



Upper Minnesota Valley Regional Development Commission

2011 Local Human Service Transit Coordination Plan

Prepared and Adopted by:



Upper Minnesota Valley
REGIONAL DEVELOPMENT COMMISSION
Helping Communities Prosper

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Adopted: January 24, 2012

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Executive Summary

The Upper Minnesota Valley Regional Development Commission (UMVRDC) has engaged a variety of stakeholders to analyze how the transit options available to the elderly, low income and the disabled have changed since the original 2006 Local Human Service Transit Coordination Plan was developed for the region. This plan is required by the federal transportation bill in order to access federal transit dollars to the state and local organizations.

The key elements addressed in this plan update include:

- An assessment of transportation needs for individuals with disabilities, older adults, and persons with limited incomes; and an inventory of available services that identifies current levels of service; areas of redundant service and gaps in service;
- Strategies to address the identified gaps in service;
- Identification of coordination actions to eliminate or reduce duplication in services and strategies for more efficient utilization of resources and the prioritization of implementation strategies.

Throughout the needs assessment the following gaps and needs appeared over and over again in our assessment process:

- In our sparsely populated rural region there are gaps in service hours, destinations served and the convenience of service, leaving parts of the region underserved.
- Prior authorization is cumbersome and not reasonable for all types of rides. There are barriers in regulations that need to be reviewed and provide more flexibility to meet the transportation needs.
- Opportunities exist to educate the public and the human service professionals in the region about the current systems.
- The near poverty or low-income populations who are not on public assistance are falling through the gaps – service is not affordable.
- Children and youth are a high priority based on their public transit ridership in the region.
- Policy and funding needs to be available for smaller more efficient vehicles to add to fleets to respond to the small regional ridership trips.
- An effort should be made to better coordinate and train the volunteer drivers in the region.
- Overall transit providers and human service professionals need to network more in order to effectively coordinate and collaborate.

The Strategy and Project Identification chapter identifies the action plan for this region - strategies, clients served, and the responsible party. The following strategies were developed at the public planning workshop as having the highest priority from the action plan for the region:

- Marketing to Human Service Professionals: More marketing of the services to organizations that have clients who could use transit in the region.
- Marketing to Public: Market volunteer drivers as an opportunity in the region.

- Annual Regional Transportation Seminar: All providers in the region would have an annual day or days they would meet to discuss ways to coordinate. It would be facilitated by an impartial body trained in bringing groups together to do that. It could involve training opportunities too.

The variety of transit options in the UMVRDC is fragmented and there is no central system for tracking what is available and the processes to access each. The elderly, low income and the disabled that are not working through a social service agency would find it daunting to try navigating the variety of options and processes required. More education and coordination must occur to make the system efficient and accessible to all.

Since the 2006 plan, there has been some coordination mostly between the public sector transit providers and the public sector agencies that provide transportation service to their clients. Clearly an opportunity exists to network between these agencies further. The recommendations laid forth in this plan have the potential to advance transportation services greatly in the UMVRDC region.

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 human services public transit coordination is to improve transportation services for persons with disabilities, older adults, and individuals with low incomes by ensuring that communities maximize use of transportation resources funded through public and private sources.

This document is an update of the 2006 Upper Minnesota Valley Regional Development Commission Local Public Transit Human Service Coordination Plan and will assist stakeholders as they determine ways to coordinate transit services in the region. The 2011 Local Human Service Transit Coordination Plan documents technical analysis that evaluates existing transportation services in the Upper Minnesota Valley Regional Development Commission (UMVRDC) region and assesses strengths and weaknesses of transportation service provision among public transit agencies, social service agencies, and other providers. The plan also records public outreach efforts and stakeholders' preferred strategies and projects to improve transportation coordination in the region.

A Local Human Services Transit Coordination plan is a federal requirement under the Safe, Accountable, Flexible, Efficient, Transportation Equity Act: A Legacy for Users (SAFETEA-LU). Federal regulations state that projects eligible for funding under the Transportation for Elderly Persons and Persons with Disabilities (Section 5310), Job Access and Reverse Commute (Section 5316), and The New Freedom Initiative (Section 5317) programs must advance strategies identified in a Local Human Service 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 coordination strategies in the Upper Minnesota Valley region. Through public outreach activities, stakeholders brainstormed project ideas and refined these ideas in a collaborative setting. The final project list reflects input of a broad range of regional stakeholders and provides a five-year blueprint for future coordination efforts in the region.

Plan Process

The goal of the 2011 Upper Minnesota Valley Regional Development Commission Local Human Service Transit Coordination Plan is to identify coordination strategies that will improve transportation services' ability to serve the unique needs of the elderly, persons with disabilities, and persons with low incomes. This planning process combines a needs assessment with public outreach tools to identify strategies for improved human services transit coordination in this region. An overview of the plan's key elements is described here.

Needs Assessment

The needs assessment establishes baseline conditions in the region by analyzing demographic trends and identifying available resources for human services transportation. Key elements of the needs assessment include:

- Identifying and analyzing regional demographic and transportation trends
- Mapping transit-dependent demographic groups, existing transit services, and key regional destinations
- Developing an inventory of public, private, and nonprofit transportation provider capabilities and resources

Public Outreach

Public outreach activities informed the strategies and projects identified in this plan. Public outreach occurred during a steering committee meeting held on April 28, 2011 and a public workshop held on June 8, 2011.

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

- Evaluating strategies and assessing outcomes of projects identified in the 2006 UMVRDC 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 public transit agencies, county human service agencies, Area Agency on Aging representatives, and others. Members included:

Steering Committee Membership

Ted Nelson	Prairie Five RIDES (5311)
Roman Fidler	Appleton City Clerk, Prairie Five Rides -Appleton (5311)
Rob Wolfington	City of Benson, Benson Heartland Express (5311)
Jason Giese	Southwest MN PIC/Montevideo Workforce Center
Heidi Hanson	Chippewa County Family Services
Gale Mittelstaedt	Big Stone County Family Services
Peggy Heglund	Yellow Medicine County Family Services

Theresa Knutson	Appleton Area Health Services
Robin Olson	Big Stone County Day Training & Habilitation Center (5310)
Bev Herfindahl	MnDOT District 8 Transit Planner

Strategy Identification and Plan Adoption

In addition to the steering committee, the UMVRDC hosted a public workshop on June 8, 2011 to incorporate input from all interested stakeholders. A total of nine people attended representing healthcare, family services, Area Agency on Aging, DACs, MnDOT, Workforce Council/Private Industry Council, elected officials, MN DHS, and the regional transit system, listed in Appendix A. The group reviewed strategies from the 2006 plan and demographic characteristics in our region. They spent significant discussion time on the following topics and questions:

What is the profile of the transit rider?

Where are these people traveling to?

Where don't they go?

What are the current strengths of transit coordination in our area?

What are the current weaknesses of transit coordination in the area?

Individually writing down ideas for projects within the coordination categories and strategies provided.

A series of individual and small group exercises were used to discuss the current gaps, strengths and weaknesses of the transit systems in the region. Based on this discussion the groups were instructed to put their energies into the development of project ideas. The projects were listed on worksheets to share with the entire group for input and discussion. At the close of the workshop, participants prioritized the projects and voted on their top priorities. A list of all the projects and their priority ranking are in Appendix D. A draft plan was distributed to stakeholders for public comment in September and October 2011, prior to a public meeting where a presentation of the draft plan was presented to the UMVRDC on November 22, 2011. This plan was adopted by the UMVRDC at a public meeting on January 24, 2012.

Needs Assessment Regional Background

The Upper Minnesota Valley Regional Development Commission region is located along the South Dakota border in west central Minnesota. The region consists of Big Stone, Chippewa, Lac qui Parle, Swift and Yellow Medicine counties and covers 3,346 square

miles of land area. There are thirty-seven cities and ninety-nine townships in the region. This region is home to 45,190 according to the 2010 Census, which is slightly less than the 46,140 that was anticipated by the MN State Demographer's Office. Aging populations, overall population decline and outmigration continue to be significant regional challenges.

Of the region's thirty-seven (37) cities, 70% or at least twenty-five (25) of our communities have populations of less than 500. The larger communities (populations over 1,000 based on the 2010 Census) in the region include: Appleton (1,412), Benson (3,240), Canby (1,795), Clara City (1,360), Dawson (1,540), Granite Falls (2,897), Madison (1,551), Montevideo (5,383) and Ortonville (1,916). These communities are the commercial / industrial centers of the region based on their respective population densities. Outside these urban areas, a rural atmosphere including smaller communities, parks, farms, lakes, and prairie lands all contribute greatly to the local and regional economies.



The overall population is declining and aging. As seen in Table 2, over twenty percent of the regional population is aged 65 years or older, prompting growing demand for healthcare, social service assistance and transportation. In the last column, Table 1 shows Population Change since 2000. The average loss for the region was 9.64%. Swift County and Chippewa County were the two outliers at -18.17% and -4.94% respectively. Some contributing factors to the outliers include the closing of the Prairie Correctional Facility in Appleton, MN causing the loss of 1,600 inmates; it officially closed in February 2010. While Chippewa County's population changed the least of all five counties, it hosts the

largest city in the region, Montevideo is home to over 5,000 residents and the largest retail trade area in the region that includes healthcare - including a Veterans Administration Clinic, a variety of specialty and discount shopping options, the local workforce center office, and a variety of industry and government offices.

Table 1: Population Trends & Projections

Jurisdiction	2000 Population	2010 Actual	% of Pop Change from 2000
Big Stone	5,820	5,269	-9.47%
Chippewa	13,088	12,441	-4.94%
Lac qui Parle	8,067	7,259	-10.04%
Swift	11,956	9,783	-18.17%
Yellow Medicine	11,080	10,438	-5.79%
6W Region	50,011	45,190	-9.64%

Source: Minnesota State Demographer Center & 2010 Census

Table 2: Population by Age

2010 Total Population		0-17	18-24	25-44	45-64	65+
Big Stone	5,269	1,105	297	972	1,571	1,324
Chippewa	12,441	2,914	885	2,717	3,525	2,400
Lac qui Parle	7,259	1,534	370	1,333	2,296	1,726
Swift	9,783	2,183	674	2,112	2,848	1,966
Yellow Medicine	10,438	2,475	756	2,259	2,917	2,031
Totals	45,190	10,211	2,982	9,393	13,157	9,447
Percent	100%	23%	6%	21%	29%	21%

Source: 2010 Census

Table 3 illustrates the unemployment trends of the region since 2000. Swift County has experienced the most significant unemployment in 2010 and 2011 with rates of 7.23 and 7.51 respectively, exceeding the regional unemployment rate in both years. Lac qui Parle County has always had the lowest unemployment rate and remains consistently less than the other counties, the regional and US unemployment rates.

Since 2000, only once has the regional unemployment rate exceeded the US unemployment rate. In 2001 the regional unemployment rate was 4.40 while the US unemployment rate was 4.12 as highlighted below. Although none of the recent county unemployment rates exceed the national rate, they have all been increasing along with the state's unemployment rate.

Table 3: 24-month Average Unemployment Rates

Year (June)	Big Stone County	Chippewa County	Lac qui Parle County	Swift County	Yellow Medicine County	Region 6W	United States
2011	5.92	7.09	5.90	7.51	6.10	6.62	9.53
2010	5.94	6.89	5.89	7.23	5.95	6.47	8.35
2009	5.55	5.74	5.24	6.31	5.29	5.65	6.29
2008	4.79	4.37	4.25	5.27	4.42	4.60	4.74
2007	4.57	4.02	3.92	4.74	4.20	4.26	4.68
2006	4.65	4.18	4.00	4.61	4.44	4.35	5.06
2005	4.80	4.83	4.38	4.95	5.00	4.82	5.54
2004	4.56	4.96	4.18	4.89	5.20	4.83	5.85
2003	4.38	4.74	3.90	4.90	5.21	4.70	5.69
2002	4.38	5.02	3.94	4.58	5.05	4.68	4.82
2001	4.20	5.14	3.55	4.08	4.49	4.40	4.12
2000	3.93	4.65	3.18	3.67	4.03	3.98	4.22

Sources: STATS America

According to Minnesota's ISEEK Solutions, a program to provide Minnesotans with excellent information resources about careers, education, and jobs; cashiers and waiters/waitresses are expected to have the most job openings. The fastest growing industries in Minnesota include Management & Technical Consulting along with Medical & Diagnostic Laboratories. The fastest growing jobs throughout the state include Home Health Aides and Personal & Home Care Aides. It is reasonable to assume that with Region 6W's quick growing aging population that those careers related to home health will be increasingly important and in-demand.

Table 4 illustrates the breakout of businesses, jobs, total payroll and weekly wages in this region in 2010. This chart shows that the highest total numbers of jobs in the region are in the healthcare field. One could tie these jobs to the high percentage of seniors in the region. This field has an average weekly wage that is slightly below the regions average for all industries.

Table 4: 2010 Industry Employment Statistics for the UMVRDC Region

NAICS Industry Code	NAICS Code	Number of Firms	Number of Jobs	Total Payroll	Avg. Weekly Wage
Total, All Industries	0	1,582	18,198	\$566,191,784	\$598
Health Care & Social Assistance	62	104	3,950	\$115,291,379	\$561
Manufacturing	31	86	2,418	\$93,563,059	\$743
Retail Trade	44	202	1,760	\$30,964,210	\$338
Educational Services	61	39	1,686	\$54,875,340	\$625
Wholesale Trade	42	94	1,227	\$54,808,920	\$859
Public Administration	92	108	1,215	\$39,782,015	\$631
Construction	23	196	1,013	\$45,278,366	\$855
Accommodation & Food Services	72	102	957	\$8,434,799	\$169
Other Services, Ex. Public Admin	81	128	655	\$14,515,714	\$425
Transportation & Warehousing	48	106	614	\$19,792,403	\$619
Finance & Insurance	52	110	582	\$22,194,145	\$733
Arts, Entertainment, & Recreation	71	27	456	\$9,402,895	\$398
Agriculture, Forestry, Fishing & Hunting	11	74	440	\$17,410,169	\$757
Professional & Technical Services	54	74	409	\$13,277,343	\$628
Administrative & Waste Services	56	43	250	\$6,995,948	\$540
Information	51	30	170	\$3,703,582	\$418
Real Estate & Rental & Leasing	53	40	167	\$2,925,549	\$338
Utilities	22	12	133	\$8,750,444	\$1,266
Management of Companies	55	5	60	\$2,426,834	\$777
Mining	21	5	32	\$1,798,670	\$1,041

Source: DEED Quarterly Census of Employment & Wages (QCEW) program

Transportation and Demographics

To better understand the relationship between the regional demographics previously discussed, transit options, and key destinations, a series of maps was created depicting these elements in this region. These are included in Appendix B. As identified in the Minnesota Transit Investment Plan completed in 2010, there are several key demographic contributors for transit dependency and these factors are detailed below.

Population Density

The population density in Region 6W is decreasing overall. Certainly, concentrations are higher in cities that are served by local public transit. Rural locations, outside of cities do present a challenge as population densities are decreasing. It is difficult to provide transit in these very rural areas efficiently and economically. The challenge in this region is the low service numbers and the long distances that may be traveled for rides, not making for good economies of scale. See Appendix B for a map illustrating population density.

Households in Poverty

The number of households in poverty in Region 6W is wide and varied. The highest concentrations seem to be in the far western and north eastern Yellow Medicine County, the western third of Swift County, the eastern half of Lac qui Parle County and the cities of Benson, Ortonville and Montevideo. While the cities are served by citywide transit systems, the rural areas are underserved due to lack of availability of vehicles/drivers and poor economies of scale. See Appendix B for a map illustrating households in poverty.

Minority Populations

Minority populations in Region 6W are limited. The map reflects a higher density of minority population in Swift County than is accurate. The Prairie Correctional Facility in Appleton did house a high percentage of minority inmates which were recorded in census records but did not use public transit. A small increase of Hispanic population has been noted in the region and but is widely dispersed. Smaller concentrations are located in Ortonville, Benson and Montevideo, where city-wide public transit is available. There is a large increase of Micronesians in the city of Milan, and a Native American population in the Upper Sioux Community, located near Granite Falls. Neither has a city transit system, but both are served by Prairie Five RIDES. See Appendix B for a map illustrating minority populations.

LEP Populations

The Limited English Proficiency (LEP) population parallels the minority populations' explanation above. Prairie Five RIDES does have literature in Spanish. See Appendix B for a map illustrating LEP populations.

Seniors

The entire Region 6W has a population of 65 and older that is 20% of total population and nearing 25% of total population in most communities. A variety of initiatives encourage seniors to age in place - to stay in their homes, in their small towns, and in their rural residences longer. In order for these initiatives to be successful, transit systems must be able to serve their needs, especially those who choose to stay in their rural homes or in the smallest towns that do not have regular city transit. Seniors in cities have a higher likelihood of using public transit systems but again can be limited by availability due to other demands on transit systems. The region-wide transit system, Prairie Five RIDES is available but constrained by availability of vehicles and drivers. See Appendix B for a map illustrating the density of seniors 65+.

Zero-Vehicle Households

The zero-vehicle households appear to have a concentration in the cities of Ortonville, Benson, and Montevideo. Each of these cities also has a higher concentration of elderly and low-income households. These communities are also served by several subsidized housing settings. These communities are being served by city-wide transit systems. The concern may be if the zero-vehicle household is looking for accommodations to get to and from work, the hours of availability of transit may be limited, which presents a challenge. For those of a

zero-vehicle household outside of these concentrated areas, the challenge is even greater, due to limited vehicle and driver availability and poor economies of scale. See Appendix B for a map illustrating zero-vehicle households.

Distribution of Low Income Workers and Low Wage Jobs

In Appendix B the map shows the largest concentration of workers with monthly earnings of under \$1,250 in eastern Lac qui Parle County and north-eastern Yellow Medicine County and in the cities of Montevideo and Benson. The highest density of jobs paying less than \$1,250 per month are in the cities of Benson, Montevideo and Ortonville and in the same portions of counties that show the highest concentration of low income workers.

Other Demographic Indicators

In addition to the factors identified above, it should be noted that several of the region's public transit systems report youth ridership in equal proportion to senior rides. 23% of the region's population is under age seventeen, a slightly higher percentage than those 65+. Working parents rely on public transit in small towns as a means to transport their children to daycare, after school and summer activities, and to destinations in the community. Further opportunities may exist to coordinate between school and youth based activities, daycares, and social service programs.

Existing Transit Service

The counties covered by this local plan include Big Stone, Chippewa, Lac qui Parle, Swift and Yellow Medicine (Region 6W) in west central Minnesota. The Upper Sioux Community is located in Yellow Medicine County, but has no formal transportation system currently in place. Public and private transit is available in all five counties. There is one regional public transportation system, Prairie Five RIDES that provides service in all five counties (5311). Dial-a-ride service is available through the Prairie Five RIDES City systems in Appleton, Canby, Madison and Ortonville. Dial-a-ride services are also available in the cities of Benson, Dawson, Granite Falls and Montevideo through their Heartland Express systems. There is one 5310 system within the region—Main Street Industries, Inc. in Clinton, Minnesota. Systems providing service in the region are all demand responsive systems. Some systems provide multi-county services while others operate within one county or one community of the region. In the appendix of this plan is a physical inventory of the public and private systems in the region and identifies service areas, service hours, fee structures and contacts for each system identified.

It is important to note that the traditional public transit model cannot and does not effectively or efficiently serve the region. In order to meet the needs of the population and lower service numbers the transportation network includes a less traditional and informal system, combining public nonprofit, private-for-profit and volunteer providers. The population base that needs or wants transportation services in the region is very diverse like everywhere in the state and requires a very diverse network to meet their needs. The challenges in this region are the low service numbers and the long distances that may be traveled for rides- better referred to as economies of scale.

Although there isn't a formal mechanism in place for coordination and cooperation, a comprehensive approach to meet mobility needs is happening in the region and quite frankly done well, especially for people on public assistance programs. There are some formal interagency agreements in place, but for the most part coordination and cooperation is done on an informal basis. The physical inventory is there. Tapping those vehicles and drivers to coordinate services is the challenge. Barriers do make this difficult to accomplish, but not impossible to attain if regulations and rules were loosened providing some flexibility to the systems. However, facilitation of the process through some type of "mobility manager" or staff position would increase the probability of formalizing coordination and cooperation.

Key Destinations

The majority of basic transit destinations like retail shopping, groceries, schools, pharmacies, and healthcare facilities are located within the region's larger communities. Montevideo is the largest community in the region and has a larger variety of shopping and services. Benson, Granite Falls, Madison, Appleton, Canby, Dawson, Ortonville and Montevideo all have hospitals, pharmacies, school buildings, grocery stores, and a variety of local shopping destinations.

The 5311 transit systems do accommodate school age children which creates some scheduling challenges during the after school hours and throughout the summer. Many parents rely on the system to transport children to swimming lessons, summer recreation programs, to and from daycare facilities and to other destinations in the community.

Other key destinations located outside of the region are in St. Cloud, Willmar, Sioux Falls, Fargo and the Twin Cities. The availability of transit for these locations is limited. Prairie Five RIDES does provide a public demand responsive system of volunteer drivers and bus service.

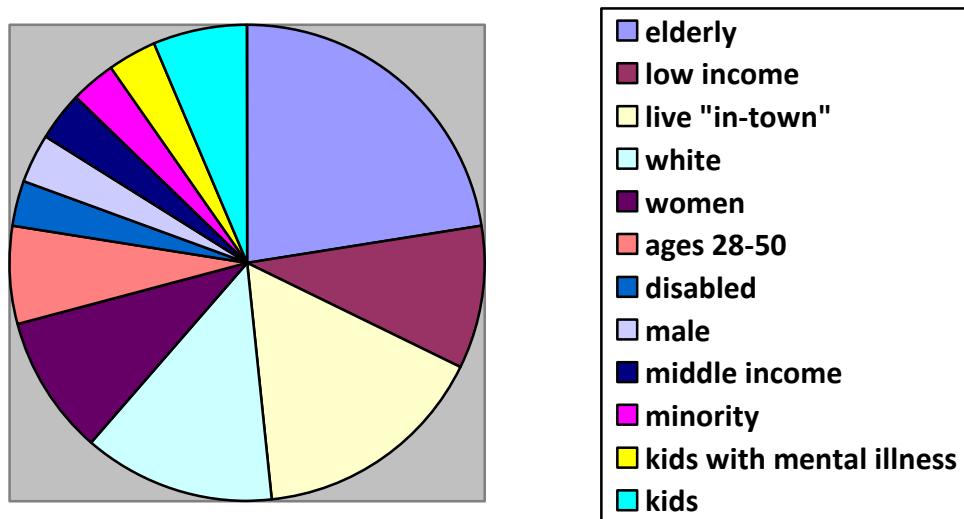
At the public meeting held in June 2011, meeting attendees spent some time discussing the destinations transit served the most and locations that were underserved.

Most Common Destinations Served	# of Similar Suggestions
Medical appointments	8
Shopping	5
Socializing/visiting friends	4
Work	3
Grocery Store	2
School	2
Kids ride to events/activities/home	1
Beauty Shop	1
Meal Site	1
Special schooling	1
Church	1
Family services/workforce center/education opportunities	1
Riding bus only in bad winter weather	1

Destinations that are Not Served or are Underserved	# of Similar Suggestions
Evening activities at school or in community	3
Out of state (Sioux Falls, Watertown, Fargo)	2
Movie in the evening or weekend	1
Out of town locations	1
Employer locations with multiple shifts	1
Work destinations outside of home community	1
Emergency room at night	1
Church	1
Education sites in other communities	1
Airport	1

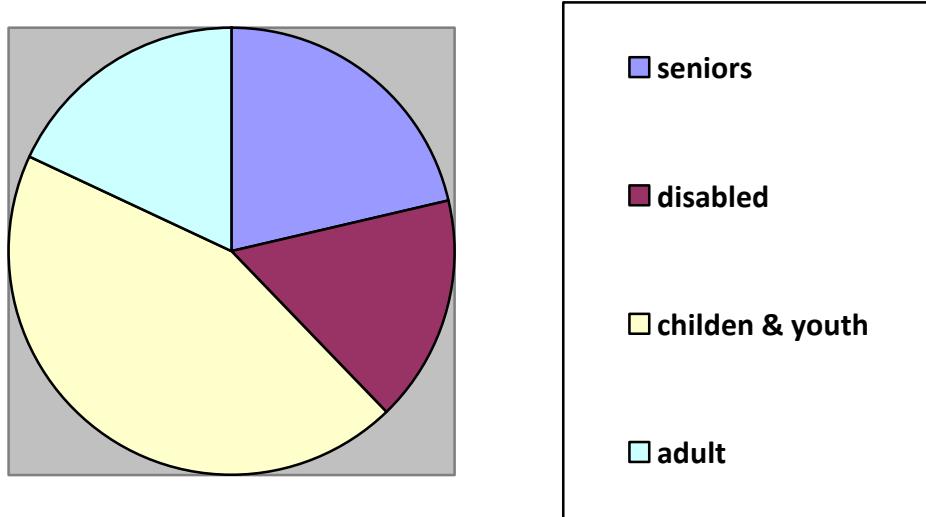
Rider Characteristics

At the public workshop held in June 2011, attendees described the characteristics of the public transit system riders using the following attributes.



While this exercise was helpful in picturing the demographic that would benefit in the discussion about regional priorities, it does not perhaps match the actual demographics of the ridership in the region. Prairie Five Rides shared their ridership demographic totals for their four city bus systems and their regional system and in the review, we found that youth and children made up the majority of rides on a monthly average basis and adult, senior and disabled equally divided the remaining rides. Currently, the system does not specifically ask about income so it is difficult to say what percentage of the whole would fit in that category. Regional priorities suggested targeting parents as an important customer for future marketing and although children and youth are not a target audience

specific to the requirements of this plan, they are an important regional segment that needs more review.



Transportation Provider Inventory Findings

In spring 2011, the UMVRDC developed an inventory meant to capture service information for all public, private, school district, human service, and nonprofit transportation providers in the region. The inventory includes information such as fleet size, vehicle capacity, passenger eligibility requirements, and service cost; this information provides a source of comparison across agencies and a means to identify service gaps. To complete the inventory, the UMVRDC sent an on-line questionnaire to 44 of the region's transportation providers in spring 2011. Of the 44 providers we surveyed 14 returned the questionnaire: 4 public, 3 DT&H, 3 healthcare, 2 private, 1 nonprofit, and 1 veterans provider. A full record of responses to the questionnaire is available at <http://www.umvrdc.org>. A directory listing of providers that completed the questionnaire is available in Appendix C.

Transit Characteristics in the UMVRDC

The transportation network in the region includes a variety of providers and systems—city systems, a regional provider, program specific providers, specialized systems, facility-owned systems, commercial intercity systems, charter providers, as well as a regional volunteer driver program and other volunteer programs. There is one nonprofit organization funded with Section 5310 federal funds for elderly and/or disabled persons (Main Street Industries, Inc. in Clinton). Many nursing homes, assisted living facilities or group homes and other organizations in the region including churches have their own vehicles, some handicapped equipped. These vehicles are primarily used for group outings or recreational purposes and work trips.

Prairie Five RIDES has a formal volunteer driver program to supplement their bus system that serves the entire region. It fills a huge gap in providing rides outside the five counties, low volume rides and serving the very frail. It is no surprise that volunteers are

the consumer's choice of transportation. Other components of the informal network in the region are other volunteer drivers not part of a formal system; car-pooling, ride sharing, family, friends and neighbors, and faith based programs. All are critical in transporting people in and outside the region and meeting our diverse mobility needs.

Statistics from the 14 reporting providers

- 110 vehicles reported between the 14 reporting providers in our region
 - 42 small buses <10 passengers
 - 28 minivans
 - 18 medium passenger buses (11-20 passengers)
 - 12 large heavy duty buses (20+ passengers)
 - 6 large buses (20+ passengers)
 - 4 sedans/station wagons
- Service Area
 - 2 providers served our entire 5-county/37-city region
 - 6 reported serving only 1 community
 - 5 reported serving 2-4 communities
- Transit systems reported serving a variety of needs
 - 9 reported serving physical disabilities
 - 10 accommodated mental impairment
 - 6 accommodated children
 - 4 had escorts and or personal care attendants for passengers
 - 2 had interpreters available
 - 2 provided discounts for elderly or low income passengers
- Service type
 - 5 provided door to door
 - 4 provided curb to curb
 - 4 provided stop to stop
 - Only 1 reported door through door service
- Schedules
 - Service hours ranged from 5am to 10pm M-F
 - 7 had fixed schedules
 - Only 1 provided Saturday service
 - Most had fixed route service

Some coordination is occurring between the Section 5311 providers in the region and the county human/family service departments, especially to individuals on public assistance programs. Where things fall short is mostly in the unplanned or emergency trips and the near poverty clientele. The informal network becomes the backbone to the network to meet these rides. Formal systems prefer 24-hour notice and most are not 24/7 systems, making these trips difficult to meet. More coordination may help alleviate some of the problems but will not be a total fix to this issue. Opportunities still exist to educate human service and health care providers on the options available to them through the city and regional providers.

Gaps in service exist in several key areas:

- Twenty-nine of the thirty-seven communities and all of the rural residents in this region have access to Prairie Five Rides. Much more effort is required to plan trips and make appointments ahead of time as compared to the eight cities that have regular dial-a-ride service.
- The bus does not always go where people need or want to go. City dial-a-ride systems only provide service within their city. In rural areas many services and appointments are not located in each community. Prairie Five Rides can schedule many locations in adjacent communities, but does not always go to the places people want outside of their service region, or they cannot provide door to door service and require people to transfer to another service provider to get to their final destination. Popular destinations also include places in nearby South and North Dakota.
- Current systems do not provide many options for weekend and evening service when most community social events occur. Evening or early morning service may also be necessary to serve medical appointments and/or work schedules that are beyond the 9-5 work day.

Top barriers identified by providers:

1. Limited service area boundaries
2. Billing and payment is cumbersome between agencies
3. Cost is prohibitive to some patients
4. Scheduling is difficult if a lot of advance notice is required
5. Prior authorization for reimbursement is required for many programs leaving customers hanging or not getting service in some cases for last minute, emergency and weekend rides.
6. Limited service hours schedule
7. No load miles. Rural areas require transit system to drive to get their passengers. Without reimbursement for these miles, transit systems cannot provide the service people request.

Outcomes since the 2006 UMVRDC Local Human Service Transit Coordination Plan

Another component of the needs assessment is an analysis of the 2006 UMVRDC Local Human Service Transit Coordination Plan, which was the first local human services transit coordination plan to be conducted in this region and includes a list of strategies and projects for improving transit coordination. The 2006 plan outlined five priority strategies for this region:

1. Create a local (regional) transportation coordination council (TCC) made up of transit providers and human service providers to encourage inter-agency coordination to improve the transportation network and its service within the region.
2. Identify ways extended service hours could be implemented within the region.

3. Identify and seek solutions to barriers at the local level that stop coordination from happening and share with policy makers at all levels—local, state and federal.
4. Further implement and support volunteer driver programs as an intricate and vital part to the transportation network in our rural region.
5. Identify potential options to defray cost of trips and keep transportation affordable for the consumer.

The 2006 plan outlined five overarching categories that, when combined, detailed 14 individual strategies and 71 action steps. In 2011 the steering committee reviewed each action step to determine if any action was taken to implement them. The status of each action step is noted in the table below.

MAKING THINGS HAPPEN BY WORKING TOGETHER	
Strategy #1: Create a local (regional) transportation coordination council (TCC) made up of transit providers and human service providers to encourage inter-agency coordination to improve the transportation network and its service within the region.	
Action Steps	Action
1. Select membership and the lead agency to facilitate the TCC for Region 6W providers.	Some action taken
2. Determine role, mission and goals of the TCC using this transit–human service coordination plan as the foundation for moving forward.	Some action taken
3. Seek funding for TCC plan of action. Discuss the mobility management model of the state and feasibility of applying for funds for the region.	Some action taken
4. Move toward a seamless model of delivering transportation services within the region.	Some action taken
Strategy #2: Identify and seek solutions to barriers at the local level that stop coordination from happening and share with policy makers at all levels—local, state and federal.	
Action Steps	Action
1 Additional assessment of the regional transportation network's needs and barriers.	Some action taken
2 Conduct planning sessions on barriers to coordination—whether perceived or reality. Seek assistance of MnDOT and DHS for clarification on regulations.	Some action taken
3 Tabulate list of barriers (i.e. liability regulations, insurance, service boundaries, program regulations) and share with policy makers at the federal, state, and local levels as applicable.	Some action taken
4 Work with state agencies (i.e. MnDOT, DOC and DHS) to establish a legislative work plan or agenda to deal with these barriers.	Some action taken
5 Look specifically at certification of Specialized Transportation Systems at possible different levels or types of certification and crossing geographical boundaries for service of transportation systems.	NO action taken
Strategy #3: Develop a coordinated system for delivery of transportation services in the region.	
Action Steps	Action
1. Meet regularly to discuss options and foster cooperation and	Some action taken

<p>coordination.</p> <ol style="list-style-type: none"> 2. Identify service gaps. 3. Discuss the pros and cons of a single point of access within the region. 4. Begin implementation of regional coordination strategies and support projects that fill gaps and provide choices. 5. Discuss coordination between systems beyond the region. 6. Conduct marketing and awareness campaign. 7. Explore use of technology-based tools that would enhance the regional transportation system (i.e. software, GPS systems, mobile data computers, Fare Media) 	<p>Some action taken Some action taken Some action taken Some action taken Some action taken Some action taken</p>
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TAKING STOCK IN COMMUNITY NEEDS AND MOVING FORWARD

Strategy #1: Prioritize rides or target service in the event funding is not adequate and needs to be cut back.

Action Steps	Action
1. Canvass providers and customers.	Some action taken
2. Establish service priorities.	NO action taken
3. Identify alternatives.	Some action taken
4. Maintain a resource list.	Some action taken

Strategy #2: Identify ways that extended service hours could be implemented within the region.

Action Steps	Action
1. Identifying non-traditional service programs that currently exist within the region.	NO action taken
2. Develop a list of potential providers and increase awareness.	Some action taken
3. Consider memorandums of agreement or contracts to provide extended service outside of current scope.	Some action taken
4. Seek funding-private and public.	Some action taken
5. Consider development of volunteer/informal networks or programs to meet the needs. Encourage projects that address this need.	Some action taken

Strategy #3: Continue to assess community needs.

Action Steps	Action
1. Seek on-going feedback of customers and communities (i.e. random on-board or telephone surveys).	Some action taken
2. Conduct forums for community input.	Some action taken
3. Work with civic organizations, faith based communities, the corporate or businesses community and city government.	Some action taken
4. Seek solutions at the same time as identifying needs.	Some action taken
5. Prioritize the needs and decide what feasibly the network can address.	Some action taken

PUTTING THE CUSTOMER FIRST

Strategy #1: Further implement and support volunteer driver programs as an intricate and vital part to the transportation network in our rural region.

Action Steps	Action
1. Support the development and utilization of volunteer drivers and volunteer programs.	Some action taken
2. Seek corporate or business sponsorship.	NO action taken

3. Focus volunteer service in smaller underserved areas of the region.	Some action taken
4. Seek ways to coordinate resources—physical inventory and volunteers between programs.	Some action taken
5. Acknowledge/recognize volunteers as a valued asset.	Some action taken

Strategy #2: Increase utilization by providing passenger assistants, escorts and/or “first time helpers” to ease first time or infrequent user’s fear of the unknown or how to use the current systems.

Action Steps	Action
1. Consider the development of volunteer programs to fill this customer service gap.	Action taken
2. Work with service providers to identify where responsibility lies with this issue. Clearly define and agree on parameters.	Some action taken
3. Market to family members, neighbors and service providers to encourage use (i.e. vouchers, gift certificate).	Some action taken
4. Promote the use of transportation services as being user friendly, easy to use, and cost effective –“the right thing to do”.	Action taken

Strategy #3: Market services to dispel misconceptions, identify what is available, and how to use systems.

Action Steps	Action
1. Identify the issues/misconceptions consumers have with the service.	Action taken
2. Develop strategies to address the issues.	Some action taken
3. Conduct education and awareness marketing campaign promoting the available transportation system and their use as being user friendly, easy to use and cost effective (i.e. directories, magnets, phone numbers, ads, gift certificates, promotions, flyers).	Some action taken
4. Work to improve sources of information available through other sources than the regional stakeholders (i.e. websites, databases and phone directories).	Some action taken
5. Document increased utilization of transportation following marketing efforts.	Some action taken

ADAPTING FUNDING FOR GREATER MOBILITY

Strategy #1: Provide more employer incentives or subsidies to cost-share rides or develop ride share programs for the workforce.

Action Steps	Action
1. Assess the business community—what do they do, do they perceive a need, what are feasible options and who could they partner with.	Some action taken
2. Identify the benefits to employer and employee as a win-win effort.	Some action taken
3. Educate the business community on best practices and brainstorm new ideas.	Some action taken
4. Provide TA and support to projects addressing workforce transportation issues.	Some action taken
5. Encourage increased coordination within the business communities to work together.	Some action taken

6. Encourage policy makers to develop incentives for transportation of their workforce.	Some action taken
Strategy #2: Identify potential options to defray cost of trips and keeping transportation affordable for the consumer.	
Action Steps	Action
1. Develop potential options (i.e. sliding fee scale, vouchers, ride share) to assist low-income or near poverty population. 2. Encourage sponsorships. 3. Consider bartering of services between providers (i.e. trade volunteer/drivers hours for cost of trip). 4. Increase levels of service—economies of scale. 5. Encourage efficiencies in operating costs (i.e. smaller vehicles, use of renewable fuels, coordination, volunteers). 6. Encourage increased coordination to cut costs.	Some action taken Some action taken Some action taken NO action taken Action taken Action taken
MOVING PEOPLE EFFICIENTLY	
Strategy #1: Advocate that MnDOT fund alternative vehicles that are more fuel-efficient and are low-passenger size (vans, mini-vans, cars) rather than only cutaway vehicles.	
Action Steps	Action
1. Encourage/endorse downsizing of vehicles to correspond to need. 2. Support flexibility of funding for smaller vehicles. 3. Explore new technologies as they are developed and research best practices in vehicle efficiencies. 4. Advocate for development and use of more fuel-efficient vehicles. 5. Encourage more flexibility in regulations to facilitate more efficient vehicle capital purchases and use.	Action taken Some action taken Some action taken Some action taken Some action taken
Strategy #2: Encourage all funding sources to convert to electronic billing.	
Action Steps	Action
1. Identify who is not using electronic billing and why. 2. Identify the components and costs associated for electronic billing. 3. Provide technical assistance to implement electronic billing. 4. Seek funding to assist with implementation.	Some action taken Some action taken Some action taken Some action taken
Strategy #3: Identify “true costs” of systems for equity in funding and reimbursement.	
Action Steps	Action
1. Create a more uniform reporting system, comparing apples to apples, etc. to identify true costs. 2. Advocate for more equality in funding and equity in reimbursement by working with state agencies and funding sources. 3. Work toward the development of level playing fields between systems—the perception is that there is disparity between the public and private systems. 4. Coordination is difficult when players do not feel they are equals. 5. Work with third party payers (i.e. Blue, U-Care, etc.) to identify the issues and clarify reality.	Some action taken Some action taken Some action taken Some action taken Some action taken

Upon review of the 2006 strategies and action steps, the steering committee made recommendations to no longer pursue the following actions:

- Look into specialized transportation systems at different levels and certifications and crossing service boundaries.
- Establishing service priorities
- Identifying non-traditional service programs that exist in region to extend service hours.
- Seek private sponsors to fund volunteer driver programs.
- Increase levels of service to see if a larger scale would keep costs down.

Overall they determined the following action was taken in the region:

- Considered the development of volunteer passenger assistance programs to fill the customer service gap.
- Promoted transportation services as easier to use because of passenger assistants.
- Worked to identify misconceptions consumers have about transit in the region.
- To try keeping costs down, systems reviewed using smaller vehicles, alternative fuels and volunteers.
- Encouraging coordination between providers.
- Encouraged MnDOT to consider funding/endorsing alternative and smaller vehicles.

Summary of Existing Conditions and Needs

The final component of this needs assessment is a list of strengths and weaknesses of existing transit coordination efforts. At the public workshop, participants (a list of attendees can be found in Appendix A) identified strengths and weaknesses of existing coordination efforts in the UMVRDC region. Combined with the plan's technical findings, these strengths and weaknesses form the basis for identifying strategies to address transportation coordination in this region.

2011 Weaknesses

Hours of service/scheduling

- Doesn't provide service for weekend and evening activities
- No evening options
- Not operating on evening and weekends
- Lack of extended hours for non-medical rides
- Very few weekend rides
- Scheduling for specific times on a regular basis
- Last minute service to areas where transportation service is not currently provided
- Larger employers with shift work scheduling
- Regular routes between towns

Destinations

- Hard to get to airport and back

- Does not go where needed to go
- No afterschool service
- Buses don't reach rural customers
- Lack of transit in upper Big Stone County
- Rides outside of town

Rules

- Rules are barriers: volunteers must be available to serve all customers and cannot choose a sub-population to serve
- There is a need for escorts for children for special purposes
- Lack of recognition that rural areas have different issues than urban ones
- No-load miles reimbursement

Coordination

- Lack of coordination between providers, multiple small entities all have vehicles
- Working with other providers is difficult

Other

- Lack of marketing about cost, where you can and cannot go and what is the process to get a ride
- Cost of services for private pay persons (professional medical vans)
- Accessibility for those with disabilities-need more wheelchair tie downs than currently available.

2011 Strengths

Hours

- Daytime routes in town
- Those who have appointments during 9-5 are served well
- Demand responsive
- There is service for most people for 9-5 appointments
- Timely response to ride requests
- Medical appointment needs are served well

Political Support

- Good financial and political support from all cities and counties
- Sen. Franken "Rides Bill"

Coordination

- Prairie 5 is easy to work with in setting up rides
- Existing public transit is working with Human Services to provide needed rides
- Public assistance clients have access to Prairie 5 Rides to most medical appointments
- Providers know who to call to assist clients in getting rides

Funding

- MnDOT reimburses for some vehicle costs for elderly and disabled
- \$850,000 in federal funds accessed for rides in 2010
- Area Agency on Aging Title III funds help pay for elderly rides

Other

- Customers feel safe
- Disabled/vets/low income are served well
- Inexpensive for working people
- Volunteerism is strong and hopefully will grow with retirement of boomer generation-how can we capture new volunteer drivers
- Allows people to stay in their homes longer and stay independent
- We have a transit system that covers the five-county region
- We have transit in larger cities

Strategy and Project Identification

The priority strategies and projects identified in this plan were identified by stakeholders at the public workshop. At the public workshop, stakeholders reviewed strategies for transit coordination, identified which strategies should be prioritized for this region and brainstormed project ideas for implementation of these strategies. Taking the entire list of ideas generated, public workshop participants voted on high-priority strategies and projects to be highlighted in the final plan. A complete list of project ideas considered during the planning process is presented in Appendix D.

To categorize project ideas, an “Effort vs. Impact” chart is used to compare the 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 its 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 the region.

Prioritized Strategies

Strategy
Coordinate and Consolidate Transportation Services and Resources
Allow joint purchasing
Contract between agencies
Coordinate dispatch
Coordinate volunteer driver training
Coordinate agency schedules
Mobility Strategies
Improve service convenience
Establish/enhance volunteer driver programs

Strategy
Communication, Training and Organizational Support
Convene regional coordination body
Educate public of transportation options
Educate regional professionals of transportation options

Other Strategies

Additional strategies from the Minnesota Coordination Strategies Menu that did not have any specific project ideas identified in the 2011 update process are listed below.

Strategy
Coordinate and Consolidate Transportation Services and Resources
Outsource business functions
Contract with common carrier
Coordinate dispatch
Implement tools that support data management
Mobility Strategies
Establish/enhance assisted transportation programs
Establish/expand taxi subsidy programs
Improve access to transit stops
Maintain existing vehicle fleet
Communication, Training and Organizational Support
Centralize information
Hire mobility manager
Provide technical training for coordination staff
Offer customer travel training

Prioritized Project List

Easy to do/Major Improvement

1. Overview of Project: Marketing to human service professionals regarding the whole spectrum of transportation options available to clients.

Clients served by Project: All customers of human service professionals would benefit including the elderly, low income and those with disabilities.

Communities Served: Entire region.

Type of Agency Responsible: Human service agencies should compile a list of required information and determine an accessible format to maintain critical data (ex: fees, hours

of service, destinations served and processes for making reservations and payment) that would be updated regularly by transit providers.

Strategy Addressed: Educate regional professionals of transportation options.

2. Overview of Project: Market Rides for Kids.

Clients served by Project: Parents, human services and community organizations planning activities for children in the region.

Communities Served: Primarily residents in Appleton, Benson, Canby, Dawson, Granite Falls, Madison, Montevideo, and Ortonville.

Type of Agency Responsible: Public transit systems must market their services through the school, community organizations, daycares, human services and any other outlets to reach parents to let them know about transportation options for their children.

Strategy Addressed: Educate public of transportation options.

3. Overview of Project: Coordinate worksite rides for the disabled.

Clients served by Project: Disabled.

Communities Served: The entire region.

Type of Agency Responsible: Public transit systems must coordinate with human service agencies and nonprofits that service the disabled.

Strategy Addressed: Contract between agencies.

4. Overview of Project: Regionalize volunteer Driver Training.

Clients served by Project: The elderly, low income and those with disabilities.

Communities Served: The entire region.

Type of Agency Responsible: Public Transit must coordinate with social service agencies, healthcare facilities, Veterans offices and nonprofits to recruit, train and retain a regional pool of volunteer drivers.

Strategy Addressed: Establish/enhance volunteer driver programs.

5. Overview of Project: Organize a regional coordination council.

Clients served by Project: The elderly, low income and those with disabilities.

Communities Served: The entire region.

Type of Agency Responsible: MnDOT or the UMVRDC should convene all public transit providers and social service agencies, healthcare facilities, Veterans offices and nonprofits to discuss opportunities to better serve the region.

Strategy Addressed: Convene regional coordination body.

Easy to do/Minor Improvement

1. Overview of Project: Offer special event service in communities with dial-a-ride service.

Clients served by Project: Seniors, residents with disabilities and low income residents could benefit by offering convenient service to community events. During the cold winter months local residents may choose to take the bus to avoid warming up cold cars and to have the convenience of being dropped off near the door instead of walking through cold parking areas.

Communities Served:

Residents in: Appleton, Benson, Canby, Dawson, Granite Falls, Madison, Montevideo and Ortonville.

Type of Agency Responsible: Public Transit must coordinate with cities, schools, and local organizations to track and identify events.

Strategy Addressed: Improve service convenience.

2. Overview of Project: Enhance volunteer driver programs.

Clients served by Project: All residents of the region would benefit by a low cost strategy to increase service.

Communities Served: Residents in the entire region.

Type of Agency Responsible: Public Transit must coordinate with social service agencies, healthcare facilities, Veterans offices and nonprofits to recruit, train and retain a pool of volunteer drivers.

Strategy Addressed: Establish/enhance volunteer driver programs.

Difficult to do/Major Improvement

1. Overview of Project: Marketing to the public about transit options with a focus on underserved communities.

Clients served by Project: All residents of the region including seniors, residents with disabilities, low income residents.

Communities Served: The entire region.

Type of Agency Responsible: All transit providers in the region should coordinate marketing efforts to communicate the various transit options available.

Strategy Addressed: Educate public of transportation options.

2. Overview of Project: Annual Regional Transportation Seminar

Clients served by Project: All residents of the region including seniors, residents with disabilities and low income residents.

Communities Served: The entire region.

Type of Agency Responsible: MnDOT, the UMVRDC or Prairie Five Rides should convene transportation providers and users at least annually to discuss program changes, joint purchasing options and opportunities to coordinate in order to better serve the region.

Strategy Addressed: Convene regional coordination body, Allow joint purchasing, Contract between agencies, Coordinate volunteer driver training, Coordinate agency schedules.

3. Overview of Project: Coordination of Dispatch and Authorization of Rides

Clients served by Project: All residents of the region including seniors, residents with disabilities and low income residents

Communities Served: The entire region.

Type of Agency Responsible: Human service agencies, healthcare facilities, nonprofits and public transit agencies.

Strategy Addressed: Coordinate dispatch.

Difficult to do/Minor Improvement

1. Overview of Project: Organize medical rides to South Dakota.

Clients served by Project: All residents of the region including seniors, residents with disabilities, and low income residents

Communities Served: The entire region.

Type of Agency Responsible: Public transit agencies must establish mechanisms to provide rides across state borders to key destinations like Sioux Falls.

Strategy Addressed: Improve service convenience.

2. Overview of Project: Coordinate rides between transit providers.

Clients served by Project: All residents of the region including seniors, residents with disabilities and low income residents.

Communities Served: The entire region.

Type of Agency Responsible: Public transit agencies must coordinate schedules and routes to transfer clients between services to avoid duplication of rides and to provide access to each other's service destinations.

Strategy Addressed: Improve service convenience.

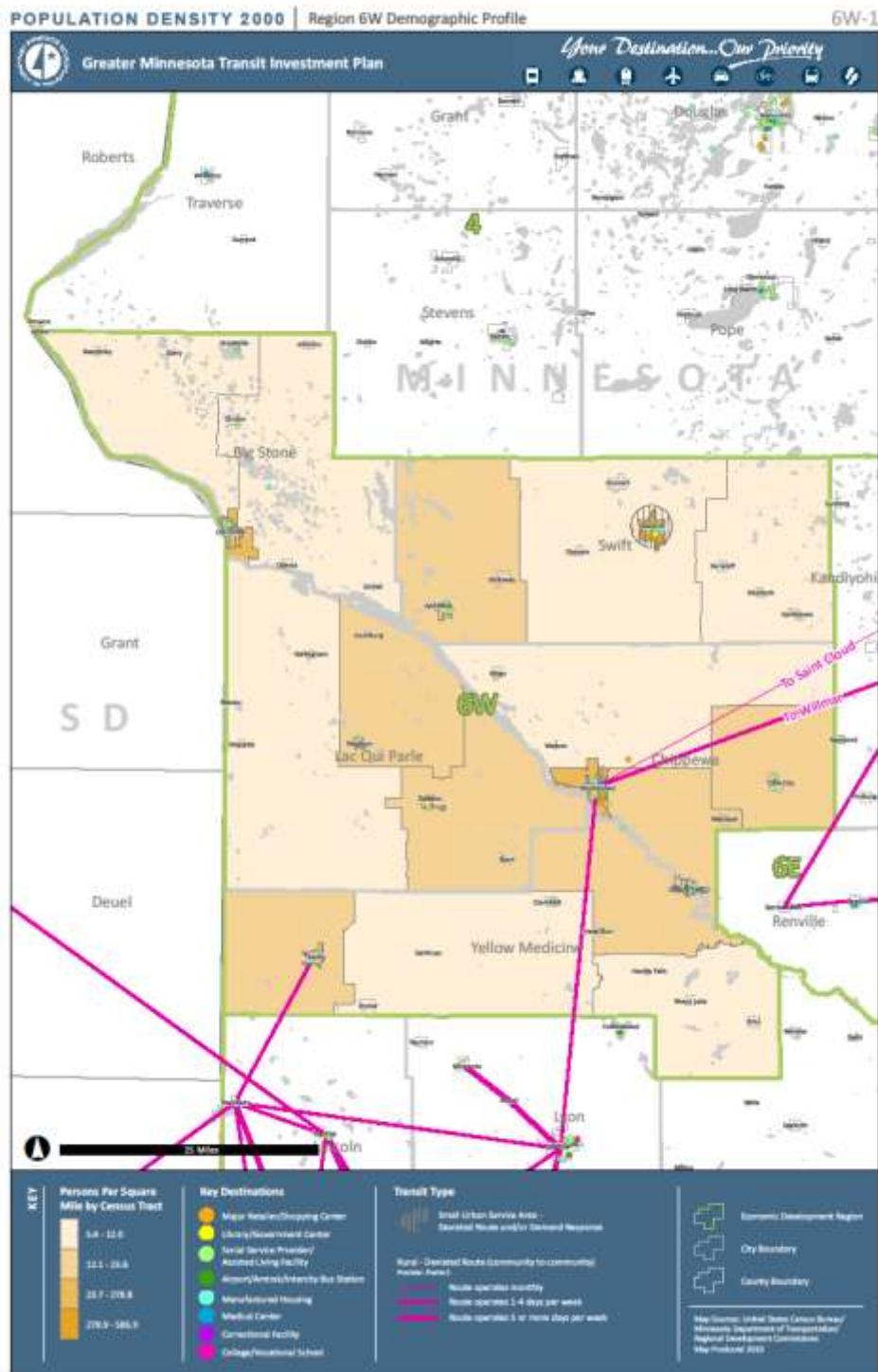
Adoption and Approval of Plan

A public meeting was the last step prior to the adoption of the local plan. Public notice of the meeting was put in the newspaper encouraging public participation. The public could testify at this meeting or provide written comment prior to the meeting. A presentation on the plan was made at the November 2011 UMVRDC board meeting and the Plan was adopted at the UMVRDC's January 2012 monthly meeting.

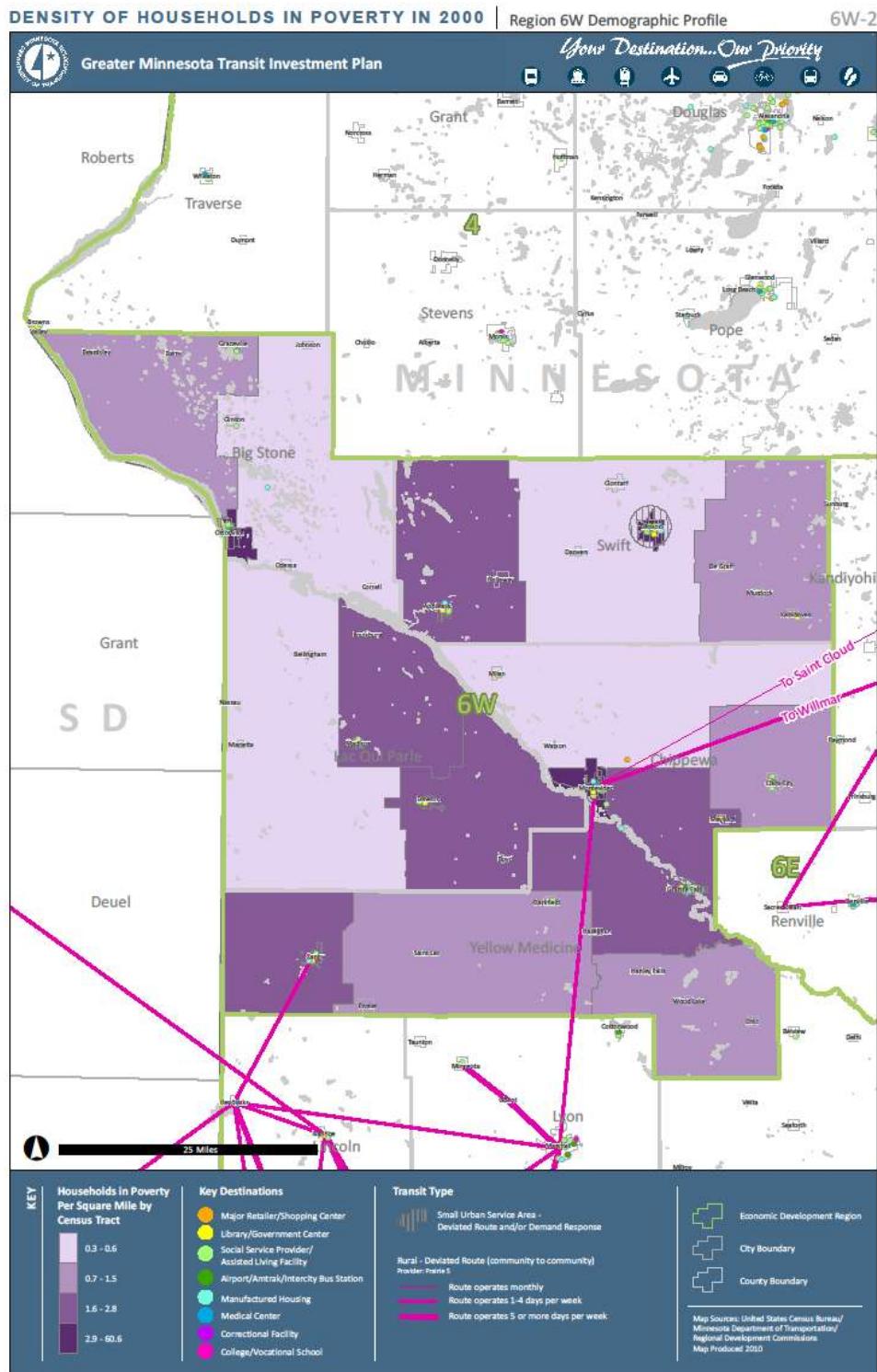
Appendix A- UMVRDC Public Workshop Participants

UMVRDC Public Transit Coordination Plan Public Meeting- June 8, 2011	
Sherry Jipson	Essential Health-Graceville
Peg Heglund	Yellow Medicine County Family Services
Cathy Schaub	Granite Falls Living at Home Block Nurse
Kate Selseth	MN River Area Agency on Aging
Gwen Bowler	Chippewa Enterprises Inc.
Julie Dammann	SW MN Private Industry Council
Harold Solemn	Lac qui Parle County Commissioner/Prairie Five CAC Board Member/UMVRDC Board Member
Bob Ries	MN Department of Human Services
Ted Nelson	Prairie Five Rides

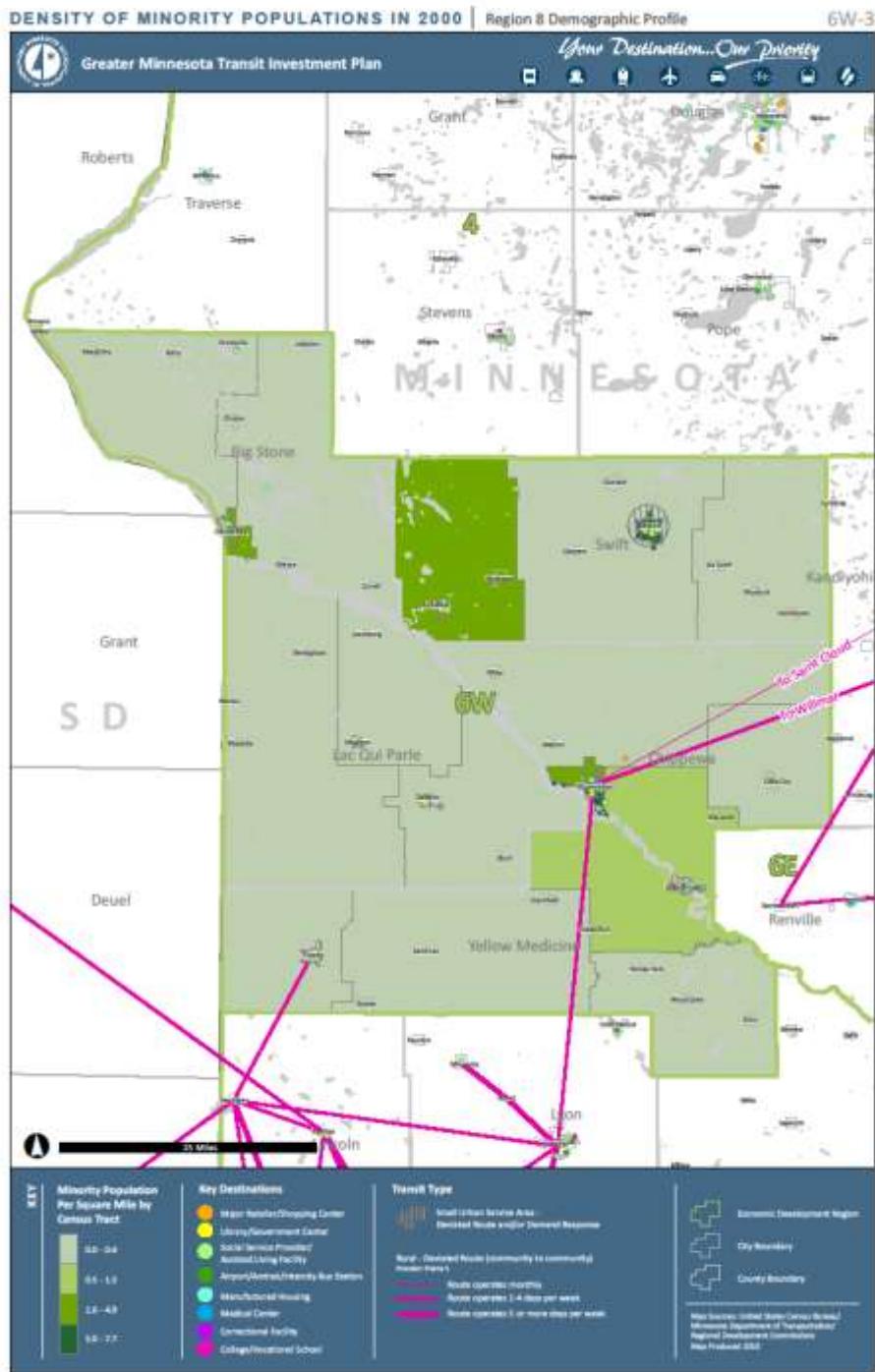
Appendix B- Transit Services, Transit-Dependent Populations, and Key Destinations in UMVRDC Region



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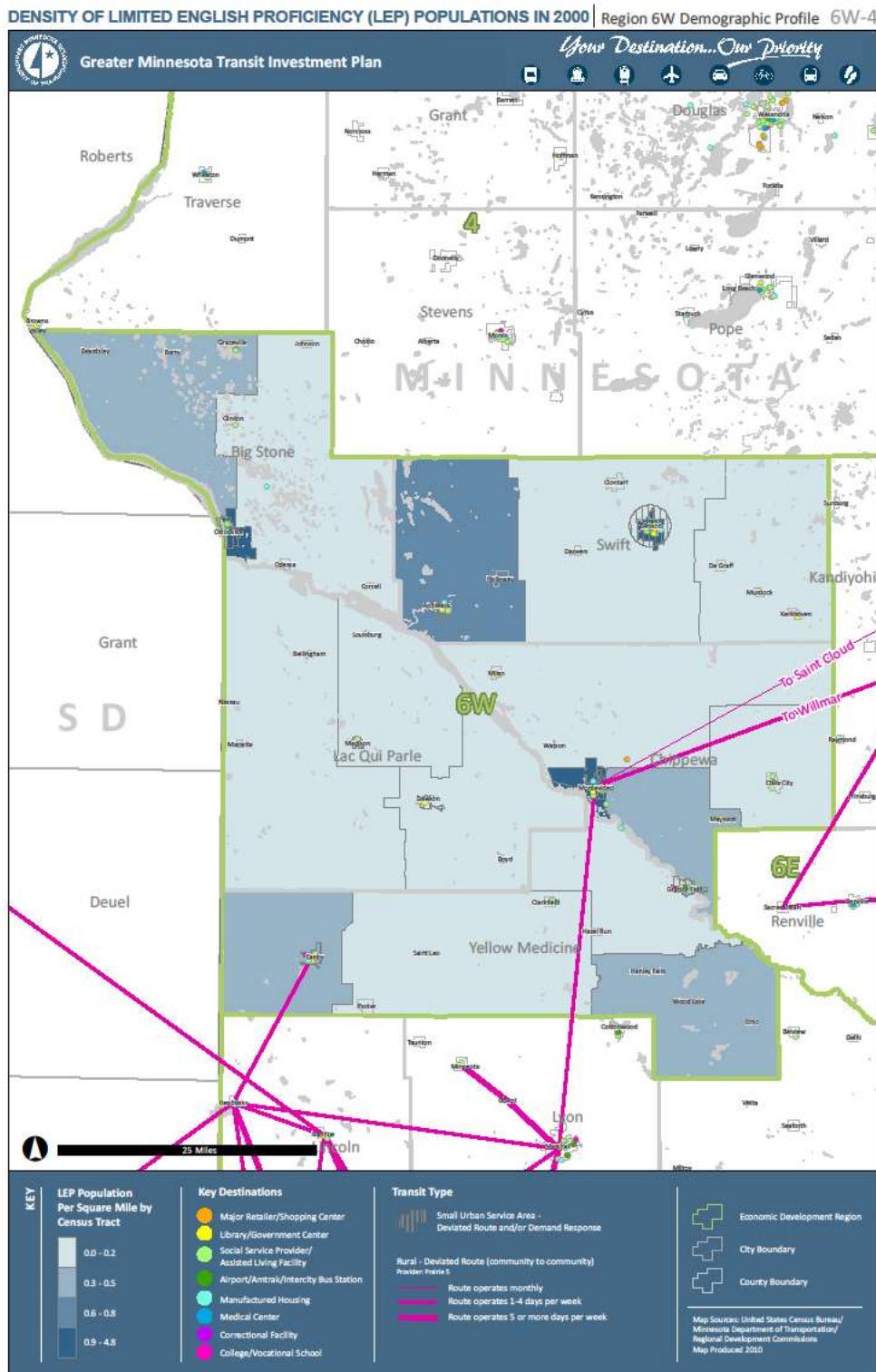


Appendix B- Transit Services, Transit-Dependent Populations, and Key Destinations in the UMVRDC Region

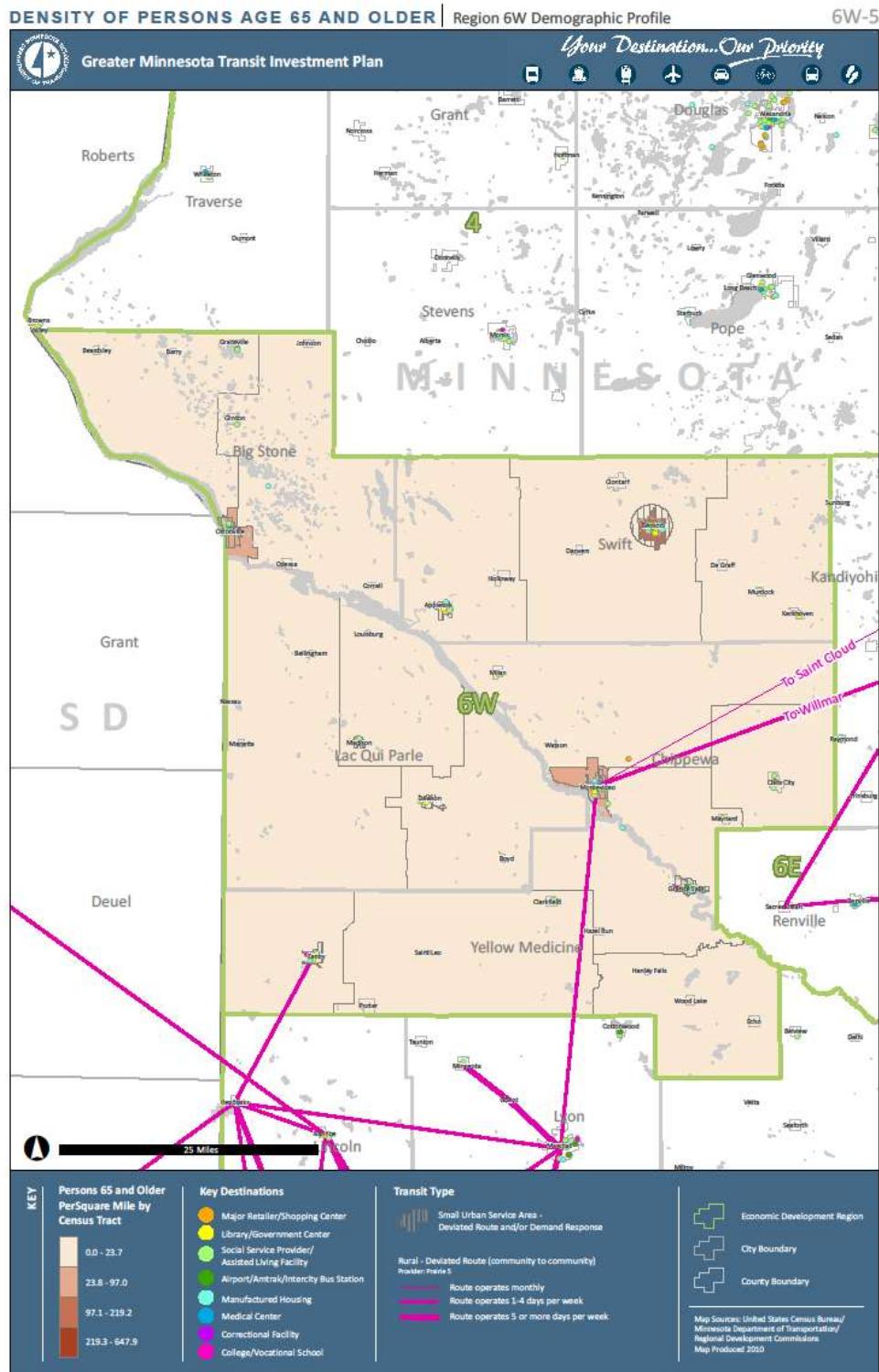


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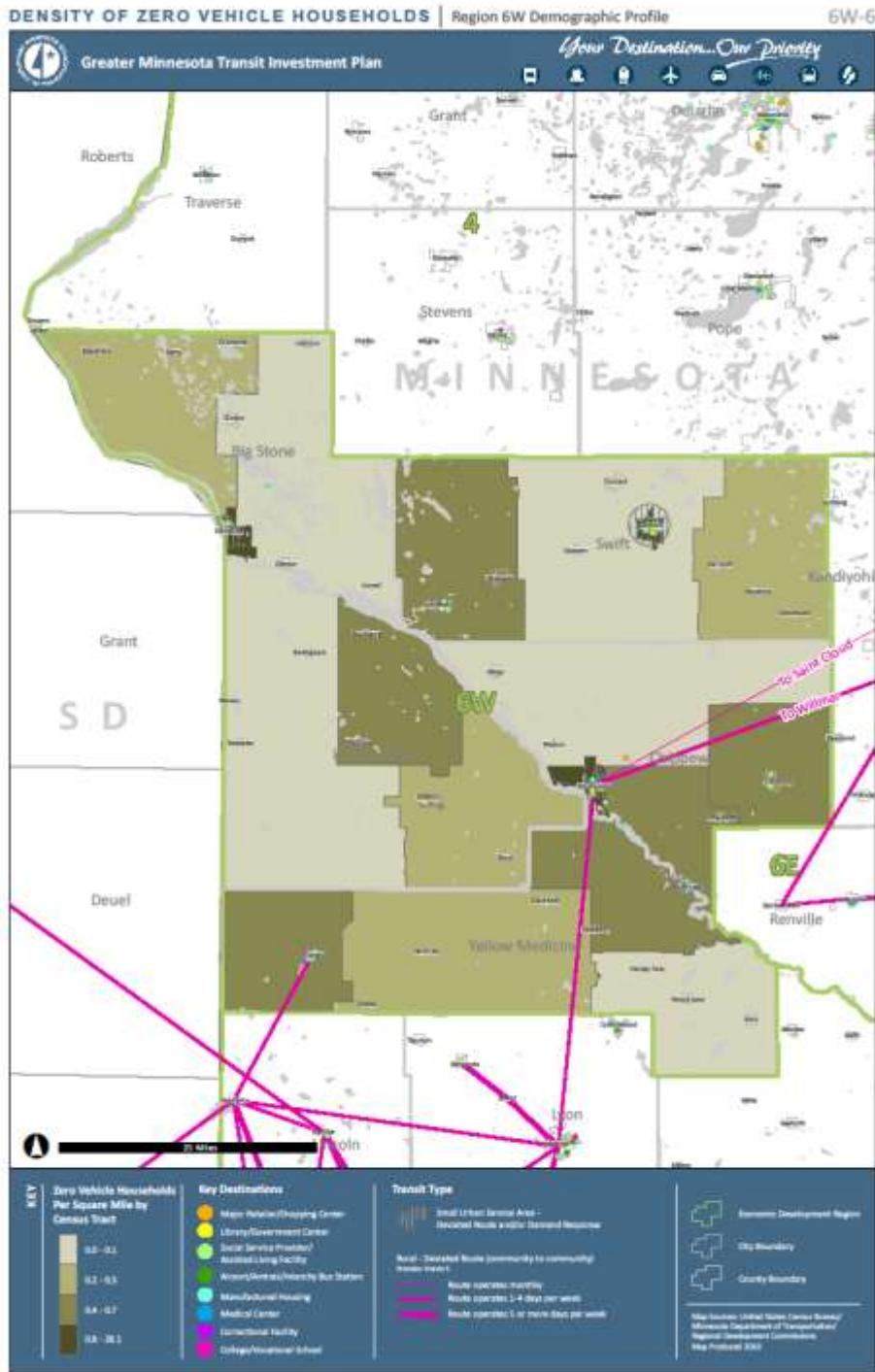
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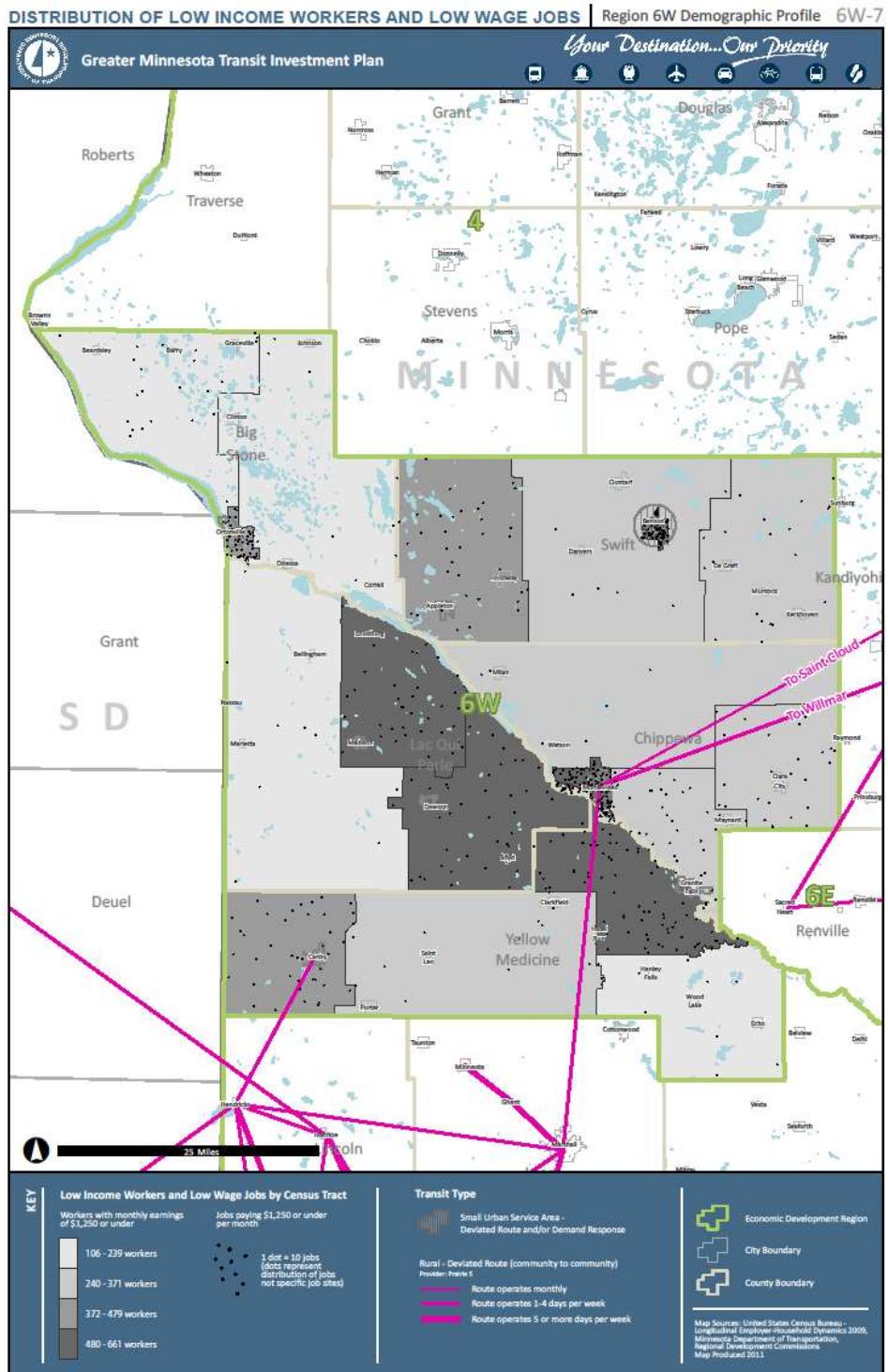
Appendix B- Transit Services, Transit-Dependent Populations, and Key Destinations in UMVRDC Region



Appendix B- Transit Services, Transit-Dependent Populations, and Key Destinations in UMVRDC Region



Appendix B- Transit Services, Transit-Dependent Populations, and Key Destinations in UMVRDC Region



Appendix C- Transportation Provider Directory

The following directory includes contact information of all regional transportation providers who responded to an inventory questionnaire sent in spring 2011. This is not a complete list of providers in the region.

Big Stone County	
Name:	Main Street Industries
Address:	93 Main Street, Clinton, MN 56225
Phone:	320-325-5251
Web:	
Service Type:	Non-profit- DT&H
Yellow Medicine County	
Name:	Canby Public Schools
Address:	307 W. 1 st Street, Canby, MN 56220
Phone:	507-223-2001
Web:	www.canbymn.org/
Service Type:	Public Transit- School
Name:	Canby DAC
Address:	PO Box 154, Canby, MN 56220
Phone:	507-223-7900
Web:	
Service Type:	Private Transportation, DT&H
Name:	City of Granite Falls
Address:	641 Prentice Street, Granite Falls, MN 56241
Phone:	320-564-3011
Web:	www.granitefalls.com
Service Type:	Public Transit Dial-a-ride
Name:	Clarkfield Care Center
Address:	805 5 th Street, Box 458, Clarkfield, MN 56223
Phone:	320-669-7561
Web:	http://www.clarkfieldcarecenter.com/
Service Type:	Private Transportation - Health Care
Name:	ECHO Charter School
Address:	101 Rocket Avenue, PO Box 158 Echo, MN 56237
Phone:	507-925-4143
Web:	http://www.echocharter.com/
Service Type:	Public Transit- School
Name:	Granite Falls Hospital
Address:	345 10 th Avenue, Granite Falls, MN 56241
Phone:	320-564-3111
Web:	www.granitefallshealthcare.com/
Service Type:	Private Transportation - Health Care

Swift County

Name: Swift VA
Address: PO Box 286, Benson, MN 56215
Phone: 320-842-5271
Web: <http://www.swiftcounty.com>
Service Type: Veterans Service

Lac qui Parle County

Name: Dawson -Boyd Schools
Address: 848 Chestnut Street, Dawson, MN 56232
Phone: 320-769-2955
Web: <http://www.dawsonboydschools.org>
Service Type: Public Transit- School

Chippewa County

Name: Chippewa County Montevideo Hospital
Address: 824 North 11th, 110 Fairgrounds, Montevideo, MN 56265
Phone: 320-321-8206
Web: www.montevideomedical.com/
Service Type: Private Transportation-Health Care

Name: Chippewa Enterprises
Address: PO Box 363, 506 1st Street SW, Montevideo, MN 56265
Phone: 320-269-6134
Web:
Service Type: Non-profit- DT&H

Name: Clark Transportation
Address: PO Box 145, Montevideo, MN 56265
Phone: 320-269-7427
Web:
Service Type: Private Transportation

Region-wide

Name: Prairie Five Rides
Address: 719 7th Street North, Montevideo, MN 56265
Phone: 320-269-8727
Web: www.prairiefive.com
Service Type: Non-Profit

Name: Peoples Express
Address: 15578 Shady Acres Drive, Wadena, MN 56482
Phone: 1-800-450-0123
Web: www.peoplesexpressmn.com/
Service Type: Private transportation

Appendix D- Project Idea Summary

6/8/2011

Communication, Training & Organizational Support								
# of Votes	Project Title	Description and Objective	Clients	Communities Served	Strategy	Champion	Implementation Party	Timing
7	Marketing to Human Service Professionals	More marketing of the services to organizations who have clients that could use transit in the region.(As a clinic manager I did not know of the services available to our MA patients)	Elderly Disabled Low income	region	Educate human service professionals on transportation options	Prairie 5/DHS	Transit Providers	Short
7	Marketing to Public	Market volunteer drivers as an opportunity in the region	Elderly Disabled Low income	region	Educate public of transportation options	Prairie 5/DHS	Transit Providers	Short
5	Annual Regional Transportation Seminar	Invite all providers in the region to an annual event to discuss ways to coordinate. It would be facilitated by an impartial body trained in bringing groups together to do that. It could involve training opportunities too.	Elderly Disabled Low income	region	Convene regional coordination body	RDC/MnDOT Transit managers	RDC/MnDOT Transit managers	Medium
1	Market Rides for Kids	Provide list of options for public transportation for kids to summer, after school and community activities	Youth Parents	where city transit systems exist	Educate public of transportation options	City Transit Systems	Cities/ Community Ed/ Park & Rec/Businesses	Short

	Outreach to underserved communities	Reach out to elders in communities that do not have city transit	Elderly Disabled Low income	cities w/o transit and rural area	Educate public of transportation options or enhance volunteer driver program	Prairie 5	Prairie 5	Short
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Mobility								
# of Votes	Project Title	Description and Objective	Clients	Communities Served	Strategy	Champion	Implementation Party	Timing
1	Special Event Service	Offer the ability to extend hours on occasion to provide transit to evening and weekend community events	Elderly Disabled Low income	cities with transit systems	Improve service convenience	City Transit Systems	City Transit Systems	Short
1	Organize medical rides to South Dakota	Many clients get referred to Sioux Falls for medical treatment and there is no service that goes there from here.	Elderly Disabled Low income	region	Improve service convenience	Prairie 5/medical facilities	Prairie 5 working in coordination with other transit providers in SW MN	Long
	Enhance Volunteer Driver Program	If there are volunteer services in a county make sure to let medical facilities know about them so their clients can have better options	Elderly Disabled Low income	communities that volunteer drivers exist/serve	Enhance Volunteer Driver Program	Volunteer driver organizers	Volunteer driver organizers	Short

Coordinate and Consolidate Transportation Services & Resources								
# of Votes	Project Title	Description and Objective	Clients	Communities Served	Strategy	Champion	Implementation Party	Timing
2	Coordination of Dispatch and Authorization of Rides	If/when there is an authorized study regarding a statewide ATS coordination system we need to have someone from our region represented on the taskforce	Public Assistance /MHCP Clientele	region and beyond	Contract Between Agencies?	?	DHS	Medium
2	Coordination of Rides for Children	Provide adequate transportation for children- especially those enrolled in ongoing programming (counseling, detox, etc). Coordinate between schools, transit system Human Service agencies.	Children/ families (low income?)	YM County	Coordinate agency schedules	Prairie 5	YM Co Human Services	Short
2	Worksite Rides for Disabled	Provide rides to and from work to disabled adults 5 days a week m-f/225 days per year	Disabled	Montevideo/ Clara City/Granite Falls/Dawson	Contract Between Agencies	Chippewa DAC/ City of Monte Transit/Prairie 5	Chippewa DAC/ City of Monte Transit/Prairie 5	Medium
2	Agency Ride Coordination	Share resources to move clients to and from appointments and locations. Take clients from within region to where they need and want to go outside the region by coordinating within agencies and transit providers	Elderly Disabled Low income and all other riders	region	Coordinate agency schedules	MnDOT Regional Transit Manager & Prairie 5	Prairie 5+ other transit providers outside our region	Medium

1	Regionalize volunteer Driver Training	Do all volunteer driver training regionally	Elderly Disabled Low income	region	Coordinate Volunteer driver training	Prairie 5/DHS	Prairie 5	Medium
	Dispatch Coordination	Centralize a call center. Improving program access could potential reduce costs.	Elderly Disabled Low income and all other riders	region and beyond	Coordinate Dispatch	Prairie 5	Prairie 5	Medium
	Joint Purchase Agreement	Allow the transit office to purchase items at a reduced cost and in bulk (insurance, fuel etc)	Elderly Disabled Low income and all other riders	Region	Allow joint purchasing	MnDOT Regional Transit Manager	All transit providers	Short/Medium

Appendix E- Project Analysis: Effort vs. Impact Assessment

<u>Difficult to do/Minor Impact</u> Organize medical rides to South Dakota Coordination of Rides for Children Agency Ride Coordination	<u>Difficult to do/ Major Impact</u> Marketing to Public Annual Regional Transportation Seminar Outreach to Underserved Communities Coordination of Dispatch and Authorization of Rides Dispatch Coordination Joint Purchase Agreement
<u>Easy to do/Minor Impact</u> Special Event Service Enhance Volunteer Driver Program	<u>Easy to do/Major Impact</u> Marketing to Human Service Professionals Market Rides for Kids Worksite Rides for Disabled Regionalize volunteer Driver Training