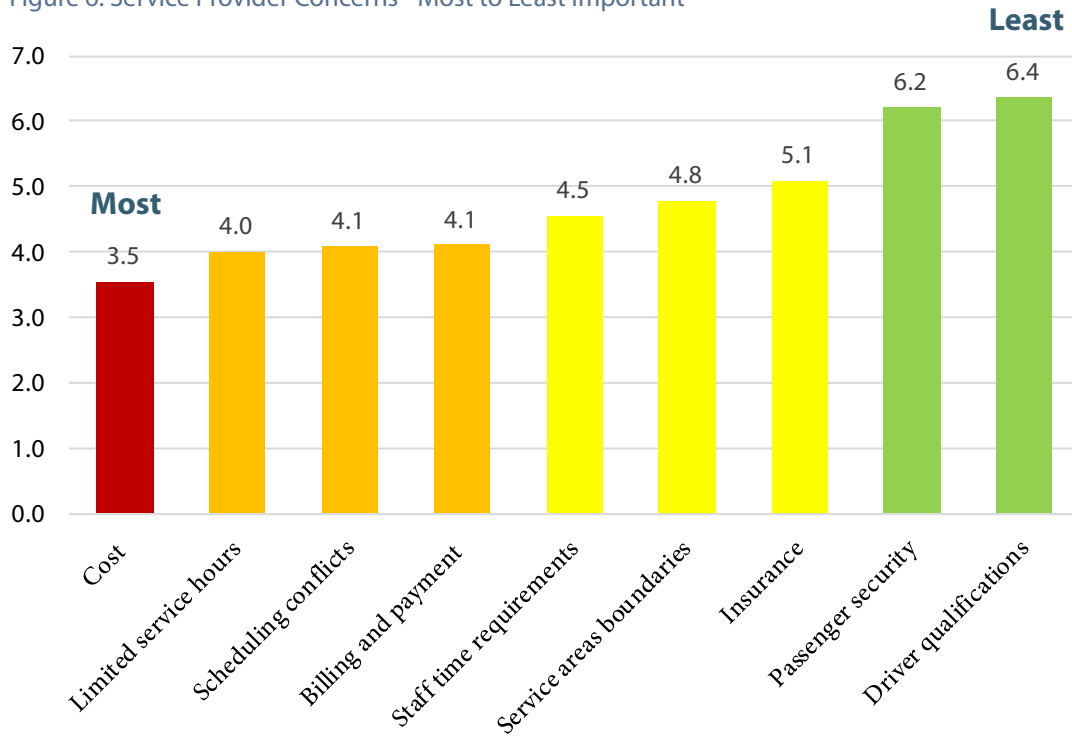


Figure 6: Service Provider Concerns - Most to Least Important



Concerns from the perspective of service providers are provided in figure f6. In the survey, respondents were asked to rate concerns on a one-through-nine magnitude scale. Overwhelmingly, costs of providing transportation services were the primary concern. Following costs were limited service hours, scheduling conflicts and billing. Regulatory requirements appeared in the comments as an issue that must be addressed to make meaningful change to transit efficiency.

Highest cost services include taxis, which may often be the primary off-hours resource in some areas, if they can meet regulatory requirements. More specialized services often increase costs, but it was noted that specialized trips for a single client are the exception rather than the norm and can typically be absorbed into budgets.

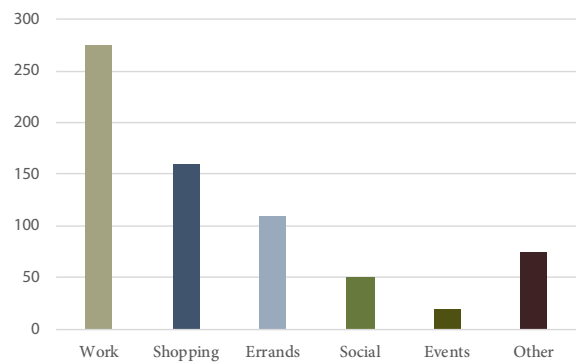




## Greater Minnesota Transit Investment Plan

The Minnesota Department of Transportation recently completed its Greater Minnesota Transit Investment Plan, which seeks to assess the need for public transit to reach the legislative goal of meeting 90 percent of the transit demand in Greater Minnesota by 2025. Part of the plan is providing operational benchmarks which public transit systems can use to better assess operations. Mankato had great survey representation, but college ridership constituted a large share of responses. To reduce the skew that demographic would otherwise provide, education trips have been removed from the regional public transit data. The following data was gathered from riders of the public transit systems which operate within Region Nine for all non-education trips.

Figure 7: Primary Transit Destinations (excl School)

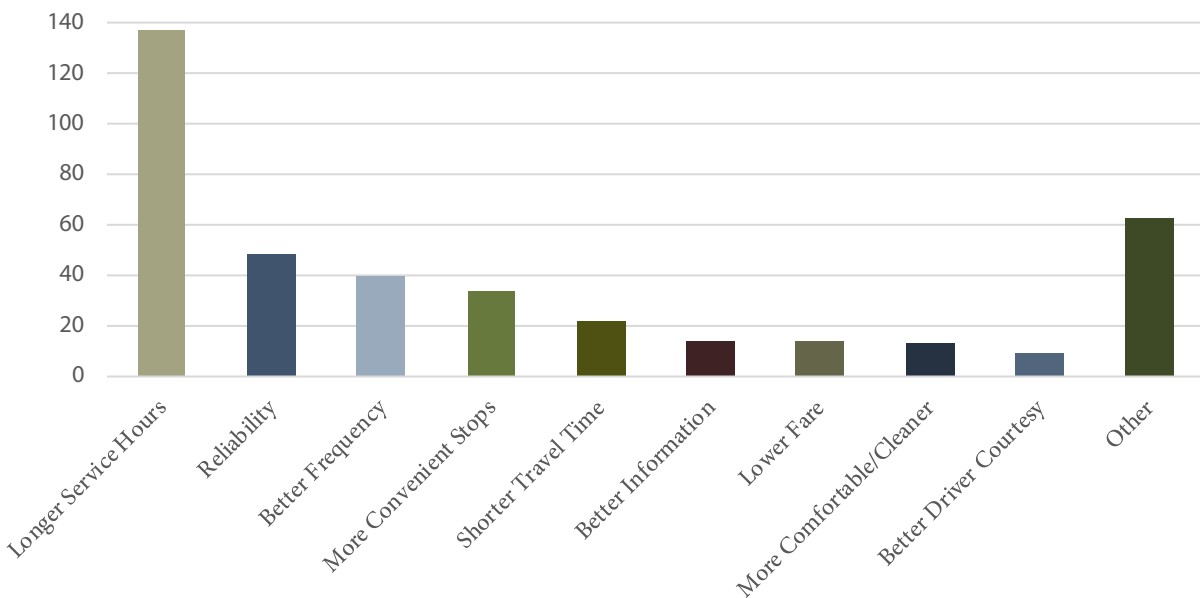


People riding public transit which service parts of Region Nine, were typically using the bus to get to work, with shopping and errands also notable uses (see Figure 7).

Since public transit riders are not necessarily the focus population of this plan, the data was further sorted to get a better indication of the needs from people that are more likely to use human service transit systems in the area. Specifically, riders that do not have a driver's license and those that classify themselves as disabled.

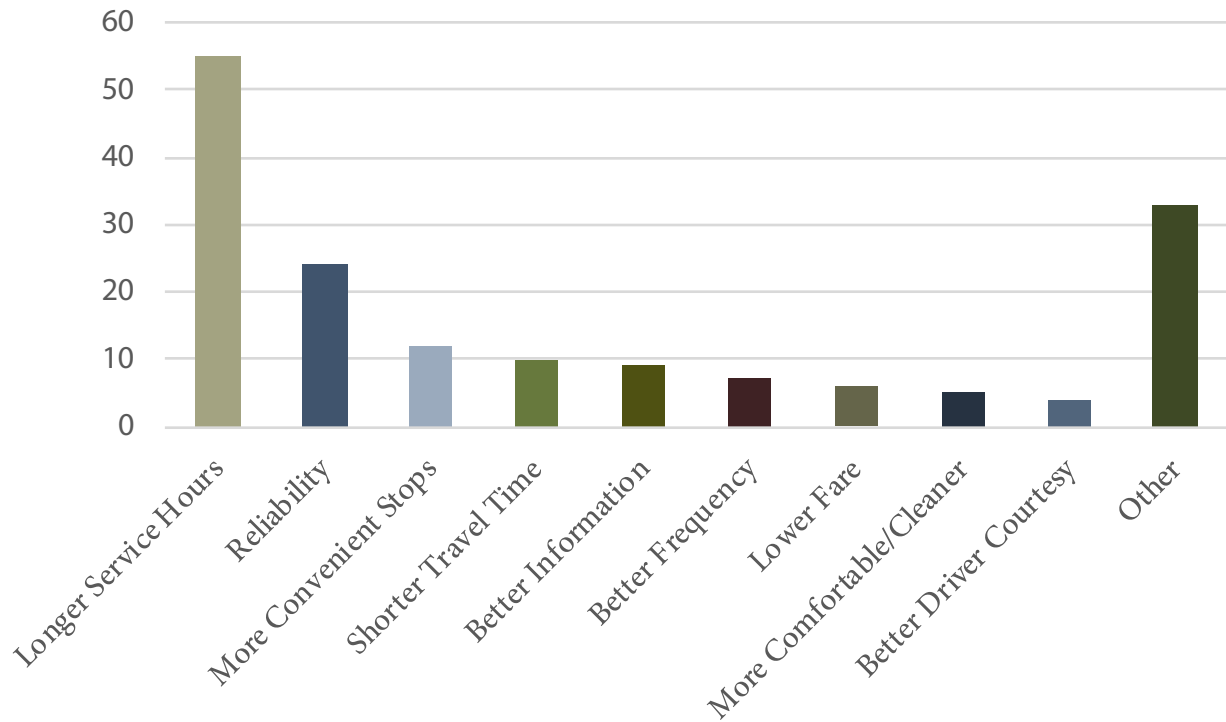
There were 314 people who indicated that they do not have a driver's license, which was 37 percent of the respondents. The preferred improvements for these individuals are listed in the chart below, with longer service hours overwhelmingly preferred above all else.

Figure 8: Preferred Improvements (No License)



There was 154 riders who indicated that they had some sort of disability. Longer service hours is the most preferred improvement, and also like those without licenses, followed by reliability of service. More convenient stops was the third-most popular preferred improvement. The chart is available in Figure 9.

Figure 9: Preferred Improvements for Disabled Riders



Additional maps which were developed as part of the Greater Minnesota Transit Investment Plan can be found in Appendix A.



## 2011 Local Human Service-Public Transit Coordination Plan Outcomes

Another component of the existing conditions is an analysis of the 2011 Local Human Service-Public Transit Coordination Plan's list of strategies and projects for improving transit coordination. The 2017 steering committee reviewed these strategies and projects to assess regional progress on transit coordination since 2011. The group also identified causes for success and barriers to action regarding project implementation. The complete list of 2011 strategies and projects and an assessment of their outcome is presented in the following charts.

Table 1: Assessment of 2011 Strategies and Projects

Category #1: Coordinate and Consolidate Transportation Services and Resources				
2011 Prioritized Need	Recommendation	Strategies	Status	Current Successes/Barriers
Regional Transportation Linkage Line (central location for information) and Centralized Mobility Manager (dispatch center)	Employ three Regional Trade Center dispatchers (Mankato, Fairmont, New Ulm). Human Service Care Coordinators could be relieved of trying to run transportation services. Could include all riders. Corridor transportation services would be readily available. Various sizes of vehicles used as well as volunteer drivers and private providers. Have one place for customer to call to receive service, building in cost efficiencies, increase ridesharing to reduce costs.	Coordinate dispatch; share resources; consolidate functions	Not started	Would like to see intake coordinated; database maintenance—needs to be updated weekly; logistics—who?; different eligibilities;
Shared driver database (CDL, volunteer – paid and unpaid)	Create database of drivers and figure out a way to use across agencies. Implement active volunteer driver recruitment campaign. Recruit 1-2 volunteers available to county residents. Develop/incorporate paid and non-paid drivers.	Share resources; Establish/enhance volunteer driver programs	Not started	Not relevant unless for volunteers—would have to agree on standards
Funding Streams	Identify new potential funding streams to offset DHS and legislature cuts.	Contract between agencies	In progress	Wheelage tax; United Way supplies supplementary assistance county-by-county in Greater Mankato
Corridor Services	Regular routes on highways between counties/towns. Could look at possible corridor route from Waseca to New Ulm. Use existing systems as “feeder systems”. Have regular services for those individuals that make “repetitive” trips (i.e.: dialysis).	Share resources	In progress	Highway 169 being developed; Need to find heated/lighted/safe locations layover areas; Balancing services vs. tolerance of riders (6 hour ride); Need more diversified fleets—not just busses; Mankato as area shopping/medical hub—except for Sibley County



Table 1: Assessment of 2011 Strategies and Projects (con't)

2011 Prioritized Need	Recommendation	Strategies	Status	Current Successes/Barriers
Inventory and assess available resources. Create Omnibus Transportation Resource website	Know what is available. Share services to reduce costs and more effectively and efficiently utilize available vehicles. Coordinate services between nursing homes, assisted living facilities, foster care homes, etc. Help resolve no-load miles expense by utilizing current transportation system (public and volunteer drivers) so more than one client is transported.	Share resources	Not started	So many different privacy/needs has challenged this goal. More than one client very difficult PMAP won't allow except for family members and other HEPA or privacy issues that come into play
Hub for public and private transportation providers	Co-locate with Land To Air at new facility. House Intra and Inter transportation options out of one facility.	Share resources	Started	Potential locations to currently being identified in Mankato
<b>Category #2: Mobility Strategies</b>				
Diversify size of vehicles/ maintain existing fleet	Replace large buses with cars. Use buses only for time periods of heavy use. Use cars for rural areas and times of lower usage. Have established routes to/from small towns. Have more cost effective vehicles in operation. Replace 10 year old buses with wheelchair lift. Have more options for receiving funding to repair/replace existing vehicles, not necessarily purchasing of bus or smaller vehicles.	Improve service convenience; maintain existing vehicle fleet	Ongoing	Regulations determine much of the fleet. Busses currently lasting longer than the past but maintaining. County-to-county connections still a sizable barrier but progress has been made.
After hours/ weekends/night adventures and work	Expand hours to evenings and weekends to accommodate shift/ weekend work. Encourage users and non-users to try transit by hosting nighttime or weekend "adventures".	Improve service convenience	Not started	Not much progress—very difficult to match second and third shifts with existing transit
<b>Category #3: Communication, Training, and Organizational Support</b>				
Carpooling website	Create a place where people can communicate and connect with others to get to where they need/want to go. Post notices within job sites. Include starting and ending points.	Improve services convenience; consolidate business functions; centralize information	Not started (potentially not relevant unless coordinated by employers)	In order to be relevant, must be employment-centric; Who will administer or do vetting? Low fuel costs suppress demand. Enterprise Rent-a-Van. Craigslist factor at play.

Table 1: Assessment of 2011 Strategies and Projects (con't)

<b>2011 Prioritized Need</b>	<b>Recommendation</b>	<b>Strategies</b>	<b>Status</b>	<b>Current Successes/Barriers</b>
Education Roundtables	Hold meetings where local transportation agencies, human services agencies, advocates and community members can meet regarding issues/concerns. A lot of people are not aware of public transit availability, especially in rural areas. Educate public about available options (agencies, routes, schedules, etc.)	Educate public and regional professionals about transportation options	Not started	No roundtables were held; But the need to educate the public on options was emphasized. Surveys were identified as a great tool to build awareness.
Regional Coordination Access Council	Develop an “oversight” council made up of public/private providers and riders. This group would help direct a transit vision for the region.	Convene regional coordination body	Not started	MNCOTA group; Ongoing conversations about transit issues (especially barriers county-to-county) need to repeatedly championed with legislators.
<b>Category #4: Other Identified Needs/Non-Prioritized Areas</b>				
Allow joint purchasing	Coordinate purchases such as vehicle maintenance, insurance, driver training and substance abuse testing.	Allow joint purchasing	In progress	Public-private partnerships still needed for cost-sharing; Some joint drug testing and public agencies have made progress but private providers could benefit from joining in on purchases
Technology improvements	Fund improved technology to each of the county systems so that they can be accessed and supervised by a central regional transit coordinating office.	Implement tools that support data management	Not started	Barriers to coordinate across county lines with differing equipment and software
After hours transportation from ER	Transportation for individuals not admitted to the ER, but who are unable to ride back to the facility or home via taxi or car.	Improve service convenience.	Not longer relevant	Noted that this is better in the purview of DHS; Many need thermo-plastic barriers and doors almost just like police cars—on top of insurance—too much of a specialized area for transit providers; Crisis response teams and ACA have reduced ER visits.

Table 1: Assessment of 2011 Strategies and Projects (con't)

<b>2011 Prioritized Need</b>	<b>Recommendation</b>	<b>Strategies</b>	<b>Status</b>	<b>Current Successes/Barriers</b>
Affordable town to town transportation with the same county	Provide service for transit dependent populations (i.e. low income, elderly) between communities within the same county (i.e.: Le Sueur to Le Center)	Improve service convenience	In progress	VINE looking into opportunities in three counties; 169 corridor will have multiple stops on that highway
Coordinated Services between Watonwan/ Brown / Cottonwood counties	Better serve county residents living on the fringes by providing them access. This would serve the general public.	Share resources.	Not started	Too localized, challenge is everywhere in the region
Field Trip Rides	One vehicle to coordinate schedules with nursing homes, assisted living facilities to take residents on field trips to local or non-local areas (county or state fair). Serve clients in long term care facilities, assisted living and nursing homes in Le Sueur County	Coordinate agency schedules	No longer relevant	This is being managed locally among nursing homes and assisted living facilities or on contract basis
Integrate GPS in Fleet	Create a more efficient system that could respond in a faster and more reliable manner.	Implement tools that support data management	Not started	Software and software training posing challenge to this level of coordination.
Regular routes for public transit	Develop one standard schedule that people can rely on	Improve service convenience	In progress	Relying on central hub for feeder routes
Begin route service with mobility bus	Begin providing route service to Mayo, multiple nursing homes, and assisted living centers.	Improve service convenience	No longer relevant	Other alternatives exist
Establish or expand taxi cab subsidy with vouchers or pay taxi cab service	Provide vouchers to partially or completely pay for taxi services. Assist senior citizens or others who have no families available to support their needs while at medical appointments and reporting back to families out of state regarding prescriptions, etc. Keep clients in their homes longer.	Establish/ expand taxi subsidy programs	No longer relevant	Some taxi subsidies county-by-county; specifics not realistic.
AVL with downloadable mobile app	Allow potential passengers to locate bus relative to their location in real time.	Improve service convenience	Not started	Would be a very helpful tool, but a lot of logistics have to be overcome first



Table 1: Assessment of 2011 Strategies and Projects (con't)

2011 Prioritized Need	Recommendation	Strategies	Status	Current Successes/Barriers
Region 9 Transportation Open House	Invite all transportation providers to come together and meet with customers/potential customers	Educate public of transportation options	Ongoing (outside of R9)	Project Community Connect is a good public connection opportunity that happens annually. Good role for Coordinating Council when started.
Staff training on defensive driving and abuse prevention	Assure all staff are trained in areas on a regular basis (1 time per year). Currently systems have to close their program for the day or pay overtime to do it on a Saturday. Neither option is feasible. This would benefit the disabled community as well as the staff who are required to obtain the training.	Provide technical training for coordination of staff	Ongoing	Ongoing challenge for staff and providers to navigate



# Public Participation

## Steering Committee

A steering committee closely guided plan decision-making. Steering committee duties included:

- Evaluating strategies and assessing outcomes of projects identified in the 2011 Local Human Service-Public Transit Coordination Plan
- Developing project ideas and identifying priority strategies as part of the public workshop
- Prioritizing project ideas identified at the public workshop for inclusion in the final plan

The steering committee was made up of representatives from county human service agencies, area agency on aging representatives, centers for independent living representatives, passengers and others.

Table 2: Steering Committee Membership

Name	Organization	Representing
Mark Anderson	Mankato Transit System	Public Transit
Sarah Berry	Waseca County Public Health	County Health
Elizabeth Harstad	Greater Mankato United Way	United Way
Rhonda Hines	Human Services of Faribault & Martin Counties	County Human Services
Pat LaCourse	Brown County Heartland Express	Public Transit
Carol Clark	VINE	Volunteer Drivers
Carol Larson	Sibley County Health and Human Services	County Human Services
Mike McLaughlin	Blue Earth County Veterans Services	Veterans Services
Delaine Remes	Mid-Minnesota Legal Aid	Disabilities Advocate
Elaine Spain	Minnesota River Area Agency on Aging	Area Agency on Aging
Lacey Wegner	SMILES Center for Independent Living	Centers for Independent Living
Lisa Black	Transit Consumer/Advocate	Consumer/Advocate
Kari Loe	MRCI	Non-profit Transit Provider
Jay Walters	Blue Earth Human Services Advisory Committee/Consumer	Consumer/Advocate
John Gliscinski	Sibley County Health and Human Services	County Human Services
Marcia Highum	Blue Earth County Human Services	County Human Services
Mike Lagerquist	VINE	Public Transit
Karen Hiscox	Aging Services for Communities	Non-profit Transit Provider
Naomi Ochsendorf	Watonwan County Human Services	County Human Services
Mike Pinske	American Mobility Van, Inc.	For-profit Transit NEMT Provider
Angie Vidden	Mayo Clinic Health System	Health Care Provider

## Rider Survey

Region Nine Development Commission requested that non-public providers and other organizations with an interest in improved transportation for senior, disabled, and low-income individuals ask clients to provide input to inform this plan update. In 29 responses, over half indicated they did not drive and a quarter of the respondent indicated that they were at least somewhat dissatisfied with the available services, compared to only six percent in the area public transit surveys. Where the public transit survey respondents were 70 percent white and nine percent African American as the next highest racial response, the returned human service surveys were 59 percent white, followed by 19 percent Hispanic and 11 percent African American.

In all, this group's primary destinations were work, shopping/errands, school and social trips. The preferred improvements these individuals would like to see are longer service hours, followed by reliability and lower fares.

## Focus Groups

In an effort to eliminate transportation barriers for riders and to reach the broadest possible audience, Region Nine held three separate focus groups (one with each target population) at locations where individuals were already gathering for other purposes. Region Nine contacted three specific organizations and requested to be added to their upcoming regular meeting agendas. Focus groups included the following:

1. **Aktion Club Theater**, Mankato, MN  
Monthly theater group rehearsal/meeting  
(Adults with disabilities)
2. **Fairmont Workforce Center**, Fairmont, MN  
County Employment Services, MN Family Investment Program (MFIP)  
Job Club Class  
(Low income adult job seekers)
3. **VINE Faith In Action**, Mankato, MN  
Adult Literacy Center  
(Immigrant elders)

## Results

Emerging themes from the rider focus groups include:

- Rider demand for cross-county coordination among providers
- Lack of public awareness of transportation options and resources
- Demand for “virtual hub” as a centralized location for transportation resources
- Long wait times for planned and unplanned needs
- Public transportation routes do not align with employment needs (locations, shifts)
- Private transportation options are not cost effective and may involve long wait times

- Varying accessibility challenges impacting ridership
- Limited transportation options where affordable housing is located
- Complexity with navigating the medical transportation authorization process
- Need for additional behind-the-wheel practice to obtain license

## Planning Workshop

The planning workshop on March 15 incorporated input from all interested stakeholders. A total of 28 guests signed into the meeting (although more were present) listed in Appendix C. At the workshop, stakeholders identified strengths and weaknesses of transit coordination in the region. Building from these, stakeholders then identified priority strategies for transit coordination and brainstormed project ideas that could address these strategies. Using input gathered at this workshop, the steering committee prioritized the strategies and projects included in the final plan. A list of project ideas considered during the planning process is presented in Appendix D.

### *Strengths and Weaknesses*

At the public workshop, participants identified strengths and weaknesses of existing coordination efforts in Region Nine. Combined with the plan's technical findings, these strengths and weaknesses form the basis for identifying strategies to address transportation coordination in this region.

Table 3: Strengths and Weaknesses Results with Number of Responses

Strengths	Weaknesses
Medical and aging services (2)	Few options in some areas (2)
Many different resources to collaborate (2)	Long distance travel (3)
Creativity and flexibility (2)	Some modes expensive (2)
Working with county human services and city councils (2)	Lack of volunteers and drivers (5)
Drivers flexible and available (3)	Specialized needs (2)
Timely driver payment (2)	Cars and licenses unaffordable (2)
Drivers want to help (2)	Coordination (3)
Current planning process (3)	Payment and reimbursement (4)
Support of MNDOT (2)	Miles with no load (2)
MRCI's vans (2)	Training cost (2)
AMV van (2)	Medical cancellations and schedules (3)
City transit van (2)	Evening hours too limited (4)
Vine's volunteers (2)	Weekend hours too limited (3)
Surveys show satisfaction and needs (2)	Driver insurance and regulations (2)
Desire to help riders (2)	Too many regulations (7)
	Weekend bus service not allowed (2)
	Route frequency (2)
	Route locations (2)
	Lack of public education for transit (3)



## Needs Assessment

Due to the complexity of funding and providing transportation services, Region Nine residents rely heavily on the expertise and relationships of transportation providers, funding organizations and advocates in the region. The consensus throughout the process was that regulations and funding sources have become too complex and restrictive for human service transit providers. While everyone seeks to deliver their services efficiently, to achieve an environment more conducive to efficiency, changes must occur well beyond the regional level to enable better local coordination.

Weekday, business-hours trips are the most reliable time for transit service as dispatchers and drivers are likely to be on-duty, but nights and weekends are the most challenging for riders because of limited service available during those hours. It was noted in the Aktion Club Theatre focus group in Mankato that individuals without access to personal vehicles are regularly facing the dilemma of high costs and long wait times with taxis or ride-hailing apps, very long waits because of bus routing, or facing long walking distances to fill the void in transportation service options. Services are more limited in rural areas than Mankato, meaning this situation is likely exacerbated for many others in Region Nine.

Because of funding sources, medical trips throughout the region, whether insurance or publicly-funded, appear to operate the most successfully, but rely heavily on volunteer drivers in many cases—especially for out-of-region trips. For-profit non-emergency medical transportation carriers also provide valuable service in the medical trip field, especially for passengers that require special medical accommodations or insurance coverage.

Transportation to jobs for low-income individuals appears to be a unique challenge in that many of the available jobs are in shifts which operate beyond normal business hours. These jobs also are multiple times per week and, unlike medical appointments, are more limited in the number of funding sources and budget constraints. Taxis are available to accommodate the off-hours trips, but are cost-prohibitive for an on-going basis. It is from this perspective that strategies focused on park-and-ride and ride-sharing have been developed to accommodate low-income workers in the area. Large industrial operations in the region create clear destinations in which ride-sharing programs could function.

Overall, regulations and restrictive funding have pushed human service transportation providers into specialized niches, which arguably create more barriers than solutions, by increasing the complexity of services. With so many fleets designed to accommodate specialized programs, providers (direct and funding) rely on relationships between people or organizations to accomplish transit coordination today, but a more structured resource is desired across the board to make it less complex for everyone.



## Strategies and Projects

### Strategies

At the public workshop on March 15, projects were identified in groups that would increase the efficiency of human service transportation options in the region. They were divided into three categories: Coordinate and Consolidate Transportation Services and Resources; Communications, Training, and Organizational Support; and Mobility Strategies. At the end of the workshop, after projects were identified and discussed as a large group, people were asked to vote on their priorities.

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

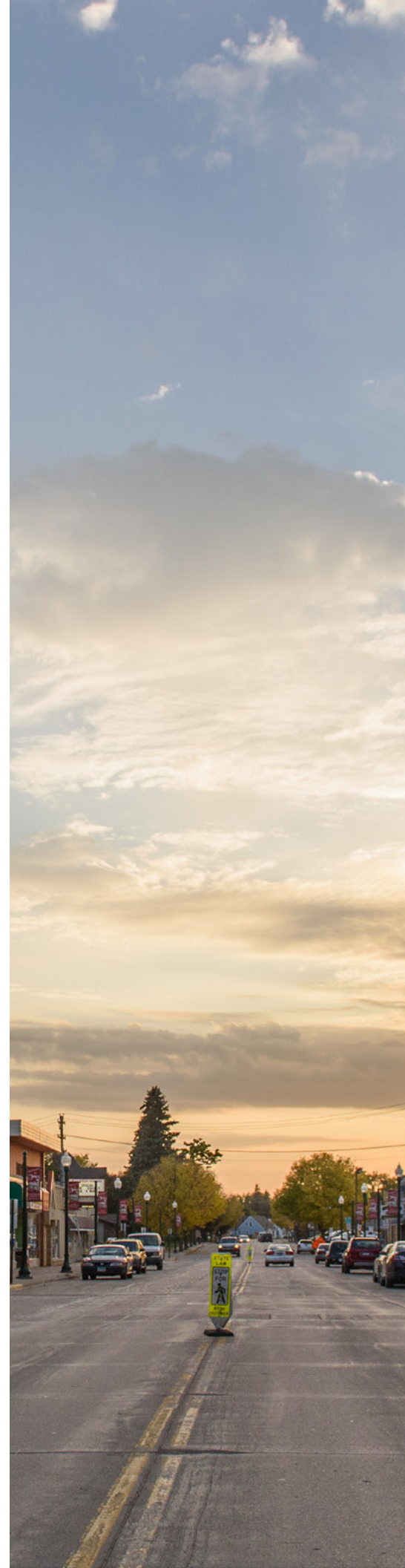
- Form a transit cooperative company to bring all non-profit providers under one organization
- Form a transit cooperative program to pool resources
- Coordinate with agencies that have unused vehicles
- Coordinate dispatch operations

#### *Communications, Training, and Organizational Support*

- Create a virtual hub which connects organizations and vehicles
- Educate the community and provide classes on the services available
- Create an app to connect providers, routes, and riders
- Encourage more volunteer drivers
- Coordinate with healthcare providers on which days could work best for rural clients

#### *Mobility Strategies*

- Enhance subsidy programs for existing programs (especially taxis)
- Create a virtual hub for park-and-ride
- Create a virtual hub for share-a-ride



## Projects

To categorize project ideas, steering committee members created an “Effort vs. Impact” chart to compare these project ideas. This created a relative sense of how much effort (low to high) each project idea would take as well as how much impact (minor to major) each project could have in the region. This chart can be found in Appendix E. The strategies and projects listed below represent those ideas the steering committee prioritized as having the most potential to improve transit coordination in Region Nine.

Project Overview	Coordinate dispatch operations in the region by having all calls go to a single facility and developing a “triage” approach to direct calls based on client needs.
Population Served	The public, including seniors, low-income individuals and people with disabilities.
Communities Served	Everyone in Region Nine
Responsible Entities	Public transit, human service transit providers, private companies
Strategies Addressed	Coordinate and consolidate transportation services and resources

Project Overview	Increase the number of volunteer drivers to increase personal, affordable and direct transportation service for individuals that qualify for volunteer rides.
Population Served	Primarily seniors
Communities Served	People within exiting service areas of volunteer driver coordinators
Responsible Entities	Organizations currently dispatching volunteer drivers
Strategies Addressed	Communications, training, and organizational support

Project Overview	Educate public about transportation options and procedures to develop an awareness for programs and how to use them. Urban and rural approaches will differ.
Population Served	The public, including seniors, low-income individuals and people with disabilities.
Communities Served	Everyone in Region Nine
Responsible Entities	Organizations involved in transportation, including public, non-profit and private providers; Health care providers.
Strategies Addressed	Communications, training, and organizational support





Project Overview	Create a mobile application and website that connects riders to routes and providers. The features could range from basic service information to scheduling or digital tokens.
Population Served	The public, including seniors, low-income individuals and people with disabilities.
Communities Served	Everyone in Region Nine
Responsible Entities	Organizations involved in transportation, including public, non-profit, and private providers
Strategies Addressed	Communications, training, and organizational support

Project Overview	Centralize information about services, funding and grants for providers and organizations that use transit. Riders could benefit from an inventory of transit organizations and focus areas in one location as well.
Population Served	Transit providers and public, including seniors, low-income individuals and people with disabilities
Communities Served	Everyone in Region Nine
Responsible Entities	Organizations involved in transportation, including public, non-profit, and private providers
Strategies Addressed	Communications, training, and organizational support

Project Overview	Improve regional connections by using internet technology to activate inter-county trip coordination.
Population Served	Rural public transit riders that need to access a city that their provider cannot access
Communities Served	Primarily rural areas and small cities
Responsible Entities	Mostly public providers, but it could involve non-profit and private transportation providers
Strategies Addressed	Mobility

Project Overview	Develop park-and-ride or share-a-ride connections in the region using internet and mobile applications.
Population Served	Commuters and low-income individuals that have a difficult time getting to an out-of-town job
Communities Served	Places with common commuters
Responsible Entities	Transit Providers, Employers, Refugee Services
Strategies Addressed	Mobility

Project Overview	Develop a transit cooperative program that provides a formal organization in which to manage vehicles, scheduling/dispatch efforts for members throughout the region
Population Served	Transit providers and seniors, low-income individuals, and people with disabilities
Communities Served	Everyone in Region Nine
Responsible Entities	Non-profit providers, potentially public providers or private providers at different levels
Strategies Addressed	Coordinate and Consolidate Transportation Services and Resources

Project Overview	Convene a regional coordinating body that works to push for improved coordination and efficiency in the region. Could take on administrative roles like dispatch.
Population Served	Transit providers, clients
Communities Served	Everyone in Region Nine
Responsible Entities	Non-profit, public, and private transportation organizations
Strategies Addressed	Coordinate and Consolidate Transportation Services and Resources

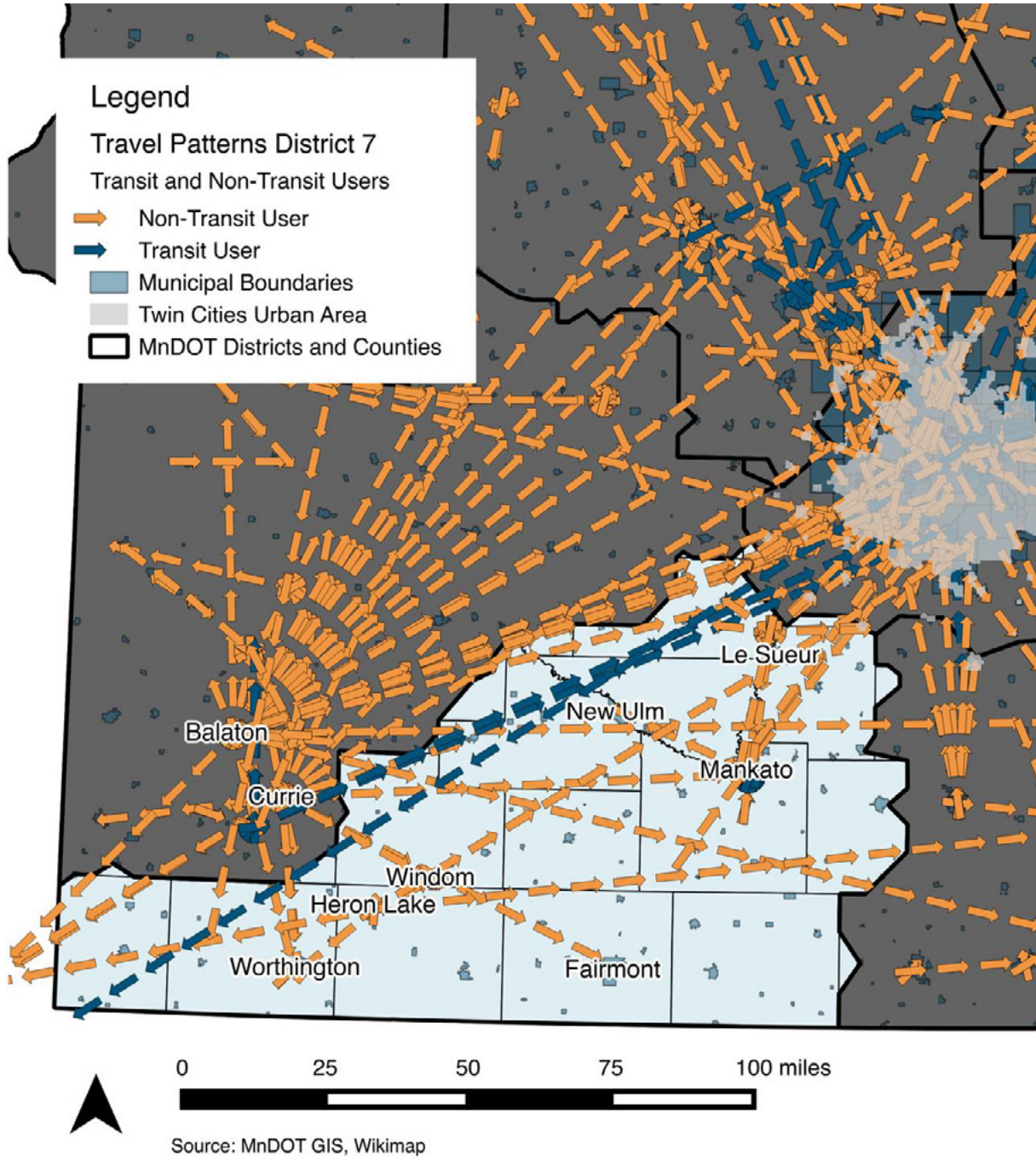
Project Overview	Coordinate with health providers to promote scheduling that aligns with service patterns and promote services at discharge
Population Served	Clients receiving medical assistance
Communities Served	Everyone in Region Nine
Responsible Entities	Non-profit providers, public transit providers, for-profit providers, health care providers
Strategies Addressed	Communications, training, and organizational support

Project Overview	Establish or enhance subsidy program to connect low-income workers to jobs
Population Served	Low-income individuals
Communities Served	Region Nine
Responsible Entities	State and local governments, public providers, taxis, non-profit providers, employers
Strategies Addressed	Mobility



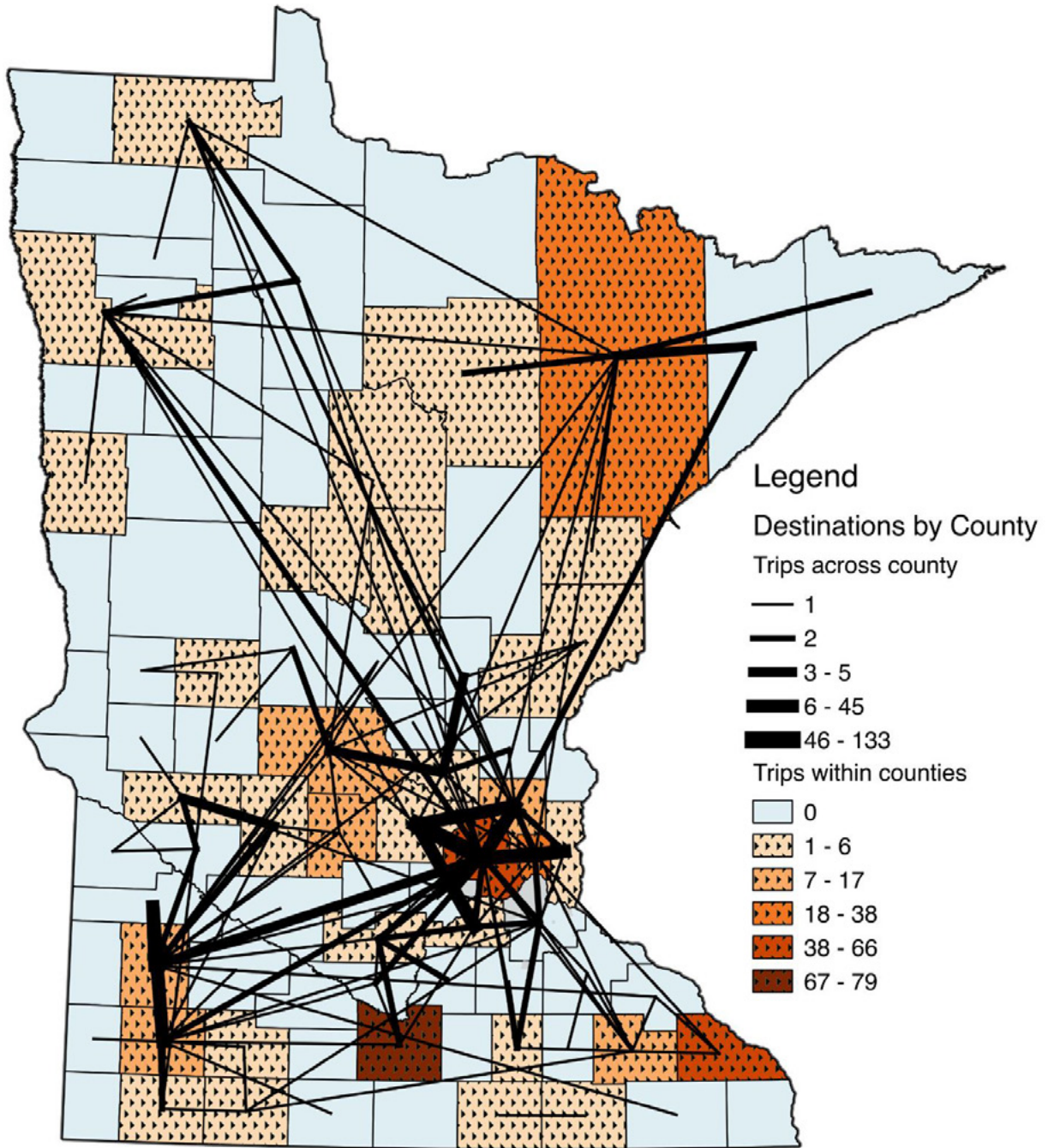
# Appendix A

## MnDOT District 7 Travel Patterns Map





MnDOT County Travel Patterns Map

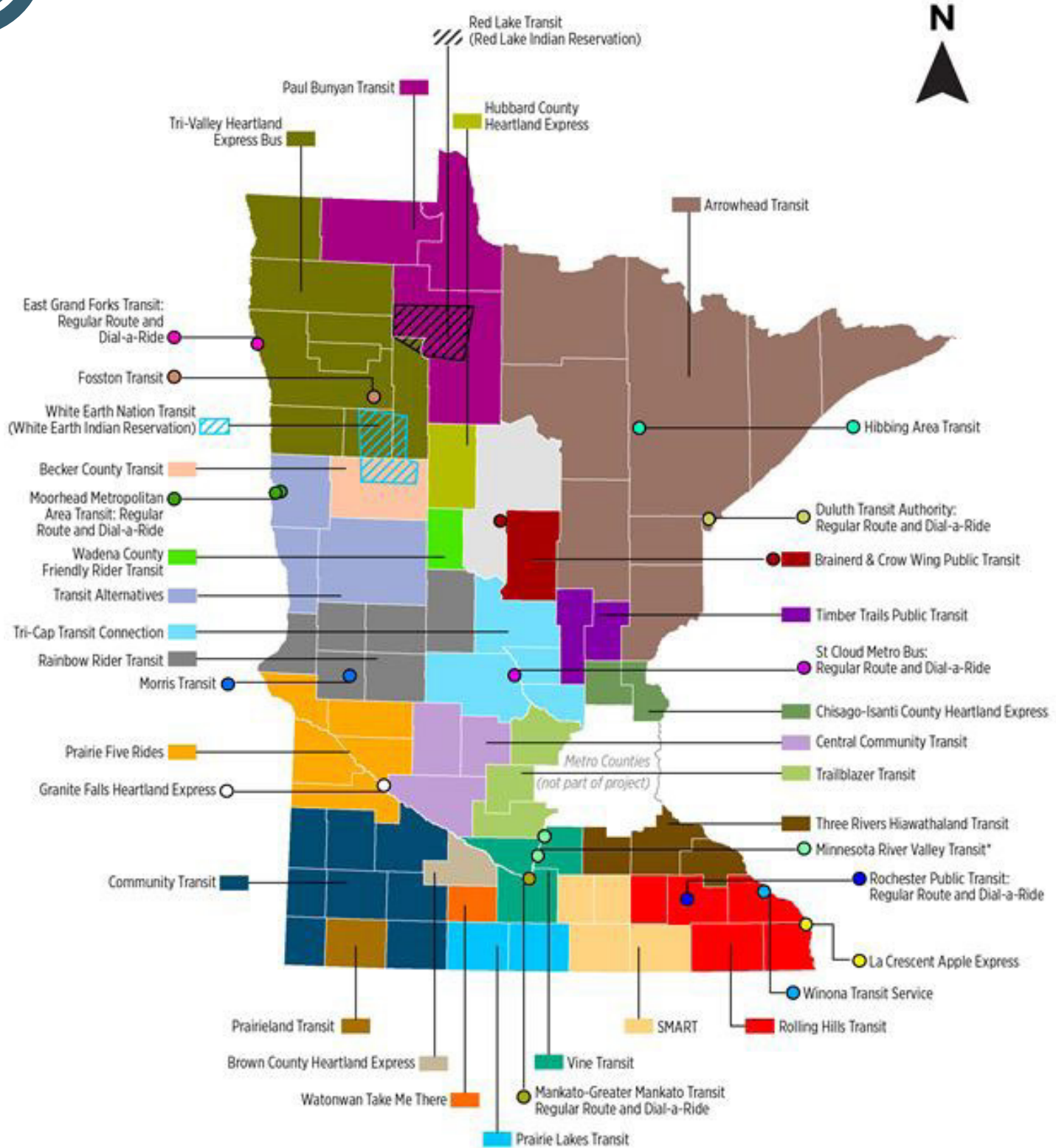


0 25 50 75 100 miles



Source: MnDOT GIS, Wikimap

# MnDOT Map of Greater Minnesota Public Transit Systems



Data Sources: MnDOT GIS; MnDOT "2014 Transit Report: A Guide to Minnesota's Public Transit Systems"

Grey box: No Countywide Service

\* New Transit Service in 2017

## Appendix B

### Transportation Resources

Private Non-Profit Organizations - Senior Services
<p>Aging Services for Communities            212 1st Street S., PO Box 7, Montgomery, MN 56069            507-364-5663 Ext 3  <a href="http://aging-services.org/">http://aging-services.org/</a>  <i>Volunteer Driver Program</i></p>
<p>Caregiver Response Effort &amp; Service Team (CREST)            610 Summit Drive, P.O. Box 185, Fairmont, MN 56031            507-235-3833  <a href="http://crestvolunteers.org/">http://crestvolunteers.org/</a>  <i>Provides non-professional services including transportation</i></p>
<p>Ecumen Pathstone Living            718 Mound Ave, Mankato, MN 56001            507-345-4576  <a href="http://www.ecumen.org/">http://www.ecumen.org/</a>  <i>Nursing Home/Assisted Living</i></p>
<p>Good Samaritan Society - Brandt Ridge            1102 2nd Street S., St. James, MN 56081            507-375-6124  <a href="https://www.good-sam.com/">https://www.good-sam.com/</a>  <i>Assisted Living</i></p>
<p>Interfaith Caregivers            301 N Main St., P.O. Box 82, Blue Earth, MN 56013            507-526-4684  <a href="https://interfaithcaregivers.net/">https://interfaithcaregivers.net/</a>  <i>Service agency for seniors</i></p>
<p>VINE Faith in Action            421 East Hickory Street, Mankato, MN 56001            507-387-1666  <a href="http://vinevolunteers.com/">http://vinevolunteers.com/</a>  <i>Volunteer Driver Program</i></p>
<p>Wellspring Faith In Action            108 8th St. S., Suite 7, St. James, MN 56081            507-375-1276  <a href="https://www.facebook.com/wellspringfia/">https://www.facebook.com/wellspringfia/</a>  <i>Volunteer Driver Program</i></p>



## Private Non-Profit Organizations - Employment Services

LeSueur County Developmental Services Inc.  
519 West Paquin St., P.O. Box 47, Waterville, MN 56096  
507-262-8560 Ext. 224

<http://www.lcds-waterville.com/>

*Day Training and Habilitation*

Lifeworks Services, Inc.  
201 North Victory Drive, Mankato, MN 56001  
507 381-6810

<http://www.lifeworks.org/>

*Day Training and Habilitation*

MRCI WorkSource  
15 Map Drive, Mankato, MN 56001  
507-386-5698

<http://mrciworksource.org/>

*MRCI is a facility in which people with disabilities come to work. MRCI provides transportation to the majority of these individuals.*

MRCI WorkSource Fairmont  
701 Cory Lane, Fairmont, MN 56031  
507-238-4388

<http://mrciworksource.org/>

*Rehab agency working with individuals with disabilities*

STEP, Inc.  
5 Downtown Plaza, P.O. Box 110, Fairmont, MN 56031  
507 238-4341

<https://www.givemn.org/organization/Step-254>

*Day training and habilitation services, supported employment services*

Sibley County Developmental Achievement Center  
203 Shamrock Drive, P.O. Box 916, Arlington, MN 55307  
507-964-5726

<http://sibleycountydac.com/>

*DT&H Program*

## Other Private Non-Profit Organizations

Maxfield Place (Salvation Army)  
324 Maxfield Street, Mankato, MN 56001  
507-345-2055

<http://salvationarmynorth.org/community-pages/leadership-14/>

*Supportive Services Program for disabled homeless adults*

## Public Transportation Providers

City of Mankato  
10 Civic Center Plaza, P.O. Box 3368, Mankato, MN 56002-3368  
507-387-8655  
<https://www.mankatomn.gov/>

Cleveland Public School  
400 6th Street, Cleveland, MN 56017  
507-931-5460  
<http://cleveland.k12.mn.us/>

New Prague Area Schools ISD 721  
105 2nd Street NE, New Prague, MN 56071  
952-388-4532  
<http://www.npaschools.org/>

Prairie Lakes Transit  
201 Lake Avenue, Fairmont, MN 56031  
507-238-3128  
<http://pltransit.com/>

Watonwan County dba TMT (Take Me There) Transit  
1304 7th Avenue South, St. James, MN 56081  
507-375-7385  
<http://www.co.watonwan.mn.us/index.aspx?NID=213>

## Other Public Organizations

Blue Earth County Human Services  
410 S 5th Street, P.O. Box 3526, Mankato, MN 56001  
507-304-4335  
<http://www.blueearthcountymn.gov/99/Human-Services-Social-Services>  
*County Human Services*

Fairmont Workforce Center/DEED  
412 South State St., Five Lakes Centre Mall, Fairmont, MN 56031  
507-235-5518  
<https://mn.gov/deed/>  
*State Employment and Training Agency*

MN DEED  
12 Civic Center Plaza, Suite 1600A, Mankato, MN 56001  
507-344-2600  
<https://mn.gov/deed/>  
*Employment and Training Services*

Sleepy Eye Housing Authority  
313 Ross Park Apartments, Sleepy Eye, MN 56085  
507-794-5101  
<https://affordablehousingonline.com/housing-authority/Minnesota/Housing-and-Redevelopment-Authority-of-Sleepy-Eye/MN060>  
*Public Housing*

Waseca County Public Health  
299 Johnson Ave SW., Suite 160, Waseca, MN 56093  
507-835-0656

<http://www.co.waseca.mn.us/index.aspx?nid=130>

*Public Health Department*

Watsonwan County Human Services  
715 2nd Ave. S., P.O. Box 31, St. James, MN 56081  
507-375-7825

<http://www.co.watonwan.mn.us/index.aspx?nid=154>

*Human Services*

#### Private For-Profit Transportation Providers

AMV Transportation  
307 Pine Street, P.O. Box 3610  
Mankato, MN 56002-3610  
507-625-6741

<http://amvan.com/>

Kato Cab, LLC  
100 D. Street  
Mankato, MN 56001  
507-456-6645

<http://www.katocabs.com/>



## Appendix C

### Public Workshop Participants

March 15 Workshop Participants	
Name	Organization
Armendariz, Carol	Primrose Retirement
Berry, Sarah	Waseca County Public Health
Black, Lisa	Consumer/Advocate
Determan, Pam	VINE Faith in Action
George, Nicole	MnDOT Office of Transit
Groskreutz, William	Faribault County Commissioner
Gullord, Dahmon	Royalty Rides
Harstad, Elizabeth	United Way of Greater Mankato
Hawker, Julie	VINE Faith in Action
Helling, Melanie	Mankato Area Public Schools
Highum, Marcia	MRCI Work Source
Hiscox, Karen	Aging Services for Communities
Klassen, Janice	MnDOT Transit
LaCourse, Pat	Brown County Heartland Express
Larson, Carol	Sibley County Human Services
Loe, Kari	MRCI Work Source
Michels, Dawn	Nicollet County Social Services
Monahan, Jeremy	Prairie Lakes Transit
Munsterman, Alyssa	FMW SHIP
O'Brien, Jessica	Region Nine Development Comm.
Owens, Todd	Mankato Transit System
Parker, Sam	Region Nine Development Comm.
Pinske, Mike	AmeriCare Mobility Van
Pipes, Deb	MVAC
Remes, Dalaine	Mid-Minnesota Legal Aid
Roehm, Al	Mankato Area Public Schools
Rohlfing, Steve	Le Sueur County Commissioner
Vidden, Angela	Mayo Clinic Health System
Walter, Betti	Monarch Healthcare

## Appendix D

### Project Idea Summary

The ideas generated at the March 15 workshop are listed below, by which strategy they are most likely to fall under. Note that in many cases it was indicated that some goals met all three strategies.

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

- Form a cooperative transit company
- Develop a joint-powers transit cooperative that uses a virtual hub to bring together all aspects of operating transit systems
- Coordinate efforts with agencies that do not have vehicles being utilized (MRCI)
- Coordinate dispatch among agencies (computer program)
- Apply for a grant to get a shared dispatch program

#### *Mobility*

- Develop a park-and-ride system with a virtual hub
- Develop a share-a-ride system with a virtual hub
- Establish/enhance taxi subsidy program

#### *Communications, Training and Organizational Support*

- Develop a virtual hub which identifies rides that need to be made across regional boundaries
- Provide education to community classes regarding services available
- Educate public on all available transportation services
- Create an app that connects providers, routes, and riders
- Encourage more volunteer drivers (How do you, as a driver, get connected?)
- Erase administration borders
- Work with healthcare providers to know what days or times work best for client to receive transportation services

## Appendix E

### Project Analysis: Effort vs. Impact Assessment

<p><b>D. Difficult to do/Minor impact projects</b></p> <ul style="list-style-type: none"> <li>• Increase joint purchasing and vehicle sharing between organizations</li> <li>• Enhance or establish taxi subsidy program</li> </ul>	<p><b>B. Difficult to do/Major impact projects</b></p> <ul style="list-style-type: none"> <li>• Educate public about transit options and services* (rural)</li> <li>• Coordinate dispatch/Mobility manager</li> <li>• Develop a transit cooperative</li> <li>• Coordinate regional connections</li> <li>• Convene a regional coordinating body</li> <li>• Coordinate with health providers</li> <li>• Enhance or establish taxi subsidy program*</li> <li>• Develop an app (311-type) resource to connect people to routes, riders, and services</li> </ul>
<p><b>C. Easy to do/Minor impact projects</b></p> <ul style="list-style-type: none"> <li>• Develop an app (311-type) resource to connect people to routes, riders, and services*</li> <li>• Centralize information</li> <li>• Park-and-ride/share-a-ride</li> </ul>	<p><b>A. Easy to do/Major impact projects</b></p> <ul style="list-style-type: none"> <li>• Increase number of volunteer drivers</li> <li>• Educate public about transit options and services* (urban)</li> </ul>

\*Split between categories



## Appendix F

### Focus Group Summary 2017

Region Nine conducted a total of three focus groups, one with each specific human services targeted population identified in the Local Human Services-Public Transit Coordination Plan. In an effort to remove transportation and/or accessibility barriers, Region Nine staff reached out to each group's program coordinator to arrange time on their upcoming agenda. By conducting focus groups onsite, in a known location that was familiar and accessible to the participants, it created a comfort level for people to better engage in feedback and maximized participation.

#### *Focus Group Questions:*

- What challenges do you have getting to where you need to go?
- How do you get your information about transportation options?
- If new transportation was available, what is most needed?
- What ideas do you have for making transportation better for you?

#### **HUMAN SERVICES FOCUS GROUP #1: Aktion Club Theater Group**

Special Note: This focus group was conducted in the group's usual rehearsal space at a local church. The program coordinator and a parent of one of the actors were also present along with the adult performers with varying accessibility needs. Personal Care Assistants were present with a few of the actors but were not counted in the total.

- Date/Time of Focus Group: 1/16/2017 6:30-7:30pm
- Target population: Adults with Disabilities
- Location of Focus Group: Rehearsal practice at Mankato church community room
- Geographic Area of Participants: Nicollet and Blue Earth Counties (Mankato/North Mankato)
- Total Number of individuals present: 26

#### *DISCUSSION SUMMARY*

**UNPLANNED AND PLANNED RIDES:** Several attendees reporting ongoing issues with accessing transportation for both planned and unplanned needs. Examples of identified transportation needs include: medical appointments, grocery store trips, work shifts, and social & recreational activities.

**EMPLOYMENT TRANSPORTATION:** Specifically, one individual disclosed he was solely dependent on public transportation and described a situation where he struggled with the choice of either arriving to work two hours early or being two hours late for work. He noted the public transportation availability significantly limited his work options.

**LONG WAIT TIMES:** Riders stated the mobility bus may be often be “booked” and may not be available for unplanned transportation needs. Additionally, the group consensus was strong that cab wait times were frequently long and shared that it was not uncommon to wait 40 minutes for a ride. Riders shared the long wait time outside was especially frustrating in the cold winter months.

**EASE OF USE/CONVENIENCE:** Many reported ongoing challenges with easily accessing transportation. By a showing of hands, 100% of participants indicated they did not drive and were completely dependent on public and private transportation resources for basic needs and beyond. Several participants shared that they had ongoing issues navigating the complex system of medical appointment authorization and many reported struggling with the limited city bus schedule. In general, many riders noted it was difficult for them to get where they needed to go on a daily basis citing long walks to city bus stops from their home and frequent challenges with snow-blocked bus stop corners in the winter months.

**CONNECTIVITY:** Many participants reported ongoing issues with connectivity for various reasons. Several people who self-identified as frequent riders of private transportation, indicated it was not cost effective citing frequently paying \$12/one way for basic needs such as groceries and transportation to work. Additionally, three visually impaired individuals each shared connectivity challenges with both public and private transportation noting specific examples where they were standing outside waiting for a ride from the bus or cab and reported city bus/cab had driven past them and did not pick them up. The discussion further identified a possible reason for the misunderstanding due to the misinterpretation of the rider’s body language by the driver as the visually impaired rider may not have been “looking directly at” the driver of the bus/cab to indicate they were waiting, and therefore the driver may have assumed they were not waiting and continued to drive by. On another occasion, one rider shared they had a Seeing Eye dog who was refused into the cab because the cab driver didn’t want the dog to “mess up the cab”.

**SERVICE AVAILABILITY:** The majority of those who commented shared the need for more availability and options, particularly for additional public transportation routes on evenings and weekends.

**GROUP RECOMMENDATIONS:** Many in the group advocated for the need for increased bus service. Many also advocated for Lysft or Uber as good options citing they have a GPS with App that could tell them how far away their ride was which could help to avoid long wait times outside in the cold. A couple in the group also felt Lyft and Uber resources would be more cost effective.

## **HUMAN SERVICES FOCUS GROUP #2: County Employment Services Job Club**

- Special Note: This focus group was conducted onsite at the Fairmont Workforce Center. Workforce Center site manager and customer service representative also provided input.
- Date/Time of Focus Group: 1/20/2017 10-11am
- Target Population: Low Income Adults (Parents)
- Location of Focus Group: County Job Club Class at Fairmont Workforce Center

- Geographic Area of Participants: Martin County (Fairmont and surrounding areas)
- Total Number of individuals present: 5

### *DISCUSSION SUMMARY*

**SERVICE AVAILABILITY:** Each person specifically identified issues with limited transportation options for both work and basic needs, particularly for those living outside of Fairmont city limits.

**CONNECTIVITY:** The group reported intermittent issues with reliability of local cab service. One individual mentioned feeling like “there was competition between the volunteer drivers and the cab company” which caused confusion and frustration for some riders.

**SERVICE QUALITY:** One rider who lived in the rural Fairmont area specifically mentioned frequent usage of the mobility van for the transport of her quadriplegic father with whom she shared a house. She noted the mobility van was “very reliable” for transportation to Fairmont and felt they were a “valuable service”.

**OTHER FACTORS:** The group shared that people who may be low income or have limited financial resources may often look to live outside of the Fairmont city limits due to more affordable housing available. In particular, one rider mentioned they had moved to affordable housing in nearby Ceylon, which the rider described as “very isolated” with “hardly any transportation options to town”. There was much conversation around the trend of people seeking affordable housing outside of the Fairmont area in surrounding towns where transportation is scarce.

**GROUP RECOMMENDATIONS:** Three riders noted of the importance of the supplementary transportation support they had received from their Martin county employment services Job Counselor for transportation for job search or work. The consensus was shared that without this assistance to help pay for their car repair, driver’s license renewals, and cab and/or transit fare, they would not be able to actively look for work or continue their employment. The group strongly recommended the continuance of this valuable transportation support.

### **HUMAN SERVICES FOCUS GROUP #3: Adult Immigrant Elders Literacy Class**

Special Note: This focus group was conducted with the use of Arabic and Somali interpreters. The classroom instructor and program advocate were also present.

- Date/Time of Focus Group: 2/1/2017 9-10:30am
- Target Population: Elderly Immigrant Adults
- Location of Focus Group: New American Elder Literacy Class at VINE in Mankato
- Geographic Area of Participants: Nicollet and Blue Earth Counties (Mankato, North Mankato, St. Peter)
- Total Number of individuals present: 15



*DISCUSSION SUMMARY:*

**EASE OF USE/CONNECTIVITY:** Many in the group shared lack of understanding about how to use and access the city bus. A couple of riders suggested it would be beneficial to have a bus rider “guide” or teacher to ride the bus with them to help them get acclimated to the rider experience. Additionally, language barriers make requesting transportation confusing. Many spoke about needing the assistance of a family member to make phone calls to request transportation on their behalf. Several people stated they were confused about the transportation options available to them and didn’t know how to get connected to the different options. Instead many individuals stated they frequently relied on the availability of family members or advocacy agencies for rides for basic needs and medical appointments. Due to having to rely on the availability of others, they noted often having to miss medical appointments.

**SERVICE QUALITY:** Some noted long wait times for a cab and one person shared his experience of a “no show” for a ride to a medical appointment. Many stated VINE transportation was a reliable resource for rides to English classes at Lincoln Community Center and noted the added bonus of VINE’s car seat availability for small children for family transportation needs.

**MEDICAL APPOINTMENTS:** Several reported language and cultural barriers impacting ability to easily navigate the medical transportation processes particularly if on medical assistance. As several in the group shared, the multi-step process of requesting medical transportation involves communication with the clinic, the health insurance provider, and in many cases the county, in order to get approval to attend a doctor-ordered appointments. As a program advocate shared, many of these communications often require strong self-advocacy skills that are often limited and can lead to missed appointments. A couple of individuals highlighted the added challenge when needing to attend a specialist appointment at Mayo-Rochester and the added layers of authorization needed for appointments outside of the 60 mile radius.

**OTHER FACTORS:** The group engaged in discussion about the significant time it takes to build both literacy skills to obtain a driver’s permit and the challenge of finding a car to practice behind-the-wheel. One person described their day-to-day struggle of accessing basic needs and needing to rely exclusively on the availability of “family or friends to help you when they can”.

**GROUP RECOMMENDATIONS:** There was a request for a city bus field trip and/or group demonstration to learn more about how to take the city bus to frequently visited places. Another recommendation included funding for more behind-the-wheel training to help prepare for driver’s license exam, and increased family transportation to YMCA and Walmart on Saturdays. Several in the group noted they ride with relatives to the Twin Cities at least once/month to visit cultural market