

Region 8

2016 Local Human Service-Public Transit Coordination Plan

Prepared by:

Judy Elling Przybilla, LGSW, MSW-PDPA
Development Planner
Southwest Regional Development Commission
2401 Broadway Ave
Slayton, MN, 56172

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Executive Summary

The focus of the 2016 Local Human Service-Public Transit Coordination Plan (Plan) is human service transportation coordination, with a special emphasis on transit dependent populations in Southwest Minnesota. Transit dependent populations include people with low-incomes, persons 65 and older, and people with disabilities. The largest concentrations of these populations are located in the communities of Jackson, Luverne, Marshall, Pipestone, Redwood Falls, and Worthington. The majority of these communities have services such as shopping, medical, social services, housing, retail or access to retail, and local human service offices.

The majority of the public transit systems provide service within the required system boundaries. However, the average weekday service hours (8am - 5pm) is a system limitation for many people who may wish to use the transit system for daily shift work related trips. Additionally, limited access to transportation across geographic service boundaries is also a challenge especially for those who live outside a county seat. While public transit serves all nine counties in Region 8, persons in outlying rural areas may find it difficult or impossible to use public transit to get to work on a daily basis. Coordination of appointments and errands, such as grocery shopping, may be one way to maximize use of the public transit while providing access to goods and services.

Key destinations beyond transit system boundaries are also a challenge for transit dependent populations. Surveys and focus groups show Marshall and Worthington continue to be the key destinations within Region 8. However, for goods and services not available in Southwest Minnesota; the key destinations continue to be Sioux Falls, SD, Spirit Lake, IA, Willmar, Mankato, and the Twin Cities. In addition to the aforementioned destinations, many people indicated they are traveling to St. Cloud, Brookings, and Rochester as well.

Key to coordinated transportation is bringing key players to the table and getting on the same page. This means agreeing on transit coordination issues, collectively identifying and implementing ways of collaboratively resolving issues, using the same taxonomy and increasing the awareness of both providers and the transit dependent. This Plan's Steering Committee guided its creation with information gathered through public surveys and focus groups. Information collected from public input identified top gaps in services, community needs, and the strategies/projects developed from them during a public planning workshop.

The needs assessment shows regional connectivity, longer service hours, language access, and more accessible vehicles are desired in the Region. In regards to connectivity, riders and organizations indicate an increasing need for transportation services to go where people work. Increased awareness of the transportation options that include easy to understand materials in multiple languages is important in the Region.

In addition, affordability was a theme across the board for all users of transportation services. Some of the prioritized strategies/projects identified to meet the Region's gaps/needs include:

- identifying local community transportation investment options,
- inclusion of additional languages in marketing materials and scheduling systems,
- increasing public awareness of transportation options in the Region,

- improving service convenience,
- increasing the number of vehicles to assist in meeting demand,
- continue to enhance rider assistance programs,
- identify volunteer driver recruitment options and incentives, and
- continue to work toward public and private providers' integration of scheduling software.

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 coordination 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 for Southwest Minnesota (addendum to plan adopted July 12, 2012). It will assist stakeholders as they determine ways to coordinate human service transportation and transit services in Region 8.

The 2016 Local Human Service-Public Transit Coordination Plan documents technical analysis that evaluates existing transportation services in Region 8 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 8.

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.

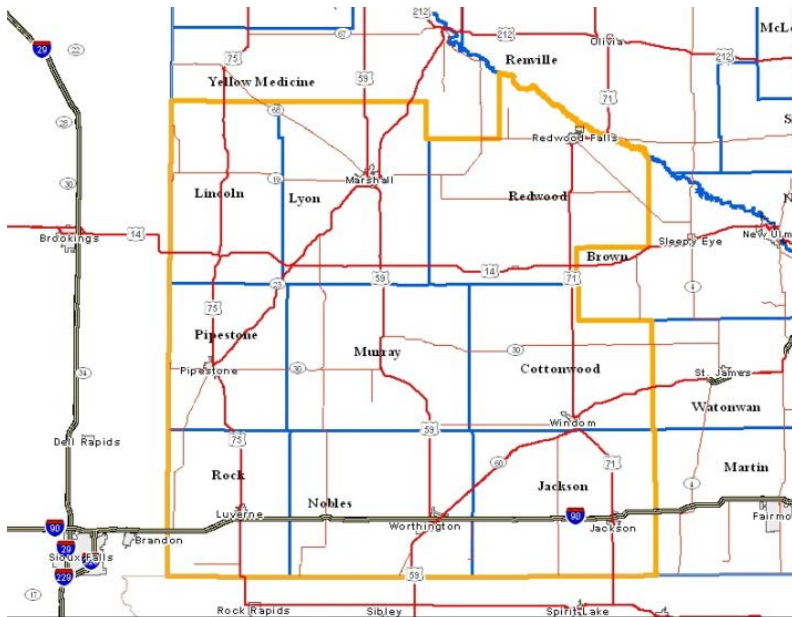
Beyond fulfilling federal requirements, this planning process encouraged representatives of diverse organizations to articulate specific projects that could advance transportation services in Region 8. Through public participation activities, stakeholders brainstormed project ideas and refined these ideas in a collaborative setting. The final strategies and project list reflects input from a broad range of regional stakeholders and provides a 5-year blueprint for future coordination efforts in Region 8.

Existing Conditions

Geography

Region 8 is located in the southwest corner of Minnesota, bounded by South Dakota and Iowa on the west and south, respectively. There are nine (9) predominately rural counties (Cottonwood, Jackson, Lincoln, Lyon, Murray, Nobles, Pipestone, Redwood, and Rock) encompassing 5,841.6 square miles, 80 cities, 163 townships, and one federally recognized Native American Tribe. Forty-six percent (46%) of the Region's population resides either in the rural areas or in communities under 1,000 in population.

Figure 1: Region 8 map of counties.



The 2010 Census identifies Marshall and Worthington as Micropolitan Areas with populations of 25,857 and 21,378, respectively.¹ The two communities serve Region 8 as Regional Trade Centers as well as hosting many medical facilities and providing goods and services. Beyond the Region, additional trade centers, medical facilities and satellite facilities serve the Region including Sioux Falls, SD (<20 miles), Spirit Lake, Iowa (<20 miles), Mankato (<55 miles), Willmar (<52 miles), and the Twin Cities (<180). While there are medical facilities and hospitals located within the Region, major medical facilities and specialists are primarily located outside Region 8 in cities identified above.

Two public transit systems, nine charter providers, at least four private specialized transportation service (STS) providers, and one intercity bus line provider service Region 8. Geographic barriers to providing transportation tend to be state lines (Iowa and South Dakota), county boundaries, transit system boundaries, as well as low population density in rural areas and small communities throughout the Region.

Region 8 has a strong reliance on goods-producing industries like agriculture and manufacturing, which gives the Region a competitive advantage in many industry specialties,

¹ A micropolitan statistical area must have at least one urban cluster of at least 10,000 but less than 50,000 population. The largest city in each metropolitan or micropolitan statistical area is designated a "principal city." Source: US Census Bureau.

including: food manufacturing, machinery manufacturing, animal production, crop production, and transportation & warehousing, but it has made the regional economy more susceptible to recessionary periods. In the last 15 -20 years the Region has seen an increase in the renewable energy industry along with the associated jobs.

Large employers and employment centers are often in the county seats and most of the larger employment expansions have occurred in or near the county seats. It is not unusual in rural Southwest Minnesota for a commute to work to be 30 to 40 miles. Employment growth is difficult to predict. Unique to Southwest Minnesota is a very strong entrepreneurial spirit, as evidenced by the very high number of businesses with fewer than 20 employees, and the growth in new entrepreneurs. According to the Reference USA Business database from March 2017, 83.5% (1,783 out of 2,136) of the employers in the 9-county region (Region 8) of Southwest Minnesota had less than 20 employees.²

Over the past three decades, our aging population has continued to grow in comparison to the total population. By 2035, it is projected that approximately 21% to over 31% of the population will be over the age of 65 years. This anticipated growth has led to a growing demand for health care, social assistance and transportation services. The aging population also makes healthcare and social assistance a vitally important service to the area and a growing source of jobs. Both public and private-run nursing and residential care facilities are in Region 8, while offering a career ladder for employees.

The Southwest Region is home to an aging workforce and a consistently declining population, which leads to a very tight labor force where fewer workers are competing for jobs. Large numbers of youth leave the area, to seemingly more attractive areas. While the reasons for leaving the area vary, most often quoted is lack of career opportunities and the opportunity to earn more somewhere else.

Generally, wages in Southwest Minnesota are lower than the rest of the state. The median hourly wage in Region 8 is \$16/hour, compared to \$18.69/hour statewide.³ The ability to pay for transportation is impacted by wages. Families needing transportation to daycare and work can easily spend one to two hours of wages per day on transportation leaving very little for other necessities such as rent and groceries.

Enrollments at Southwest Minnesota State University (SMSU) continue to increase slightly each year, while Minnesota West Community and Technical College (MN West) shows a slight decrease in enrollment over the last few years. However, both schools are producing new graduates with many of the Region's required skills. In contrast, many rural K-12 school districts are facing declining enrollments and tight budgets, leading to painful cuts, school closures and sometimes disconnects from business and workforce needs.

Key destinations involve places that provide goods and services as well as jobs.

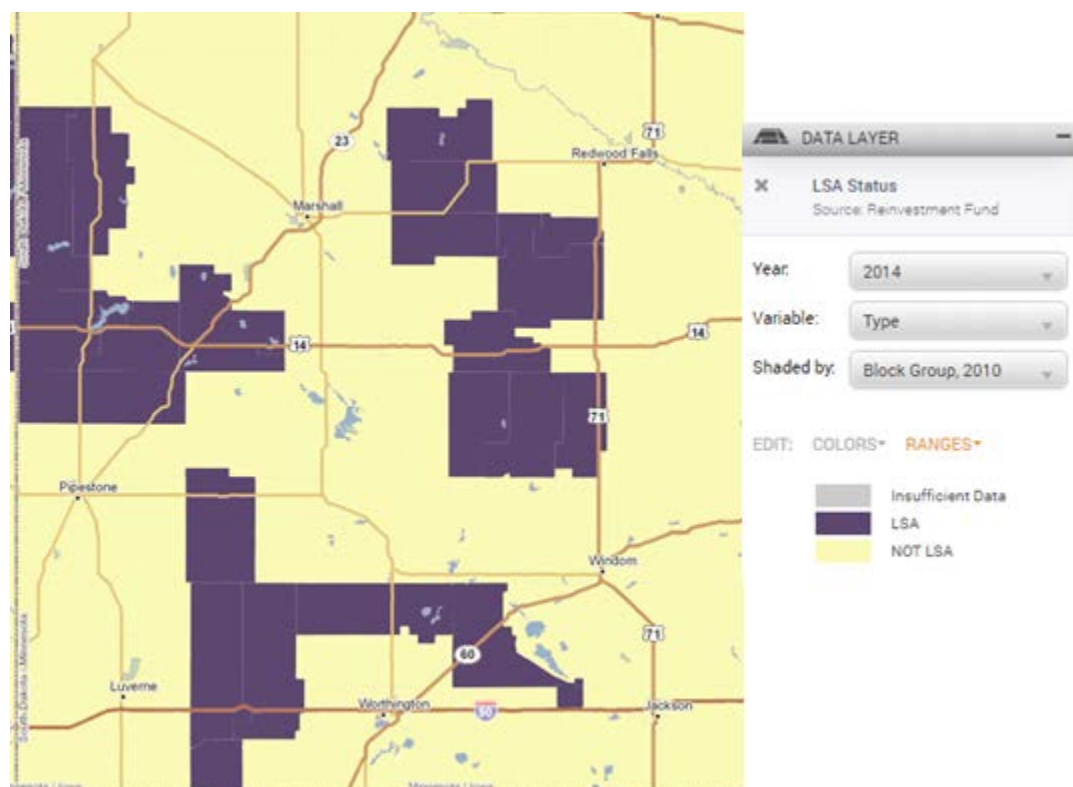
- Major retailer/shopping centers within Region 8 are Marshall, Worthington, Jackson, Windom, Redwood Falls, and Pipestone, which are smaller retail regions. Beyond Region 8, major retail and shopping center destinations are Sioux Falls, South Dakota, Spirit Lake, Iowa, Mankato, Rochester, Willmar, St. Cloud and the Twin Cities.

² Business data Source: [2017 Reference USA Database](#).

³ Hourly Wage data source: 2017 Bureau of Labor Statistics

- *Grocery Stores/Supermarkets.* Greater Minnesota rural areas are growing its status as a food desert area. The United States Department of Agriculture (USDA) defines a rural food desert as a low-income area where a significant number of residents live more than 10 miles from a big grocery store in rural areas or one mile in urban ones. “Minnesota ranks seventh-worst in the nation for the share of residents — about one-third of its population — with no grocery options close to their homes, according to a report released this week by the Federal Reserve Bank of Minneapolis and Wilder Research.”⁴ Figure 2 shows the areas that have limited supermarket access in Region 8. The map shows the cities of Marshall, Pipestone, Luverne, Slayton, Worthington, Windom, Jackson, and Redwood Falls have supermarket access, but a vast area of the Region are not within 10 miles of a supermarket. This low retail access in rural settings is a problem for minorities, elderly and low-income residents in accessing fresh healthy foods, according to the April 2016 Star Tribune article. Local Statewide Health Improvement Partnerships stated they “can aid in reducing rural food deserts through improving access to healthy fresh foods which in effect may decrease the need for long distance grocery trips.”

Figure 2: Limited Supermarket Access in the nine counties within Region 8



Source: [2014 Policy Map](#)

- *Human Services, Library and Government Centers:* Each of the nine county seats is a destination for Health and Human Services and county business transactions (Ivanhoe, Jackson, Luverne, Marshall, Pipestone, Redwood Falls, Slayton, Windom, and Worthington,). The Plum Creek Library System has libraries in each of the county seats as well as a few satellite cities within Region 8. The bookmobile service was retired in 2012

⁴ Source: <http://www.startribune.com/minnesota-among-10-worst-states-for-food-deserts/375573111/>

and replaced with outreach librarians at local churches and activity centers started in 2013 for four of the nine counties for those unable to travel to communities with a library.

- Key medical facilities within Region 8 are in Marshall and Worthington. While there are medical facilities and hospitals located within the Region, major medical facilities and specialists are located outside of Region 8 (Sioux Falls, South Dakota, Mankato, Willmar, Twin Cities, and Rochester – listed nearest to farthest distance). Sanford is the largest health system in the nation with 43 hospitals and nearly 250 clinics in nine states and three countries. Sanford Health's 27,000 employees, including 1,400 physicians, make it the largest employer in the Dakotas. Many clinics and hospitals located in Region 8 have undergone name changes to Sanford Health. Region 8 has seen improvements in the health care community throughout Southwest Minnesota as evidenced by both Avera Health and Sanford Health, two healthcare networks who have made substantial investments to improve healthcare and the healthcare workforce in the Region. The main healthcare providers in Region 8 are Affiliated Community Medical Centers (ACMC), Avera Health, and Sanford Health.
- Colleges & vocational schools are key destinations because students often commute to these facilities, which are located in Pipestone, Worthington, Marshall, Redwood Falls, Jackson and in nearby Canby in Yellow Medicine County. The Marshall and Pipestone locations have bus transportation within the community. Community Transit, a public transit system serving Marshall, works directly with the college to determine routes and times transportation is needed for students. The Marshall campus also has a high number of disabled students who rely on public transit.

Students who live beyond the traditional service areas normally drive himself or herself, walk or bike, or rely on friends and neighbors. Some students can avoid commutes by taking advantage of technology and taking classes online. Minnesota West has several campuses throughout the Region and offers classes in multiple locations via video conference classes as well as online alternatives.

- Public Schools: Within Region 8, there are 32 school districts (29 of which are directly in the Region) serving the 23,929 K-12 age students. In some instances elementary and/or high schools have closed due to declining enrollments and with those closures comes the necessity for students to travel farther to school. For example, after one Southwest Minnesota high school closed, its students had to choose to attend one of three surrounding districts – all of whose high schools are over 17 miles away. What was once a short walk to school for some students now has an added element of long-distance transportation needs.
- Employment: Key employment destinations are where the larger employers are located: Worthington, Marshall, Jackson, Pipestone, Edgerton, Windom and Chandler. Workers commute from surrounding areas to those locations. Commuting is often single vehicle or a non-formal shared ride/carpool. There are many small employers both in communities and scattered throughout the rural areas where people commute to. When workforce availability issues became a hardship for three employers in the Southwest Region, they hired buses to drive employees to and from work from nearby counties and states (Sioux Falls to Worthington, Marshall to Wabasso and Worthington to Chandler).

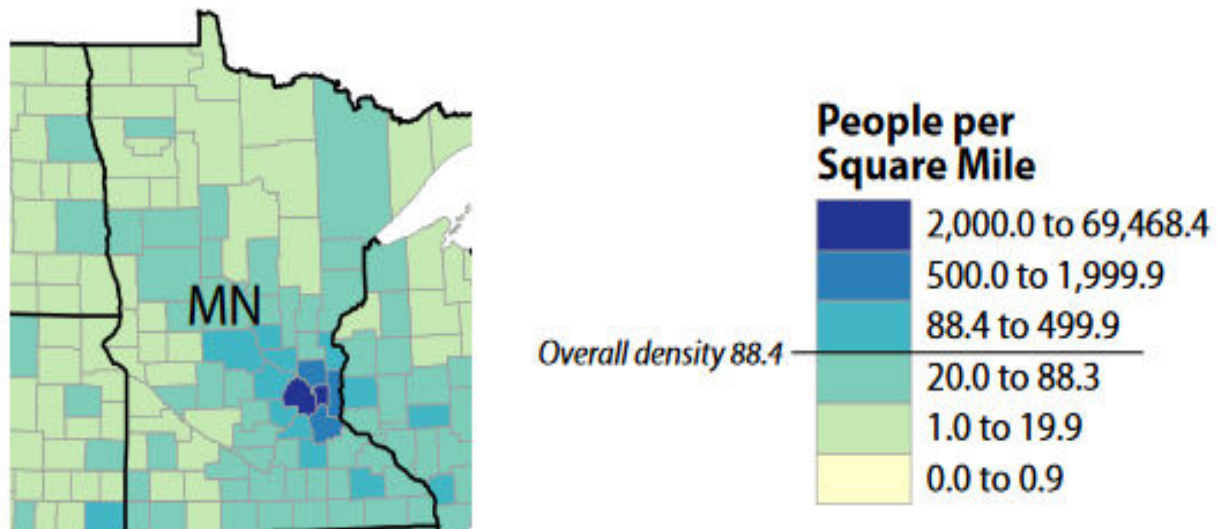
Regional Demographics

According the Greater Minnesota Transit Investment Plan, the 2010 US Census reports roughly 19% of Minnesotans live in the rural areas in Greater Minnesota⁵. It also states the population in rural Minnesota has remained fairly steady between 1900 and 2010 and expects this trend to continue through 2040. However, not every rural area is the same throughout our state. This section will describe Region 8's demographics.

Population density. The 2010 population in Region 8 was 119,151, which dropped in 2015 to an estimate of 117,597. The Region's population density changed from 20.4 persons per square mile in 2000 to 20.2 in 2010. The 2010 Census indicates that 60% of Region 8's population resides in incorporated places, which range in size. Three of the Region's cities have populations over 5,000 (Marshall 13,680, Worthington 12,764 and Redwood Falls 5,254) and account for 27% of the Region's population. Another 14 communities have populations ranging from 1,000 to 4,999 and account for another 27% of the population; while 63 communities have population below 1000 (Kinbrae with the smallest at 12) and account for 16% of the population. The Lower Sioux Community has a population of 419.

The two largest cities (Marshall and Worthington) have increased population in the last ten years. Figure 3 represents the population density in Region 8 in 2010. Those Census Tracts with the highest population density include communities with a population exceeding 1,000, or have two communities whose combined population exceeds 1,000.

Figure 3: 2010 Population Density



Source: 2010 US Census

Population density often is an indicator where there are larger numbers of people who are transit dependent, and are often where public or private transit is the most viable (access to a larger number of people traveling to places in close proximity). For example, Lyon County has the highest population density with 36.2 people per square mile, next highest is Nobles County with 29.9 people per square mile. Both of the counties' county seats have in town transit (public and/or private) and high concentration of large employers.

⁵ Source: Greater Minnesota Transit Investment Plan: Technical Memo #5: Trends & Opportunities.

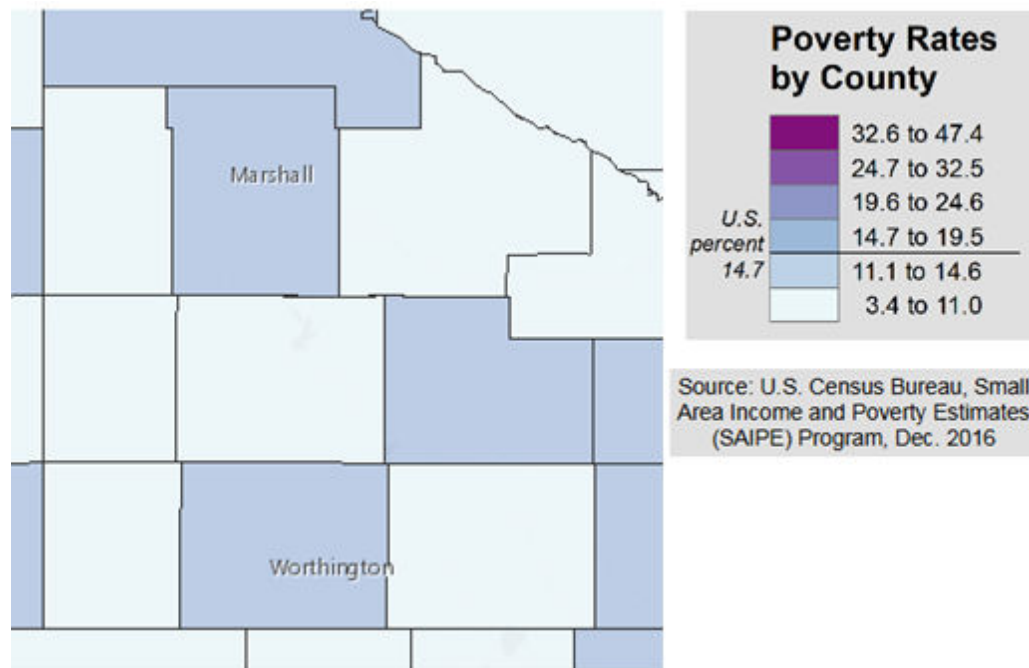
Poverty. In 2015, the majority of the area had a range of 9% - 13.7% of the population living at or below the federal poverty line (Table 1, Figure 4, and Figure 5). The highest city-based concentrations of poverty according to 2010 and 2015 Census data are in the cities of Luverne (15.1%), Jackson (17.1%), Marshall (19.5%), Pipestone (19.6%), Worthington (20%), Windom (26.4%), and Walnut Grove (32.6%).

Table 1: Small Area Income and Poverty Estimates, 2010 Geography

Geographical Area	All Ages in Poverty 2010	All Ages in Poverty 2000	% Change 2000 -2010
Cottonwood County	11.0%	9.6%	+1.4%
Jackson County	9.7%	7.8%	+1.9%
Lincoln County	10.0%	9.3%	+0.7%
Lyon County	11.4%	7.7%	+3.7%
Murray County	8.9%	7.7%	+1.2%
Nobles County	13.8%	9.6%	+4.2%
Pipestone County	10.5%	8.4%	+2.1%
Redwood County	9.6%	7.5%	+2.1%
Rock County	10.8%	6.9%	+3.9%
State of Minnesota	11.5%	6.9%	+4.6%
United States	15.3%	11.3%	+4.0%

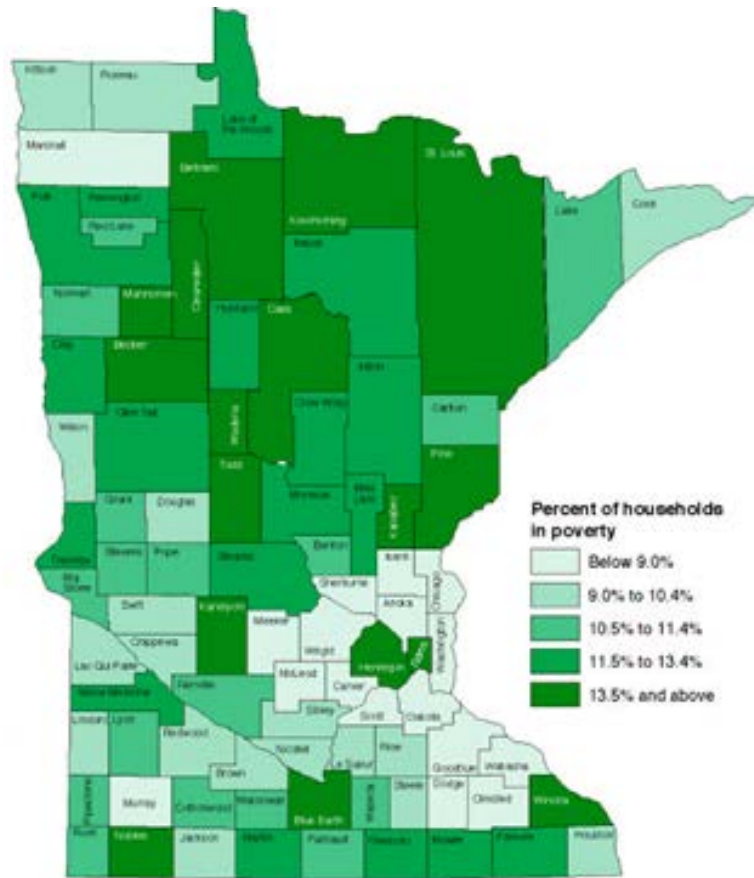
Source: U.S. Census, Small Area Income & Poverty Estimates

Figure 4: 2015 Percent all ages in poverty



Source: 2015 American Community Survey, US Census

Figure 5: Population in Poverty all ages, 2010

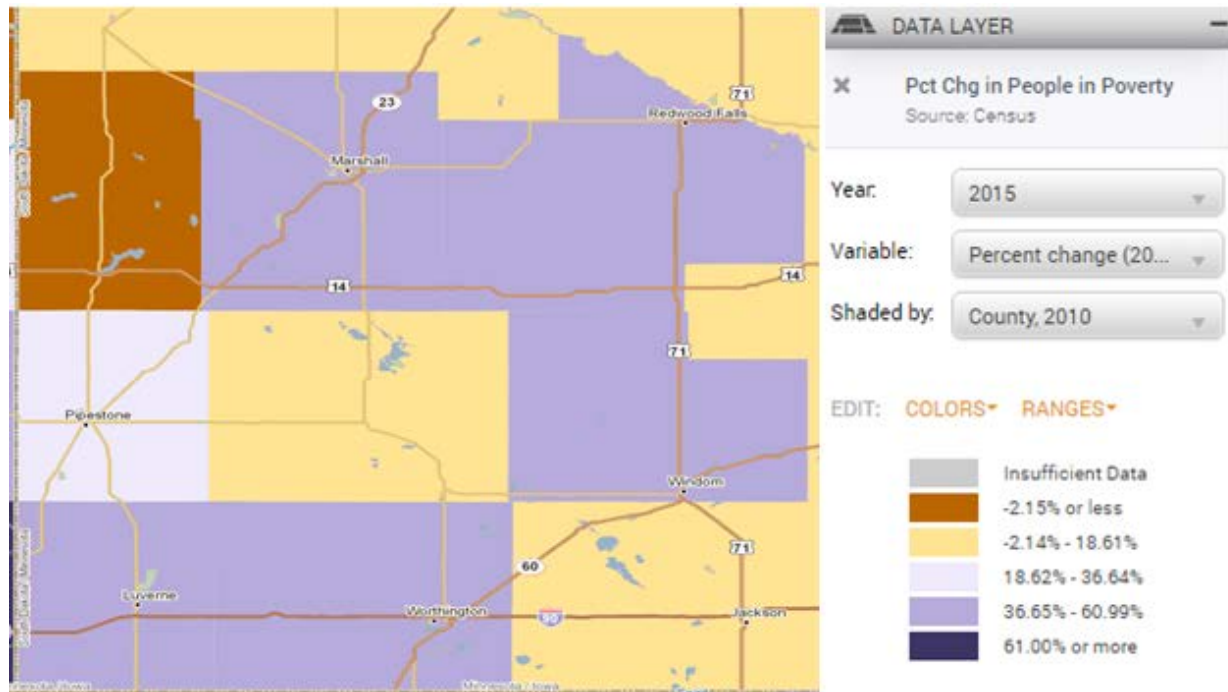


Source: MN State Demographic Center / Center for Rural Policy and Development

The federal poverty line is \$11,670 for an individual and \$23,850 for a family of four which is well below full-time work at minimum wage. The current federal minimum wage is \$7.25 an hour and the state of Minnesota's minimum wage is \$7.75 for small employers and \$9.50 per hour for large employers. An average person working at a small employer in Region 8, working 40 hours a week, 52 weeks a year would earn \$16,120 a year.

In Region 8, county-based numbers show only Nobles County (13.8%) had a higher poverty rate than the state of Minnesota (11.5%), according to data from the 2010 U.S. Census Bureau's Small Area Income and Poverty Estimates (SAIPE) program. The other counties in Region 8 had lower poverty rates than the state, led by Murray County (8.9%), Redwood (9.6%), Jackson (9.7%), and Lincoln County (10.0%). The highest percent change of people in poverty (Figure 6) was located in the counties of: Rock (11.4%), Redwood (11.8%), Lyon (14.1%), Nobles (15.6 %) and Cottonwood (16.8%).

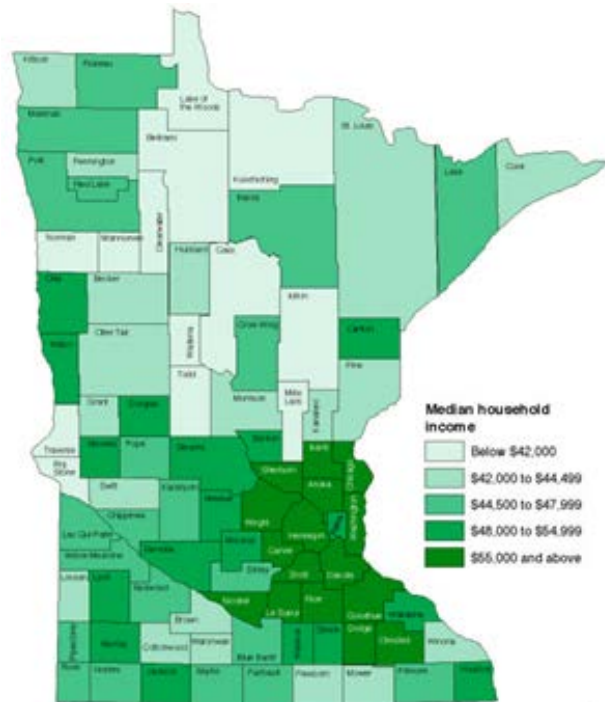
Figure 6: Percentage Change in Poverty



Source: US Census Bureau, ACS 2015

The highest median income in the region was in Lyon County (\$46,872), followed by Jackson (\$46,869), Murray (\$45,657), and Rock County (\$45,411). The rest of the counties in the region has median household incomes below \$45,000 per year, including Lincoln (\$44,672), Redwood (\$44,181), Nobles (\$43,040), Pipestone (\$40,589), and Cottonwood County (\$40,292). The last two – Pipestone, and Cottonwood – are among the ten lowest median household incomes in the state. Due to the lower incomes, more than one-fourth of households in Southwest Minnesota earned less than \$25,000 per year, as compared to less than one-fifth of households in the state. Figure 7 is a map that shows the 2010 median income for the State of Minnesota.

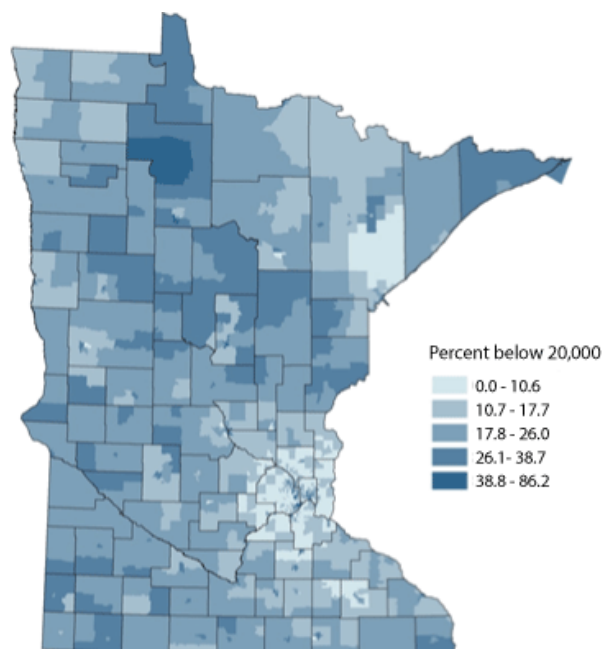
Figure 7: Median household income, 2010



Source: MN State Demographic Center / Center for Rural Policy and Development

Because the federal poverty threshold is so low, poverty status is not just a matter of low wages. Figure 8 indicates the vast majority of low wage jobs are located in seven of the nine counties: Pipestone, Nobles, Lyon, Murray, Cottonwood, Lincoln, and Redwood and depict yearly earnings below \$20,000. The remaining counties (Jackson and Rock) are within Census Tracts that have a significant number of low wage jobs and low-income workers.

Figure 8: Share of workers earning less than \$20,000, 2008-2012

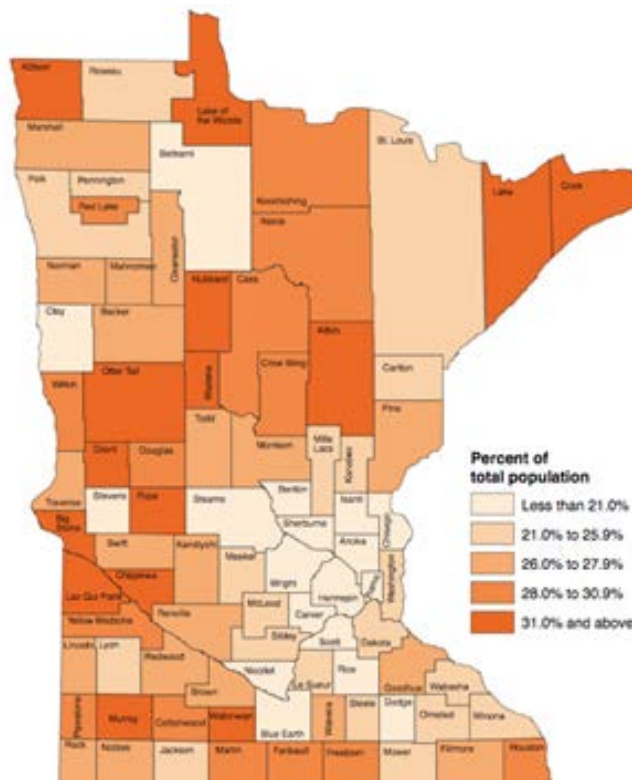


Source: American Community Survey (ACS) 2008-2012 low-wage earners

Southwest Minnesota also has high numbers of households receiving Social Security income due to having such high percentages of people aged 65 years and over. Two of the ten counties in Minnesota with the highest percentage of households receiving Social Security income in the state are in the region, led by Lincoln (42.7%) in third and Cottonwood (39.6%) in sixth. The lowest percentage was in Lyon County (26.1%), though that was still above the state percentage. According to the 2017 State of the Housing Report⁶, rents increased statewide by 9% from 2000-2015, while incomes declined by 11%. Statewide, Cottonwood County holds the second largest increase in rent at a 43% increase. There may be a need for further analysis of affordable transportation options within the Region 8 communities.

Persons age 65 and older. Southwest Minnesota is home to an aging population and a changing economy. On average over 21% of the regional population is aged 65 years or older, prompting the continued growing demand for healthcare and social services. The Minnesota State Demographic Center is projecting a 23% increase in persons 65 years or older by 2035 (Figure 9). While some specific areas are experiencing small growths in population, most of the region is experiencing a decline. All areas are conscious that the population is aging, highlighting the need to create viable economies that would encourage younger people / families to move back, or out, into rural Minnesota. The pressure will be on to “grow old gracefully,” as the region will be far ahead of its time in supporting an older population and labor force.

Figure 9: Projected population age 65 and over, 2035

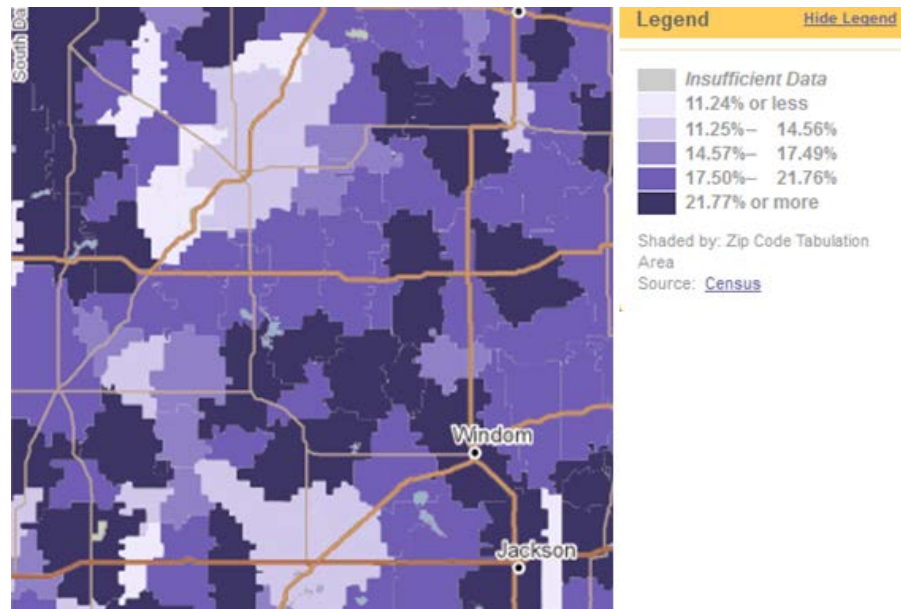


Source: MN State Demographic Center / Center for Rural Policy and Development

⁶ The 2017 State of Housing Report, MN Housing Partnership, March 13, 2017, <http://mhponline.org/publications/housing2017>

The median age of the population in Region 8 is growing older. The 2010 Census showed the median age of the residents in the Southwest Minnesota counties ranged from 34.1 (Lyon County) to 46.8 (Murray County). Figure 10 indicates the estimated percentage of all people age 65 and older in the Region. It shows the Region has a large area where the population over the age of 65 and is more than 17.5% of the population.

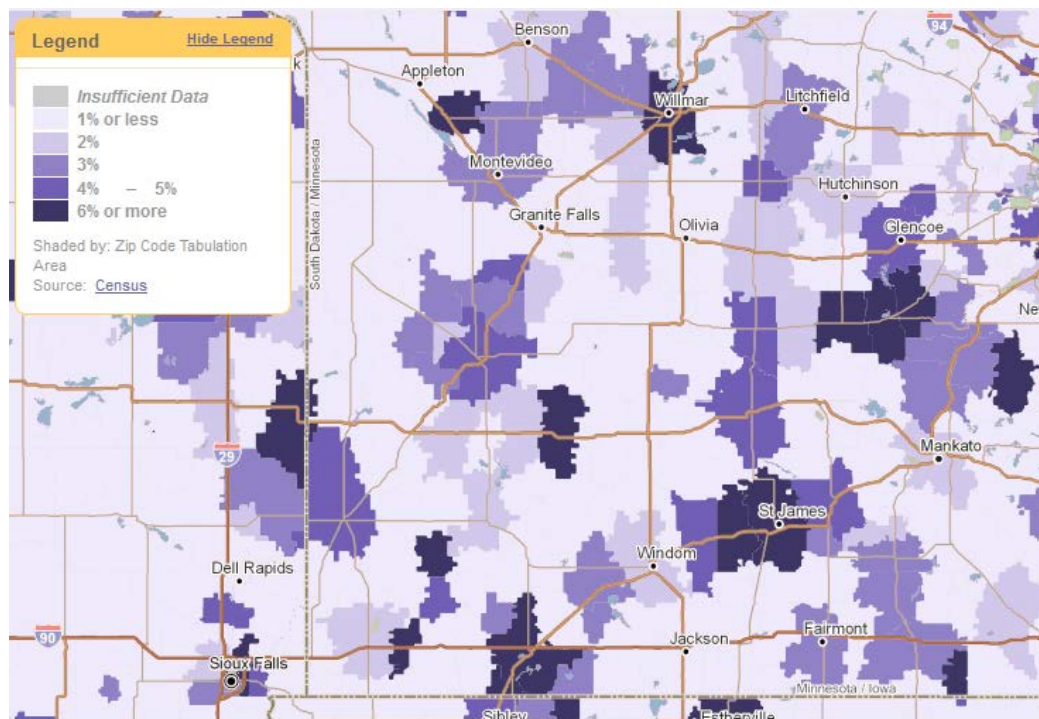
Figure 10: Estimated percent of all people 65 and older, 2011-2015



Source: Minnesota State Demographic Center

Minority populations. The 2010 Census reports indicates the minority population in the Region more than doubling (increase from 7000's to 20,684). The 2010 Census indicates the predominant ethnicity of the non-white population in Region 8 is Hispanic, Asian (Hmong, Karen, Laotian), Black or African America, and American Indian. Figure 11 depicts where in the Region the minority populations are located. The highest concentrations of minority populations in Region 8 include Walnut Grove, Marshall, Redwood Falls, Luverne, Jackson, Tracy, and Worthington. The largest numbers of Hispanic residents are in Nobles and Lyon County, followed by Cottonwood County. Nobles County (6.1%) also had the fifth-highest percentage of Asian residents in the state, followed by Redwood (3.5%) in ninth, Cottonwood (3.1%) in 11th, and Lyon County (3.0%) in 12th. Redwood County (6.3%) had the ninth highest percentage of American Indian residents in the state, followed by Pipestone (2.2%) in 21st.

Figure 11: Estimated percent of all people 5 and older who were non-English speaking; 2011-2015



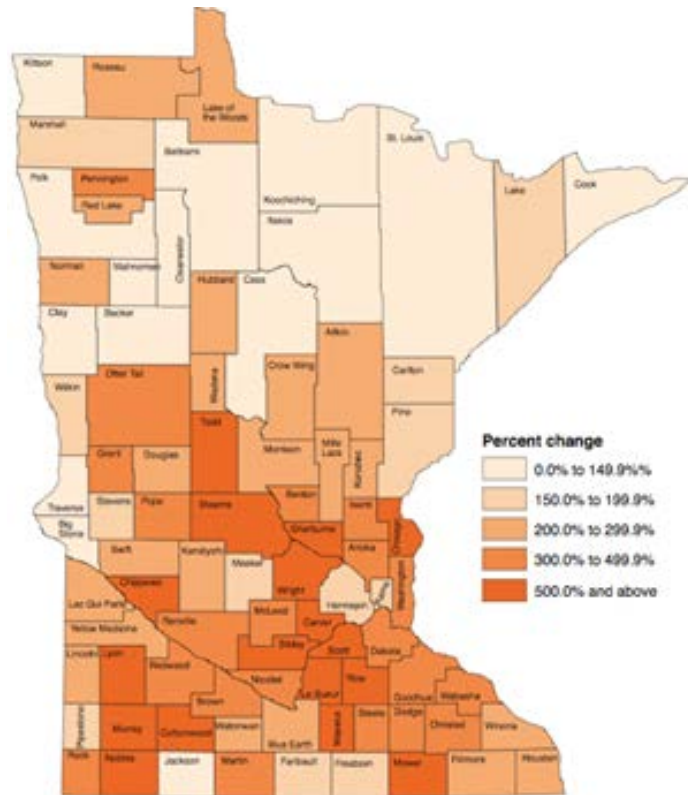
Source: Minnesota State Demographic Center

The United States Census identified the number of people, age five and older, who speak English and another language. In 1990, 4.2% of the age five and older population spoke English and another language; of that number, 1.8% spoke English less than “very well”. In 2000, the percentages had increased to 6.8% and 3.1% respectively. In 2010, the percentages has increased to 7.6% and dropped to 2.7% respectively.

From 1990 – 2010 the change in the distribution of people of color have increase on average by over 200% region wide. From 2000 to 2013, immigrants accounted for nearly 28.6% of Minnesota’s population growth, according to the Partnership for a New American Economy and Americas Society/Council of the Americas⁷. According to the US Census, in 1990, the minority population made up 1.3% of the region’s population; in 2000, the percentage had increased to 5.8% and in 2010, the percentage had increased to 10%. More minority residents reside in communities (7.5%) than in rural (2.3%) areas of the Region. In-migrants – or “New Minnesotans” – have become an increasingly important source of growth for the region, providing new customers and new employees for businesses, as well as new students for local school districts. In many areas, the total population would have declined even more if not for the influx of residents from different races and origins (Figure 12). According to the American Community Survey data, Nobles County has the largest number of people who were not U.S. citizens, with 2,250 people, followed by Lyon (862 people) and Cottonwood County (311 people).

⁷ Source: Partnership For A New American Economy’s 2013 Report: Immigrant Contributions To Minnesota’s Economy

Figure 12: Change in the distribution of people of color, 1990-2010



Source: MN State Demographic Center / Center for Rural Policy and Development

The 2000 US Census Data stated the Hmong population grew the fastest of the Asian or Pacific Islander race groups. Minnesota continues to have the largest concentration of Hmong in the United States. In the 2000 US Census, the Minnesota Hmong population was 45,443 and in the 2015 US Census Community Survey the Minnesota Hmong population increased to 63,619. While the largest concentration of Hmong in the United States is in St Paul, the next largest concentration of Hmong in Minnesota is in Lyon County. Cultural factors are important in relation to transportation. There is a public transit bus route in Lyon County to Tracy and Walnut Grove where there is a high concentration of Hmong, however affordability and knowledge of the service was identified as barrier to use. It is also reported that minority populations prefer to travel with friends and relatives they know.

There are also significant numbers of foreign-born Hispanic or Latinos in Nobles County. It is anticipated Region 8 will continue to experience increased racial and ethnic diversity. Walnut Grove grew faster than any other city in the region, adding 45% to its population from 2000-2010 and grew by 3% from 2010 - 2015. Walnut Grove has a high Asian population which is also growing (38% in 2010 / 50.3% in 2015) and a declining White population (60.8% in 2010 / 48.6% in 2015 48.6%), and an increasing Hispanic (any race) population (<2% in 2010 / 3.5% in 2015).

Youth. Key finding from the Carsey Research's report⁸ on youth in Southwestern Minnesota states that more than 1 in 6 children in Southwest Minnesota are poor, 12% of the foreign-born

⁸ Source: A Profile of Youth Poverty and Opportunity in Southwestern Minnesota. UNH Carsey Research National Issue Brief #114. Winter 2017

youth do not speak English, and there is a growing income disparity among families with children in the Region.

Like the majority of counties in Minnesota, the number of births in Southwest Minnesota declined over time ranging from a -29.3 percent decline in Nobles County to more than -60 percent decline in Murray County (-67.8%).

The region lost large numbers of people (-4,637 people) from the 5 to 14 year-old age groups in 2000 to the 15 to 24 year-old age group in 2010; likely as they moved on to colleges or work opportunities outside of the region. Due to the presence of a 4-year college, Lyon County saw an increase in this age group, while the rest of the region saw out-migration of young adults. The region also saw a big decline (-4,343 people) in the 15 to 24 year-old age group in 2000 to the 25 to 34 year-old age group in 2010, as these young adults moved into the labor force, seeking opportunities elsewhere. Table 2 shows change in school enrollment from 2011 to 2017 where three of four counties show declining enrollment and the other counties show growth from 1.6% to 15.1%. The table also show minority students' change in enrollment. All counties show increased enrollment in minority students from 2011 to 2017 from 14.3% to 53.6%.

Table 2: Change in School Enrollment in Region 8 which includes minority enrollment

County	2011-2012 Total Students	2016-2017 Total Students	2012- 2017 Change	2011-2012 Minority Students	2016-2017 Minority Students	2012-2017 Change
Cottonwood	2,334	2,371	+1.6%	533	622	+14.3%
Jackson	1,514	1,484	2.0%	138	176	+21.6%
Lincoln	947	890	-6.4%	37	59	+37.3%
Lyon	4,325	4,826	+10.4%	832	1,329	+37.4%
Murray	1,110	1,078	-3.0%	69	85	+18.8%
Nobles	3,656	4,304	+15.1%	1,780	2,546	+30.1%
Pipestone	1,471	1,533	+4.0%	173	373	+53.6%
Redwood	2,146	2,061	-4.1%	417	516	+19.2%
Rock	1,592	1,657	+3.9%	102	188	+45.7%

Source: Minnesota Dept. of Education, 2016-2017 Enrollment by Ethnicity/Gender Report

People with Disabilities. Within Region 8, people with disabilities contribute meaningfully in all aspects of the communities, but often rural communities/environments are not fully integrated in their structures to allow well-rounded participation and opportunities for success. Across Region 8, about 13,707 persons have one or more disabilities, roughly 15% of the population, according to the 2015 American Community Survey (ACS). Of that number, 7% of those disabled are under 18 years of age, 42% are between 18 and 64 years of age, and 51% are over the age of 65.

The 2015 ACS indicated Minnesotans with disabilities have ambulatory disabilities more than any other disability and that this difficulty (i.e. walking and climbing stairs) disproportionately affects older adults. Cognitive disability is the next most common disability reported, followed by a hearing disability, independent living disability, and self-care disability. The least prevalent type of disability, as defined by the ACS, is a vision disability.

As a group, employed disabled persons have low earnings relative to non-disabled employed persons in Minnesota. Among Minnesotans with disabilities age 16+ who had earnings from employment in 2015, median annual earnings were \$19,700; while those without disabilities had median earnings that were almost double that, at \$36,000. The low earnings, or lack of earnings entirely, experienced by many adult Minnesotans with disabilities also result in high poverty rates. Minnesotans with disabilities are more than two times as likely to live in poverty than those without a disability.

Single Headed Households. In the 2010 US Census, Region 8 showed smaller percentages of single-parent families with a female head of household than the state (5.9%), including Murray (3.5%) and Lincoln County (3.6%). Two counties have a higher percentage of male head of household single-parent families than the state (4.3%), which are Nobles (5.3%) and Jackson (4.5%). According to the 2010 US Census and as noted in Table 3, people over the age of 65 represent 46.3% of the people living alone in Region 8 and 74.5% of them are female. Lincoln County has the highest percentage of households over the age of 65 (52.3%), followed closely by Murray County (50.9%) and Rock County (50.0%), and Lyon County coming in with the lowest percent of households over 65 at 37.3%.

Table 3: Population age 65 and over living alone in Region 8

Geographical Location	Households Living Alone	Percentage of Households Living Alone 65+ years old	Percentage of Households that are Female 65+ living alone	Percentage of Households that are Male 65+ living alone
Region 8	14,557	46.3%	74.5%	25.5%
Cottonwood County	1,559	49.0%	74.7%	25.3%
Jackson County	1,369	46.7%	73.6%	26.4%
Lincoln County	875	52.3%	71.4%	28.6%
Lyon County	3,028	37.3%	75.0%	25.0%
Murray County	1,095	50.9%	70.6%	29.4%
Nobles County	2,121	47.2%	74.8%	25.2%
Pipestone County	1,306	48.2%	77.5%	22.5%
Redwood County	2,064	47.8%	73.2%	26.8%
Rock County	1,140	50.0%	78.8%	21.2%

Source: 2010 US Census

Veterans. The National Center for Veterans Analysis and Statistics⁹ (2012) found that nationally the isolation of rural areas creates unique challenges based on demographic composition; social ties and social capital; culture; and infrastructure and institutional support. They also cited that rural veterans are found to be less racially diverse; less educated, more disabled, and have lower incomes than their urban counterparts. Rural veterans also have higher rates of service-connected disabilities, which attributes to the high percentage of older male veterans who reside in rural communities.

⁹ National Center of Veteran Analysis and Statistics. (2012). Characteristics of Rural Veterans. U.S. Department of Veterans Affairs. Washington D.C.

In Region 8, the 2015 ACS states that 9% of the population identifies as a Veteran. In Table 4 it shows that 38% of the Region 8 Veterans served during the Vietnam era, 15% Korean War, 10% World War II and Gulf War (1990-2001), and only 8% represent Veterans who have served after 2001.

Table 4: Veteran population classified by period of service

Period of Service	Number of Veterans	Percent of total veterans
Gulf War (9/2001 or later) veterans	647	8%
Gulf War (8/1990 to 8/2001) veterans	836	10%
Vietnam era veterans	3,094	38%
Korean War veterans	1,227	15%
World War II veterans	824	10%

Source: 2015 American Communities Services, US Census

According to the 2015 ACS the majority of the veterans in Region 8 are male (95%), 97% are white, have a median income of \$427,748 per year, and just shy of one-third have a disability. While 46% of the veterans hold a degree higher than a high school diploma, only 6% are in the 18 to 34 age group (33% are over 75 years of age). This can be seen in Table 5.

Table 5: Veteran population classified by age

Age	Number of Veterans	Percent of Total Veterans
18 to 34 years	454	6%
35 to 54 years	1,308	16%
55 to 64 years	1,624	20%
65 to 74 years	2,058	25%
75 years and over	2,714	33%

Source: 2015 American Communities Services, US Census

As seen in Table 6, the 2015 ACS indicates that Lincoln County has the highest majority of veterans (11.8%) per county population, closely followed by Murray (11.4%) and Jackson (11.1%) Counties and the county with least percent of veterans per population is Lyon County (7.5%). The highest Veteran age group population across all counties is over 65 years of age group. Redwood County has the largest group of disabled veterans (36.9%) and Jackson County with the lowest (22.9%). Redwood County also has the average median annual income (\$35,625) and Nobles County with the lowest (\$26,958).

Table 6: Veterans by County in Region 8

County	Number of Veterans	Percentage of County Population	Largest Veteran Age Group	Percent Disabled Veteran	Median Income
Cottonwood	689	9.7%	65+	36.0%	No Data
Jackson	878	11.1%	55+	22.9%	\$34,267
Lincoln	531	11.8%	65+	36.2%	\$27,778
Lyon	1,149	7.5%	55+	28.7%	\$35,194
Murray	764	11.4%	65+	31.5%	\$32,875
Nobles	1,192	7.5%	55+	31.2%	\$26,958
Pipestone	645	9.2%	75+	28.0%	\$34,024
Redwood	1,160	9.8%	65+	36.9%	\$35,625
Rock	689	9.7%	65+	24.2%	No data

Source: 2015 American Communities Services, US Census

Transit-Dependent Populations

Distribution of Low Income Workers and Low Wage Jobs. Low-income wage earners indicate they have fewer resources to spend on transportation to work and other basic needs. All of the counties in the Region have access to public transit along with the cities of Ivanhoe, Jackson, Luverne, Marshall, Pipestone, Redwood Falls, Slayton, Windom, and Worthington. Both Marshall and Worthington have taxi services, however Worthington taxi service has a reduced fare available if the ride is arranged through the public transit system. Job related transit within these communities can be challenging at times.

Limited English Proficiently (LEP) populations. Individuals with Limited English Proficiency are noted to be more reliant on transit service due to limited numbers obtaining driver's license due to language barriers. In the Southwest Region 2011/2012 Local Human Services-Public Transit Coordination Plan and in the 2017 Greater Minnesota Transit Investment Plan, non-English language was identified as a barrier to using public transit. Census data indicates there are an increased number of residents in Region 8 who have difficulty speaking English. During a focus group meeting in Worthington at the JBS Swift and Company plant, the company shared that there are 56 languages/dialects spoken by their 2,100-employee workforce. The most common languages spoken in Region 8 besides English are identified as Spanish, Hmong, Lao, Burmese, Somali, Oromo, Amharic, and Karen.

Commuters. The vast majority of households in Southwest Minnesota have vehicles. The ACS indicates 48.9% of population over the age of 16 living in in Region 8 commutes to work. Of this group, 75.1% drive alone in a personal vehicle. Table 7 shows the by county breakdown of work related commuting behavior.

Table 7: Work related commuting behavior by county.

Geographical Location	Commute to work 16+ years	Car pool	Public transit (excludes taxi)	Drove alone	Walk	Other means	Work from home	Mean travel time to work (in minutes)
Cottonwood County	5,323	560	64	3,860	350	95	394	17.3
Jackson County	5,256	461	10	4,214	156	61	354	18.1
Lincoln County	2,927	239	3	2,205	167	30	283	20.3
Lyon County	13,625	1,688	118	10,272	493	227	827	14.6
Murray County	4,179	386	27	3,164	201	49	352	19.8
Nobles County	10,295	1,742	33	7,366	374	339	441	17.7
Pipestone County	4,510	516	30	3,362	203	48	351	18.9
Redwood County	7,496	686	47	5,693	351	85	634	16.4
Rock County	4,699	430	37	3,632	195	53	352	18.5
Region 8	58,310	6,708	369	43,768	2,490	987	3,988	18.0

Source: 2015 American Community Survey, US Census

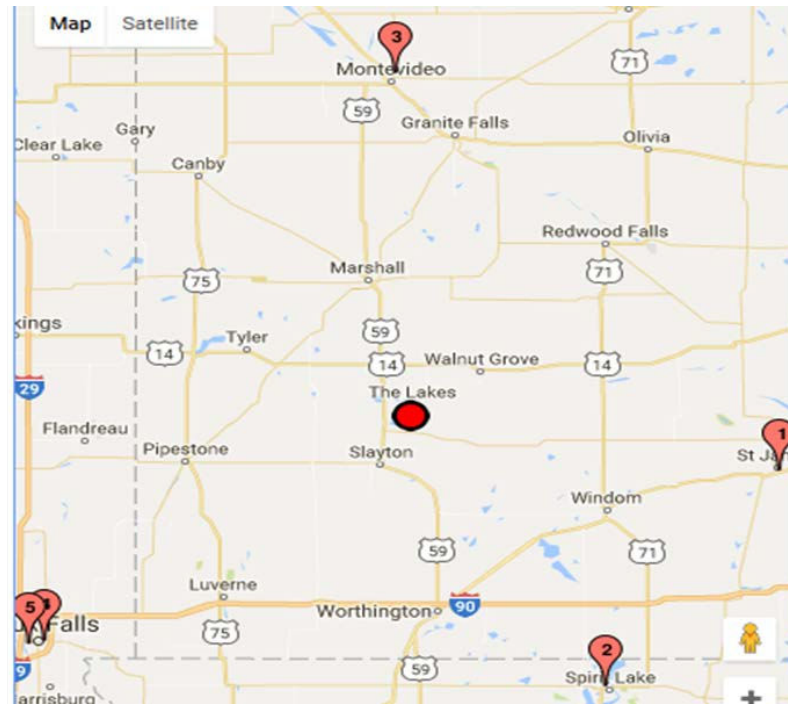
- Drive alone. The percentage of individuals commuting to work alone decreased from 75.4% in 1990 to 73.2% in 2000. . Although the 2010 US Census data did not count commute to work alone, the 2015 ACS data revealed that 75.1% are commuting alone to work. Jackson County has the highest percentage of commuters driving alone to work at 80.2% and Nobles County has the lowest at 71.5%.
- Carpool. Both the actual number and the percentage of individuals car-pooling increased from 1990 to 2000 (10.6% to 11.5%). The 2015 ACS data revealed that this number has remained flat at 11.5%. A large majority of the non-English speaking residents have indicated they carpool to work and other key destinations. Nobles County has the highest percentage of commuters who carpool to work at 16.9% and Lincoln County has the lowest at 8.2%.
- Public and Private Transit. Use of transit or a taxi increased from 0.4% to 0.8% from 1990 to 2000. The 2015 ACS data revealed that this number has decreased to 0.6%. This could be due to the data in 2015 excluding taxi services. Cottonwood County has the highest percentage of commuters who use public transit to get to work at 1.2% and Lincoln County has the lowest at 0.1%.
- Travel time to work. In 1990, the average length of time for the commute to work ranged from 11 to 16 minutes. The 2000 Census data revealed an increase in commute time ranging from 13.5 minutes to 20.1. The 2010 Census data showed this decreased to an average time of 18.0 minutes. Lyon County has the longest average commute to work at 20.3 minutes and Lincoln County has the shortest at 14.6 minutes.

Veterans. A National survey conducted by the Small Urban and Rural Transit Center (SURTC)¹⁰ throughout Minnesota, Montana, and North Dakota targeting small urban and rural counties indicated that more than 80% of participants had a disability, with a wide range of

¹⁰ Improving Veteran Mobility in Small Urban and Rural Areas, February 2014, North Dakota State University, Upper Great Plains Transportation Institute, Small Urban and Rural Transit Center, <http://www.ugpti.org/resources/reports/downloads/2014-02-improving-veteran-mobility.pdf>

disability ratings. Of the 140 responses received, 70% indicated they drive their own vehicle, 13% usually travel as a passenger in a private vehicle, 9% depend upon veteran transportation services, and 9% use public transportation (VA reimbursement rate is 10 cents per mile). In the survey, 33% of respondents reported that they travel less than 30 miles one-way to get to their veterans' healthcare facility, 33% travel between 31 and 60 miles, and 33% travel more than 60 miles one-way to receive medical services at their veteran health care facility. Figure 13 shows the locations of the veteran health care facilities in and near Region 8.

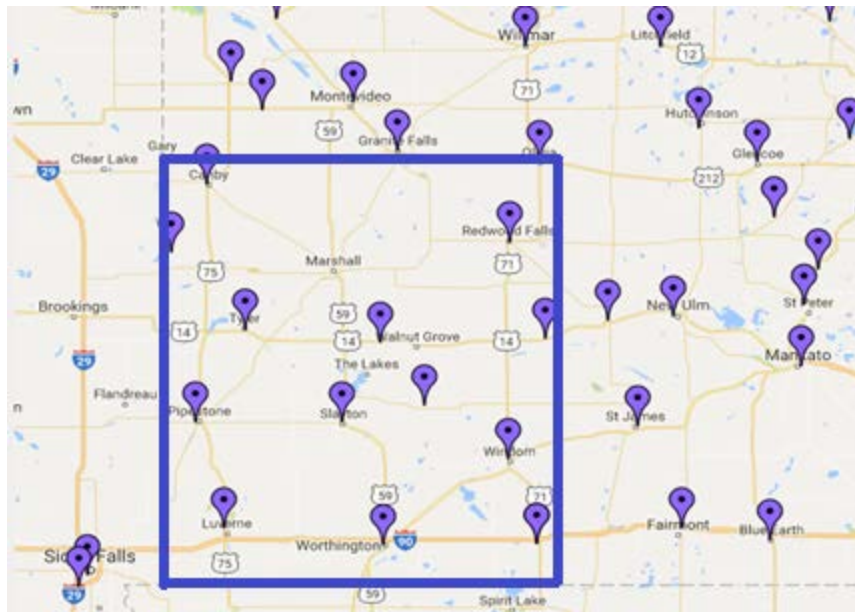
Figure 13: Veteran health care facilities in Region 8



Source: US Department of Veterans Affairs

Persons age 65 and older. The 65+ population in Region 8 has been increasing over the last ten years, which may have implications for both current and future transportation needs. For older adults with mobility issues, door-to-door transportation is crucial for accessing the services they need to stay in their communities. Transportation services are needed ensure this population has access to transportation, which gives residents the ability to obtain services with reasonable travel including access to grocery stores, senior centers, shopping centers, faith-based or spiritual organizations, and health care providers. As mentioned in Key Destination earlier, medical clinics and hospitals are major destination location for this population. Figure 14 shows where these facilities are located within Region 8. Marshall Avera Hospital is not in this map; however is a key destination for many residents in the Region However, many residents travel to Sioux Falls, Mankato, Rochester, or the Twin Cities for specialty medical care.

Figure 14: MN Hospitals Map 2017.



Source: MNHospitals.org

Access to transportation services varies person to person based on where the person lives and which medical facility is their destination. Within a well-served public transport system, the bus may be available. Some transit systems also have volunteer drivers; however, volunteer drivers do not have lift accessible vehicles. Self-drive, family and friends are often used, a Special Transportation Service (STS) provider is often called (but may not accept the trip if it is not cost effective for them), and often ambulances transport to the medical facility. Most of the public transit systems do not travel beyond their service area boundaries, which can be problematic to accessing services out of their county and if affordable lift accessible transportation, is required. Many nursing homes have vehicles (some have lifts and some do not); however, public transit is often used for doctor office trips, instead of the facility vehicle which are normally used for recreation activities. While transportation to medical facilities can be a challenge, often the return trip poses a larger challenge (which may be after hours of a transit provider), especially for persons requiring a lift accessible vehicle.

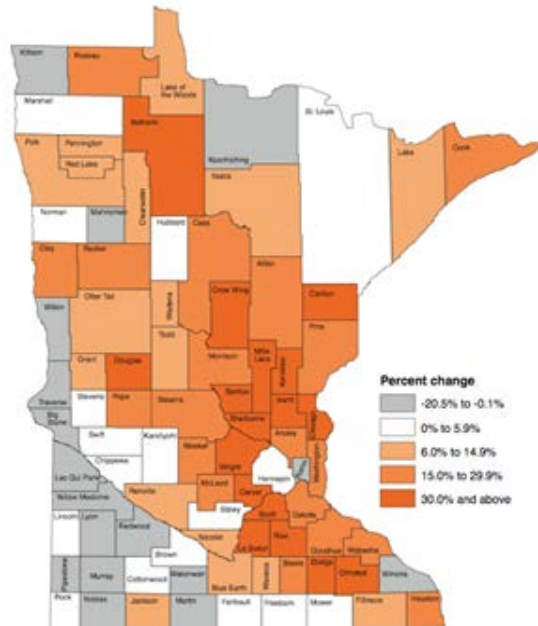
People with Disabilities. Affordable and reliable transportation allows people with disabilities access to important opportunities in education, employment, health care, housing, and community life. As stated above, rural communities need to ensure that people with disabilities have access to transportation, which gives residents the ability to obtain services with reasonable travel including access to grocery stores, work, shopping centers, faith-based or spiritual organizations, and health care providers. People with disabilities have consistently described how transportation barriers affect their lives in important ways. As a population, individuals with disabilities have fewer options for private transportation than the non-disabled population in the region; thus, individuals with disabilities have an increased dependence on alternate forms of transportation, which may include ridesharing through their social network and public transit.

Changing Demographics

Populations expected to increase in Region 8 are the persons age 65 and older and minority populations. As indicated in Figure 15, by 2035 the population in the region is expected to increase by up to 14.9% and the population over the age of 65 in Region 8 is expected to

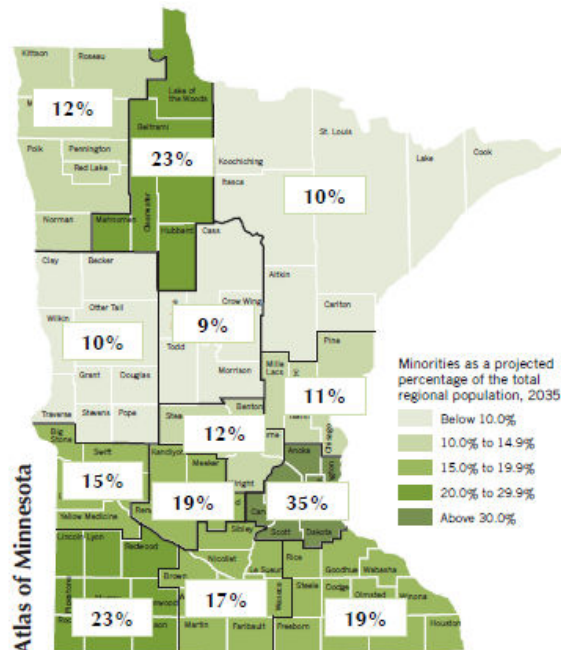
increase by a range of 21% to over 31% and the minority population is expected to increase by 23% by 2035 (Figure 16).

Figure 15: Projected Population Change; 2010-2035



Source: MN State Demographic Center / Center for Rural Policy and Development

Figure 16: Minorities as a projected percentage of the total regional population, 2035



Source: MN State Demographic Center / Center for Rural Policy and Development

In contrast, the youth population (15 - 24 age range) in the region has seen a steady decrease due to low birth rates and migration out of the area to pursue college education and careers. As seen in Table 8, Nobles County is the only county estimated to gain population in this age range in the region; one explanation may be the presence of Minnesota West Community and Technical College. However, the remaining eight counties show declining numbers of youth through 2045. While a few counties see increases in this age range by 2045, six counties are

projected to continue to decline. Three counties see continuous declines from 2025 – 2045 (Jackson, Murray, and Pipestone), and Jackson County is projected to see the greatest decline of all counties in Region 8.

Table 8: Region 8 ages 15-24 population estimate percentage change, 2015-2045

Geographical Location	2015 - 2025	2015 - 2035	2015 - 2045
Region 8	3.5%	-6.5%	2.8%
Cottonwood County	3.0%	-13.9%	-0.1%
Jackson County	-18.8%	-12.6%	-6.9%
Lincoln County	0.5%	-8.3%	-0.5%
Lyon County	12.0%	-1.7%	3.6%
Murray County	-5.5%	-11.4%	-2.3%
Nobles County	4.2%	2.7%	12.4%
Pipestone County	-0.6%	-13.9%	-1.1%
Redwood County	1.8%	-12.6%	-0.1%
Rock County	11.0%	-8.6%	3.9%

Source: MN Demographers Office

Future Changes in Region. One area of new development in Region 8 is the planned expansion by a local company. Ralco®, based in Marshall, MN, is in the planning stage of constructing a manufacturing plant and harbors for their trū Shrimp Systems in Region 8. According to a University of Minnesota Extension Office study¹¹, the construction phase would employ an estimated 250 people at the site (direct effect). The spinoff effects of construction would support an additional 80 jobs. Thus, in total, construction would support employment for an estimated 330 people in Cottonwood, Lyon, Murray, Nobles, and Redwood counties. In total, the operation of a shrimp harbor in the five-county region would generate an estimated \$23.7 million in economic activity annually. This includes \$5.6 million in income for residents of the region. Operation of the shrimp harbor would support employment for 124 people. Slightly more than half (74) would be employed at the harbor itself. The remaining 50 employees would be employed at businesses that support the harbor and its workers.

¹¹ University of Minnesota, Extension Office, Economic Impact Of A Potential Shrimp Harbor in Southwest Minnesota, January 2017

Transportation Resources

Throughout Region 8, the Southwest Regional Development Commission (SRDC) 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, the Southwest RDC sent an online questionnaire to 209 of the region's transportation providers in Region 8. Forty-nine (49) surveys were returned and a summary of the transportation resources is available in Appendix A.

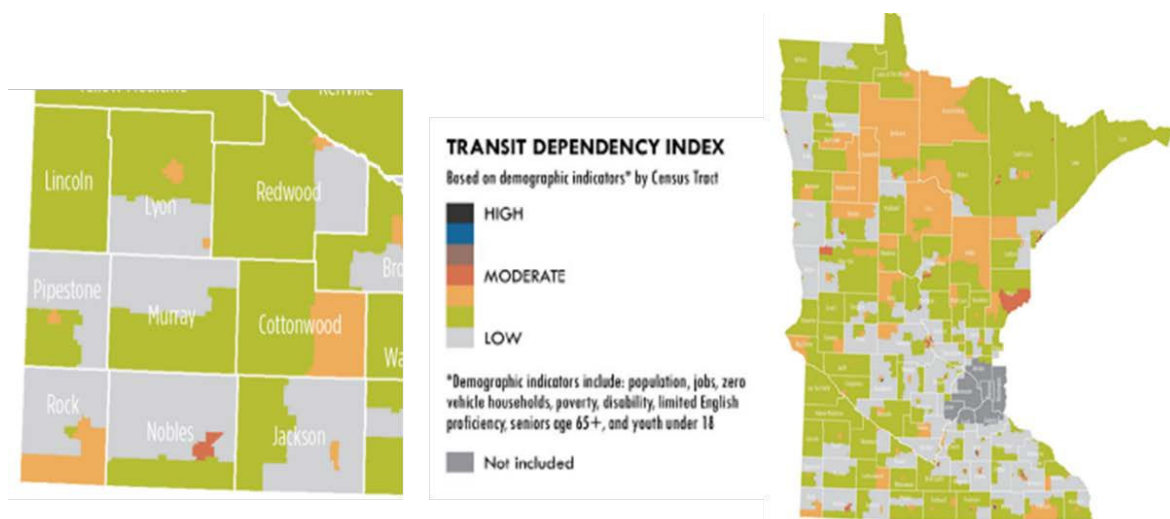
Of the 49 survey responses; 17 were public, 5 were private for profits, and 26 were private non-profit. These included: nine transportation providers, five public schools, three private providers, one community mental health, seven day training and habilitation (DT&H), two ambulance services, 13 senior living facilities, three housing with services providers, one hospital association, one veteran service officer, and one human services.

Existing Transportation System. According to the 2017 Greater Minnesota Transit Investment Plan¹², riders of rural systems differ from the statewide aggregate as follows:

- They are less likely to be between the ages of 18 to 34, and more likely to be age 65+.
- They are less likely to primarily access work or school by transit.
- There are less likely to ride transit five or more day per week.
- They are less likely to have a driver's license, and more likely to have a physical condition that requires assistance.

Region 8 has relatively low transit dependency, as seen in Figure 17: Transit Dependency Map. There are areas in the Region, which have a higher dependency such as Worthington (moderate) and the cities of Pipestone, Marshall, Luverne, Jackson and the southern portion of Rock County and eastern portion of Cottonwood County all of which are shown to have a slightly moderate dependency on transit systems.

Figure 17: Region 8 Transit Dependency Map

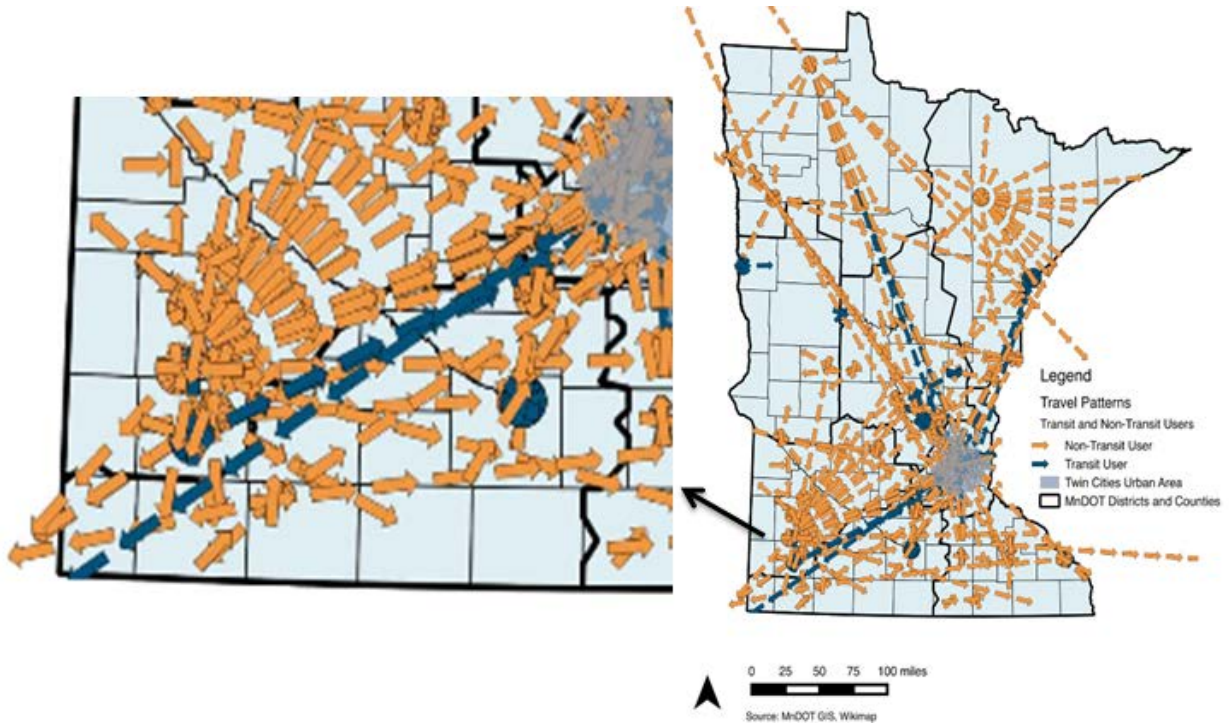


Source: 2017 Greater Minnesota Transit Investment Plan

¹² Greater Minnesota Transit Investment Plan, March 2017, TM #10: Transit User Preferences And Travel Patterns | Final

Figure 18: Travel Patterns Map indicates the 2015 travel patterns of people in the region. It shows many people are traveling inter-county but many are traveling out of the region to key destinations such as, Sioux Falls, SD, Spirit Lake, IA, Rochester, Mankato, Willmar, St. Cloud, and the Twin cities metropolitan area.

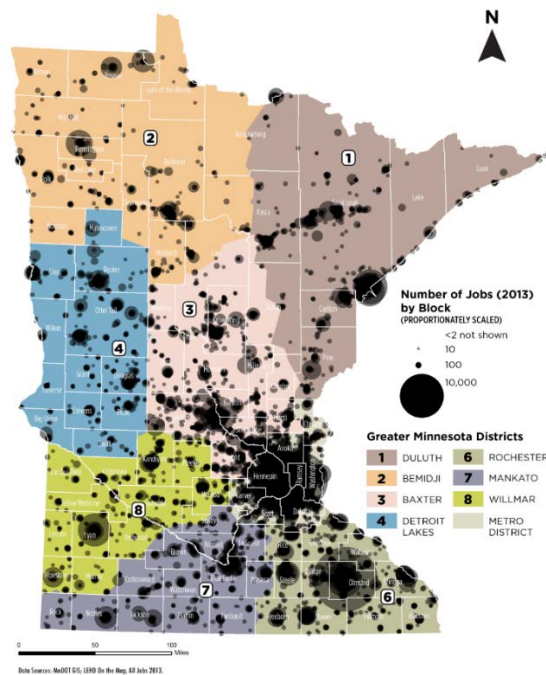
Figure 18: Existing and Desired Travel Patterns Map



Source: 2015 MnDOT

Figure 19 is a Job Density Map shows the work commuters locations in the region. The largest employer destinations are located in Marshall, Worthington, Jackson, Pipestone, Luverne, Windom, Slayton, and Redwood Falls. The 2010 census stated the average commute time in the region is 18 minutes by personal vehicle. Two of the largest areas of job density have private taxi services to supplement the transit needs in that area; they are Marshall and Worthington.

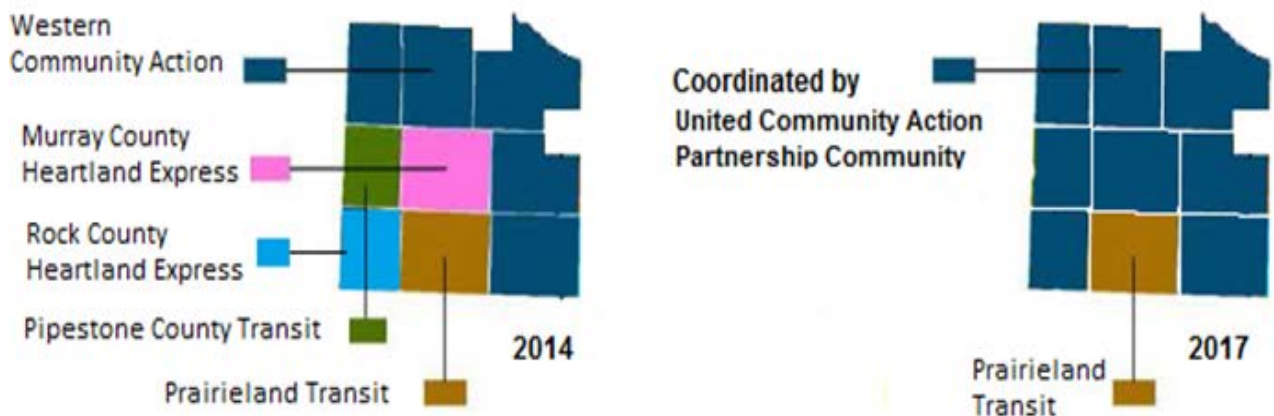
Figure 19: 2013 Jobs Density Map



Source: 2017 Greater Minnesota Transit Investment Plan

Region 8 has mixed services available for transportation: public transit, taxi service, inter-city bus lines, and volunteer drivers. Region 8 is serviced by two main public transit systems Prairieland Transit (Nobles County) and Community Transit (Cottonwood, Jackson, Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock counties). As of 2016, United Community Action Partnership (UCAP)’s Community Transit program coordinates Pipestone County Transit. as seen in Figure 20.

Figure 20: Region 8 Public Transit System Maps in 2014 and 2017



Source: 2017 Greater Minnesota Transit Investment Plan

Currently, Marshall is the only city in the region with deviated bus routes provided via Community Transit. However, Prairieland Transit is in process of developing and implementing a bus route in the city of Worthington slated to begin spring of 2017. In addition, on March 30, 2017, Community Transit announced the award of a grant to conduct a pilot bus route in the city of Redwood Falls scheduled to begin January 2018. Both public transit providers have set bus routes available to all nine counties. Both Marshall and Worthington have licensed taxi services available to the public.

Beyond the county routes and city-based deviated bus routes, the remaining areas in the region are serviced by Dial-a-Ride and volunteer driver services. Volunteer driver services are an important component to the public transportation services in our region, however, volunteer drivers are declining and recruitment efforts are challenging.

There are approximately nine charter providers, at least four private Special Transportation Service (STS) providers (one reported adding an additional driver in Ghent due to demand), and one intercity bus line provider.

Appendix A shows the 2017 Vehicle Inventory for Region 8. The vehicle inventory was created from the Organizational Questionnaire responses. The questionnaire asked about vehicle ownership, personal vehicles and shared resources. Responses indicated that:

- The region has seven (7) Section 5310 vehicles in use (see Table 9) and 51 STS certified vehicles.
- There are 54 lift/ramp equipped busses in the region.
- Mini vans were owned by public transit providers, STS Providers, nursing homes, schools, DT & H, and a few of the rural schools.
- Primarily public transit systems, schools, Head Start programs, and DT & H Facilities own small and medium size buses.
- Charter and school districts and one DT&H facilities owned some large buses.
- Personal vehicles are frequently utilized for transportation of clients at the development achievement centers, human services, and nonprofit social service organizations.
- Currently, transportation providers are exploring shared vehicles as an option between a Section 5310 and public transit; however, insurance requirements are a limitation to using this type of service.
- Human services employees may use a county vehicle and a personal vehicle but rarely to transport clients.

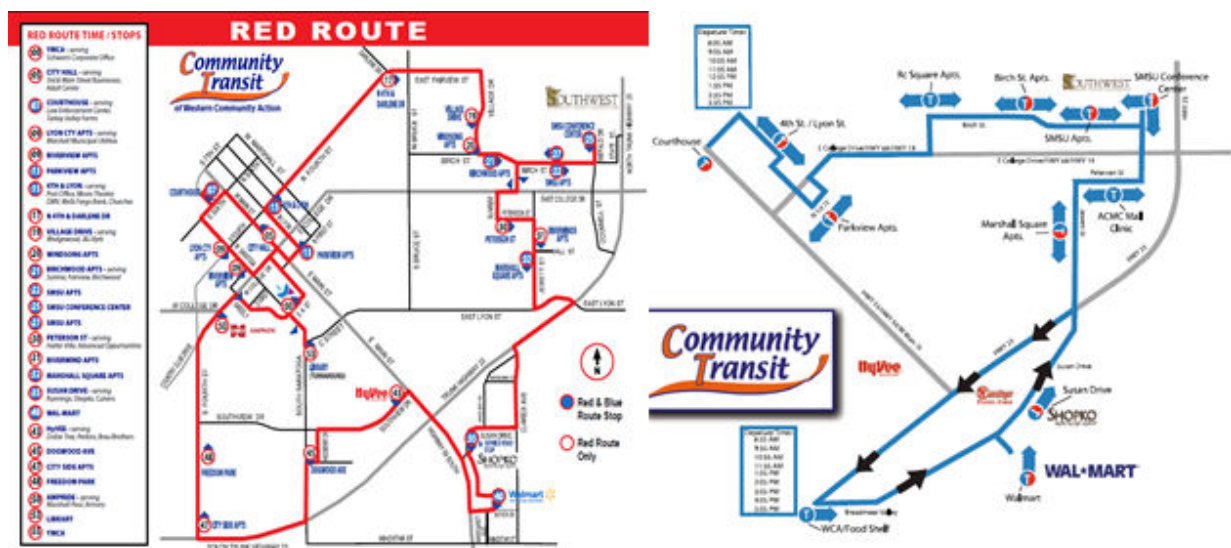
Table 9: Show the number of transportation vehicles in Region 8 from respondents of Provider Surveys.

Number of vehicles	Type of Vehicle	Lift / Ramp	STS Certified	Sec. 5310 Vehicles
4	Sedans		1	
98	MiniVans		41	
20	Small bus/vans		9	
44	Small Light Duty Bus	38		5
8	Medium Light Duty Bus	7		2
16	Medium Duty Bus			
12	Large Heavy Duty Bus			

Geographic barriers to providing transportation tend to be state lines (Iowa and South Dakota), county boundaries, transit system boundaries, as well as low population density in rural areas and small communities throughout the region. Jefferson Lines assists in travel based destination transportation, but is inadequate for same day round trip access to key destinations. While private sector services may be an option for longer distance travel, affordability for the target populations present a barrier.

Community Transit has two deviated bus routes within the City of Marshall, which take people to the key destination locations within the city of Marshall: The Red Route and the Blue Route (Figure 21). Community Transit also provides on demand services throughout eight of the nine counties in Region 8. Beyond the routes in Marshall and the fixed routes in Nobles county, Dial-a-Ride service travels to most key destination within the region: hospitals, clinics, nursing home, grocery stores, county offices, retailers (Walmart, Shopko, ect.), and employers. As stated earlier, on March 30, 2017, Community Transit announced the award of a grant to conduct a pilot bus route in the city of Redwood Falls anticipated to begin January 1, 2018.

Figure 21: Red & Blue Route provided by Community Transit



Source: 2015 Community Transit brochure

Prairieland Transit currently provides a deviated bus route in Nobles County, which connects riders to smaller towns and a Dial-a-Ride service for individual in need of accessible transportation. The bus stops in certain towns on certain days at set times. Prairieland Transit has received funds to supplement the price of the taxi service. Riders who call into the Prairieland Transit dispatch to schedule a taxi ride within the City of Worthington receive a discounted rate. A Prairieland Transit also supplements the taxi service for riders who need wheelchair accessible rides. Prairieland Transit was recently awarded a grant to develop a bus route within the City of Worthington. The route will be a wheelchair accessible bus route with twelve stops every hour to key destination within the City of Worthington. The route is set to run Monday through Friday between the hours of 8:00am and 4:30pm. Currently, the route is in development and further information was not available at the time of writing of this Plan.

Hours of Service. The public transit systems begin service between 5:45 am and 7:00 am and end their days in the 5:00 pm – 7:00 pm time frames. Hour restrictions make it difficult for shift workers to return home as well as complete errands such as groceries or picking children up at day care, before the transit system closes down. However, to enable shift-based workers to use public transit for employment trips, the hours of the transit systems need to allow for pick up and destination on a timely basis and beyond the current ride availability hours.

Prior to the mid 1980's, many of the counties in Region 8 had senior buses, with funding assistance through the Older American Act. In the late 1980's and early 1990's the Southwest Regional Development Commission and the Southwest Area Agency on Aging assisted in the start-up of additional public transit systems, so all counties in Region 8 were covered by public transit. It is interesting to note that the limited number of senior living facilities that responded to the survey also have their vehicles used between 8:00 am and 5:00 pm; similar time frames of the public transit system hours (see Table 10).

Table 10: Region 8 2017 Provider Survey; Hours of Service provided versus clients' hours of Needed Service

	Transportation Providers' Hours of Service			Clients' Needed Hours of Transportation Service		
	Start	End	Weekends	Start	End	Weekends
Public Transit*	5:45 am	9:00 pm	8:00 am – 7:00 pm	NA	NA	NA
School	6:30 am - 7:45 am	3:30pm – 5:00pm	NA	6:45 am	4:15 pm	No
DT&H	7:45am – 8:00am	2:45pm – 8:00pm	Varies / many No	6:00 am – 8:00 am	4:00 pm – 9:00 pm	6:00 am – 9:00 pm
NH / AL	As needed / No specific hours	As needed / No specific hours	NA	5:30 am – 8:00 am	9:00pm	7:00 am - 6:00 pm
Private	6:00 am	10:00 pm	10:00 am - 4:00pm	NA	NA	NA
Head Start	No Data	No Data	No Data	No Data	No Data	No Data
Other	As needed /No specific hours	As needed /No specific hours	No	6:00 am	9:00 pm	7:30am – 9:00 pm
STS**	5:00am - 8:00 am	5:00 pm - 8:00 pm	Case by case/ 10:00am-5:00pm	NA	NA	NA

*Varies by county (2 of 3 providers reported)

**Weekends: Blue Mound is case by case, HandiVan operates 10am – 5:00pm, Peoples Express – limited with prior arrangement.

Day training & habilitation (DT&H), also referred to as Developmental Achievement Centers (DAC), have start times within the time frame of public transit, however their trips are often beyond where the transit systems currently go (or are located in a outlying community) and do not work with the public transit system schedule. Return trips are also within the time frames of public transit.

Head Start programs did not respond to the 2017 Organizational Questionnaire. Other organizations stated they did not consider Head Start when coordinating transportation trips. Identified in the data collection process was the use public or private transportation on a routine mode of transportation from home to daycare/Head Start to work and back to daycare/Head Start to home as challenge for most people on multiple levels including access and affordability.

K – 12 Schools have buses running earlier than the public transit systems. Many public schools did not respond to the Organizational Questionnaire. Many of the schools districts classified themselves as private providers. Information provided during the process indicated that parents who work shift schedules might arrange with public transit to provide rides to schoolchildren for school related trips, including after school activities. Lack of transportation services for rural based students hinder the ability of all schoolchildren to participate in school activities and place scheduling burdens on parents when arranging transportation for their children.

Services that are least and most costly per passenger. The survey indicated that public schools have costly transportation. Of the school responses, only one stated the cost for providing transportation services: \$250,000 annually. Public Transit fares range from one dollar (\$1.00) to \$50 per ride. Costs for agencies to pay for transportation services for their clients ranged from \$0 (client pays) to \$250,000 annually. Table 11 describes transportation providers fares, type of service provided, and location(s) of service. These costs cover transportation for day work programs, mental health, volunteer drivers, and no-load miles for Medicaid (MA) covered rides.

Table 11: 2017 Provider Survey; Fares for Public/Private transportation services in Region 8

Provider	Fare	Service	Location
Community Transit	\$1.00 \$0.60 per mile (\$4 min.)	Bus Routes On Demand bus service	Marshall Inter-City Key Destinations
Jefferson Lines	variable based on location	Intercity bus Route	Key City Destinations
Marshall Taxi	\$6.50 - \$7.50 /ride \$50 - \$400 / ride	Taxi	Marshall Out of Town Services
Prairieland Transit	\$2.50 per ride	On –demand and deviated route bus (Heartland Express)	Inter-City / Nobles County
Worthington Taxi	\$5 per ride \$3 if scheduled with Prairieland Transit	Taxi / STS Certified 2016	Worthington
STS Providers	variable based on location	Special transportation services	Region 8

Funding sources of services vary by provider. The DT&H facilities derive the funds for transportation primarily from state and county funds; and Health & Human Services funding is a combination of federal, state and county funds.

Passenger needs/eligibility requirements compared with service availability / level of service.

The DT & H, school, head start, and senior living facilities who own and use their vehicles often are utilizing their vehicles at the same time as public transit and eligibility is limited to specific cliental. Two STS providers indicated the riders must have Medicaid, other insurance, or the ability to private pay to use their services. Public transportation in the region is available to the public, however some of the providers indicated it was only available to the residents in their service area.

The public transit system providers have service routes and/or partnerships with private transit providers which allows their start times to range from 5:45 am – 7:00 am and ending times to range at 8:00 pm - 9:00 pm in Marshall and Worthington. However, many rural service areas still have limited transit service times beginning as late as 8:00 am and ending as early as 3:30 pm, which is limiting for rural riders to utilize for work related purposes.

Coordination in Southwest Minnesota

Coordination works best when programs are understood by consumers, agency representatives, and the public; and there are similar structures and fees in multiple counties. Many of the public transit programs use volunteer drivers to provide a ride where using the bus is not needed or not cost effective. United Community Action Partnership (UCAP) has staff that can provide volunteer driver training and offers this resource to other counties for their drivers. It works when a program leader supports coordination and is willing to let another agency or program take care of arranging rides (maximizing use of resources); Prairieland Transit has a similar program.

County Human Services and Veterans Services: In Region 8, there is occasional sharing of a Section 5310 vehicle with a public transit system. Most of the public transit systems in the Region provide transportation to county human service agencies, rides on the bus or through volunteer driver systems. Some of the public transit systems work with their county veteran service officers to provide rides to veterans when Veterans Services are unable to accommodate. In 2017, the Nobles County Veterans Office acquired a new van which will assist in transporting Nobles County Veterans to their VA medical appointments in Sioux Falls, SD. The Nobles County Veteran Service Officer stated the van will be driven by the VSO and volunteers.

Transportation to medical facilities: The public transit system assists in coordinating medical appointments in South Dakota communities to maximize the utilization of the bus. The Marshall and Redwood hospitals coordinate with the transit system to assure rides for discharged patients. UCAP works to coordinate volunteer driver trips so there are multiple passengers (reducing the need for multiple trips with single riders as well as reducing the cost of the trip).

Table 12 shows the majority of 2017 Organizational Questionnaire respondents do coordinate transportation services with other agencies in some fashion, most frequently with public transit providers, County Human Services agencies, Health Maintenance Organization (HMO) or Prepaid Medical Assistance Program (PMAP), churches, private regional shuttles, STS providers, and educational institutions/Head Start. In general, the transportation service

providers and organizations who serve the target populations continue to actively coordinate services as to the best of their capabilities to meet transportation needs in Region 8.

Table 12: 2017 Provider Survey; Organizations which Providers who coordinate transportation services

Type of Provider	Number of Providers who coordinate with them
Public Transit Providers	22
County Human Service Agency or MNET	11
Does not Coordinate	8
HMO or PMAP	7
Churches	5
Private Regional Shuttles	4
STS Providers	3
Head Start	3
Educational Institutions	3
Hospital / NH / AL	2
Intercity Carrier Providers	1
Airports	1
Day Training & Habilitation Providers	1
Volunteer Drivers	1
Elder Day Care	1
Private Providers	1

Table 13 stated the ranking of issues or barriers to coordinating transportation services across agencies. Providers ranked the choices on a scale of 1 to 9: 1 being most important - 9 being least important. The table lists the providers' ranking by average. Ranked at top of the issues/barriers are cost, staff time requirements, scheduling conflicts, limited services boundaries, and limited service hour availability. Next highest was billing and payments, and insurance. Driver qualification and passenger security were of ranked as the least important issues.

Table 13: Ranking of issues related to coordination of services.

Issues related to coordination of services	Ranking
Cost	4
Staff Time Requirements	4
Scheduling Conflicts	4
Limited Service Boundaries	4
Limited Service Hour Availability	4
Billing and Payment	5
Insurance	5
Driver Qualification	6
Passenger security	7

Institutional barriers to coordination. Information gathered indicated there is a lack of understanding between health and human service agency programs/services and the transportation provider's requirements to provide safe reliable rides. These include, but are not

limited to: lack of consistent implementation of the Department of Human Services (DHS) Access Transportation requirements among health and human service agency staff; data privacy is often cited as the reason a ride cannot be shared; and inconsistent terminology across disciplines. Additional barriers include the entitlement attitude of some individuals on public assistance needing a ride which hinders coordination; and differences between the medical plans (i.e. UCARE, BCBS, PrimeWest, MA, and others) requirements hinder the ability to schedule trips in advance to coordinate a trip. A large barrier to ride sharing is the cost of insurance for private providers to coordinate with public transit as per insurance requirements.

Barriers to Service

The obstacles are many and range from federal and state rules and regulations to misunderstood and misinterpreted rules and regulations to reluctance to embrace change. Communication and marketing is an area which continues to need attention. This became very clear in the data collection process for this Plan, especially around non-English language communication.

Reimbursement rate regulation (including lack of no-load reimbursement) is one additional disincentive for volunteer driver program, public transportation, and the private sector; the confusion over proper insurance coverage (especially if volunteer drivers reimbursed for no-load mileage) is another obstacle for providers in Region 8. The issues involve two segments of volunteer driver program – managed care and fee-for-service rides under the Medicaid program. The Minnesota Council on Transportation Access (MCOTA) recently expressed support for addressing these issues. The issues include contract terms, differences in providers' fee structures, payment errors and burdensome recordkeeping¹³. Volunteer driver services are also facing barriers to the provision of ride options in that the number of volunteer drivers are declining in the region. The main reasons cited for the decline: aging out of volunteers, increased volunteer training hours, and increase insurance and state regulations,

Need for mobility accessible vehicles (and drivers) after transit system dispatch/service hours (including holidays). An example is people will take transit to their appointment, or ambulance to the emergency room, and are the appointment is over or they have been discharged from a hospital after public transit has closed and often have difficulty find transit back to their home, especially if they need a wheel chair accessible vehicle. Also identified, is the need for increased mobility accessible vehicles across the region.

Vehicle insurance rates and requirements have become a huge barrier to coordination and rideshare opportunities for the providers in the region. Requirements and insurance costs are reported to be the largest barrier to public-private rideshare partnerships. In addition, inconsistency in medical insurance provider reimbursements is a barrier to providing transportation services. Providers reported spending large amounts of time on the phone to have transportation rides approved by Medicaid health insurance companies (BluePlus, UCare, MA, etc.); also service providers report their claims are delayed or denied by the HMO when they submitted the claim for reimbursement. One provider stated this is such a significant problem they are considering not renewing their contract with a specific MA HMO provider.

Providers cited access to funding as a barrier to providing transportation services. Specially funds to pay for technology and software to coordinate an streamline scheduling across sectors

¹³ [MCOTA Report on the Minnesota Council of Transportation Access, January 2017](#)

and geographically boundaries, to increase the number of Section 5310/accessible vehicles, and to increase staffing needed meet the community's needs.

Administration and office staff time in providing transportation. The responses of the Organizational Questionnaire placed staff time requirements to arrange rides as one of the top issues their agency faces for coordinating transportation services. Respondents identified long wait times when calling into MN Medicaid providers to receive approval prior to scheduling rides (up to 90 minutes). Respondents also stated miscommunication with the drivers (drivers not having correct information), the limited number of providers to choose from, and transportation providers cancelling scheduled rides due to no drivers available to provide the ride.

Public Participation

Steering Committee

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

- Evaluating strategies and assessing outcomes of projects identified in the Region 8 2011-12 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 is made up of representatives from county human service agencies, area agency on aging representatives, centers for independent living representatives, passengers and others drove the public participation and data collection process.

Focus Groups. Focus groups provided additional data input into the plan development. Two focus groups held were for consumers in Walnut Grove and Worthington, two for consumers and organizations in Marshall and Worthington, two for organizations in Marshall, and one with the SRDC's Full Commission. Total attendees at the focus groups were 84 and the represented over 12 consumer based organizations, 10 communities, over 10 ethnic groups, seniors, people with disabilities, and low income populations.

Surveys. As identified previously, a total of 450 rider surveys were collected during a 5-week period across Region 8. The surveys were available online and in paper format. Paper versions of the surveys were made available at the following locations:

- SRDC office and website,
- All Health & Human Services main offices,
- Community Action Partnership (CAP) agencies offices,
- Development Achievement Centers,
- Open Door Health Center locations within Region 8,
- Early Childhood Family Education / Head Start,
- Adult Basic Education,
- Public Schools,
- Literacy Volunteers of SW MN,
- Senior Activity Centers / ACE / MNRAAA, Nursing Homes / Assisted Living Facilities,
- MN West Technical and Community College, and
- Through public service notifications in regional newspapers.

Additional Public Participation Opportunities. In addition to the Steering Committee, the Southwest Regional Development Commission (SRDC) hosted a public workshop on March 30, 2017 to incorporate input from all interested stakeholders; 23 people attended, listed in Appendix B. At the workshop, stakeholders identified issues and barriers to transit coordination in the region. Building from these, stakeholders then identified priority strategies for transit coordination and collectively strategized project ideas that could address these strategies. Using input gathered at this workshop, the Steering Committee prioritized the projects and strategies included in the final plan.

Presentation of the final draft of the Plan were as follows: SRDC Full Commission on May 11, 2017 and Windom's KDOM Radio interview on May 19, 2017. The draft plan was distributed and made available on the [SRDC website](#) to stakeholders for public comment for a 3-week period starting May 11, 2017. The Southwest Regional Development Commission (SRDC) Board of Directors adopted this Plan on June 8, 2017.

Table 14: Steering Committee Membership and Area of Representation

Represent	Name	Organization
County HS Director	Stacie Golombiecki	Nobles County Health & Human Services (NCHHS)
County HS Director	Craig Myers	Des Moines Valley Health & Human Services (DVHHS)
County HS Director	Chris Sorenson	Southwest Health & Human Services (SWHHS)
Centers for Independent Living	Ted Stamp	Southwest Center for Independent Living (SWCIL)
Area Agency on Aging	Diana Madsen	Minnesota River Valley Area Agency on Aging (MNRAAA)
Area Agency on Aging	Jamie Lanners	MNRAAA
Passenger (Consumer)	Rosemary Martin	Housing / community member
Passenger (Consumer)	Shelly Pflaum	UCAP - Volunteer Driver Program
Passengers/Advocates	Joanne Bartosch	A.C.E. of Southwest Minnesota
Passengers/Advocates	Gail Sumerfelt	Senior Corps
Passengers/Advocates	Rosanne Lasnetski	A.C.E. of Southwest Minnesota - alternative
Transportation Provider	Jan Roers	People's Express
Transportation Provider	Karen DeBoer	Prairieland – Public Transit
Transportation Provider	Cathleen Amick	UCAP – Community Transit
Transportation Provider	Rhonda Sievert	Pipestone County Transit
Transportation Provider	Benjamin Jahn	Marshall Taxi
Other - EDO	Robin Weis	SRDC - Economic Development
HS Partners - HC	Peggy Dunblazier	Avera Tyler Health Care
HS Partners - HC	Mary Swanson	Avera Ivanhoe Health Care
HS Partners - HC	David McNab	Sanford Worthington Healthcare
Passengers/Advocates	Laurie Ness	Pipestone Medical Center
MnDOT	Bev Herfindahl	
MnDOT	Jan Klassen	
Transportation Provider	Terry Thone	Blue Mound Transport
Human Services	Tera Vander Steen	SWHHS
Human Services	Angela Holmen	DVHHS
Human Services	Tammy Fishel	NCHHS
Transportation Provider	Sami Saad El Dien	Marshall Taxi – alternative

2011-12 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 Region's 2011 plan categorized all project ideas into three major categories:

1. Coordinate and consolidate Transportation Services and Resource Strategies;
2. Mobility Strategies; and
3. Communication, Training, and Organizational Support Strategies.

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 outcomes is presented below.

In addition, a 2012 Addendum to the 2011 plan identified proposed 2013 Projects for funding in a work program for years 2012-2015. The Plan identified thirteen strategies along with twenty-two action items. Sixteen action items are in progress or ongoing; zero were indicated as completed; five were not started, and one was implemented but has been set aside.

The actions that worked were spearheaded by one or more entities and often worked with or improved a program or service. While it is very important to have someone act as a lead or project champion, it is equally important for a funding source to cover costs (planning, development, and implementation).

Identified obstacles from the 2006 plan remained as obstacles for the 2011/2012 plan and tended to be State and Federal rules and regulations; but even bigger obstacles were resistance to change, something different, or it was tried before and failed. During the 2017 focus groups and Public Planning Workshop, it became obvious that terminology is still important. Transit providers and social service providers use common terminology, however, often the terminology holds different meanings. Universal terminology definitions would help clear up misunderstandings.

The update on the 2011/2012 Local Human Services-Public Transit Coordination Plan are listed below.

Status Assessment	Strategy Discussion & Analysis
Priority Strategy 1:	Coordinate and Consolidate Transportation Services and Resource Strategies.
On-Going but Set Aside	<p>Strategy 1: Share Resources.</p> <p><u>Technology and Database: Alert System for Communication.</u> Obtain affordable technology / software that would schedule individuals and organization client rides and also communicate with other providers in the system of shared software / network of sharing.</p> <p><i>Analysis.</i> Veterans Transportation and Community Living Initiative (VTCLI) to connect Minnesota River Area Agency on Aging (MNRAAA) Revation system to implement connections between public transit providers and veterans service offers. The Revation Mobile Communicator was the result of the project, aka Ride Link. It is a live chat system, which connects transit providers with other service providers such as: Veteran's Services, Senior Linkage, MNRAAA, and Human Services.</p> <p>Identified Successes: Implemented.</p> <p>Barriers Identified: Implemented but did not provide the results expected. Usage was minimal to non-existent. Some of the functionality that was originally planned, such as ability to transfer calls directly from the software, never came to fruition.</p>
On-Going	<p>Strategy 2: Consolidate Business Functions</p> <p><u>Insurance policy modification to enable rideshare implementation.</u> Work with insurance agency to set up insurance policies so that it is easier to ride share - using a website.</p> <p><i>Analysis.</i> This is currently being worked on but some service providers have run into major roadblocks due to the required level of insurance cost as well as insurance company restrictions.</p> <p>Identified Successes: Prairieland transit has a 3rd party service contract with the Worthington Taxi where the taxi can contact Prairieland for accessible rides. The level of insurance the Worthington Taxi is required to carry is included in the service agreement.</p> <p>Barriers Identified: Insurance companies have shown negative participation. An example is Marshall Taxi service would be required to purchase cost prohibitive levels of insurance to work with UCAP. It was also identified that insurance will not allow providers to share vehicles (rider share across</p>

Status Assessment	Strategy Discussion & Analysis
	<p>companies). The only insurance company to offer coverage for shared vehicle rides is Nonprofit Insurance Trust but both providers must be insured by Nonprofit Insurance Trust.</p> <p>Other identified barriers were related to Medicare, which does not cover non-emergency rides and Medicaid HMO's (such as Blue Cross Blue Shield) would authorize the ride but then may not pay the provider for the ride.</p>
In Progress	<p>Strategy 3: Implement tools that support data management.</p> <p><u>Across the Board Contract Rates.</u> Contract rates vary from county to county and program to program, including mileage rates as well as administrative rates.</p> <p><i>Analysis.</i> This will take time to implement; it seems that when programs are coordinated under one organization, there are fewer differences between the counties.</p> <p>Identified Successes: UCAP is working on unifying contract rates in their coordinated area.</p> <p>Barriers Identified: It takes time for change to occur, including: mindsets in companies, organizations, and public, programmatically, cost structure</p>
In Progress And On-going	<p>Strategy 4: Coordinate Agency schedules</p> <p><u>Agency Schedules Coordination.</u> Coordinate trips through a scheduler/coordinator to better coordinate trips resulting in less client wait times.</p> <p><i>Analysis.</i> Working across region 8 to connect through one number and online ride scheduling.</p> <p>Identified Successes: All volunteer driver program rides through county family services are coordinated through UCAP. As such, trips are coordinated, there may or may not be less wait times.</p> <p>Barriers Identified: To time consuming for staff of service providers but it is still in discussion. The "Transit Alert" software is too expensive. Probably even more restrictive than cost, is the additional process involved in using any software that does not integrate with all existing dispatch software. Any systems which requires extra steps for front-line staff that does not yield results right away; will not be utilized.</p>
Priority Strategy 2:	Mobility Strategies

Status Assessment	Strategy Discussion & Analysis
In Progress	<p>Strategy 1: Improve Service Convenience.</p> <p>A. <u>Increase service flexibility and improve service convenience.</u> Provide clients an opportunity to be more flexible in transportation to and from appointments; and expand service area and times of day transportation available with a focus on the elderly and people outside of municipalities.</p>
In Progress	<p>B. <u>Expand Service Area and times of day</u> to provide more flexibility and reduce rider wait time</p> <p><i>Analysis of A & B.</i> Forward movement happening in this area. Private transportation provider such as Marshall Taxi service have service hours from 7:00am – 2:00am & 4:00am and Worthington Taxi now has service hours Mon- Fri, 6am-10pm; Saturday and Sunday, 10am-4pm as of 2017. UCAP’s Community Transit had two Section 5310 vehicles in place and are more flexible in usage.</p> <p>Identified Successes: Worthington Taxi have increased their service hours. UCAP’s Community Transit’s Section 5310 vehicles are now available, and could, potentially, be made available after regular service hours.</p> <p>Barriers identified: Region 8 service area is in need of more private providers to meet the riders’ needs. Gaps exist in outlying rural communities.</p>
In Progress	<p>C. <u>To work and home transportation,</u> including daycare and after hours medical. Improve/expand service hours, understanding that a level of demand is required for public transit to provide the service. Implementation will likely be a combination of public and private transportation options. This would address shift work, state lines, system boundaries, rideshare programs, and after hour availability from medical facilities, especially for individuals requiring a lift accessible vehicle</p> <p><i>Analysis of C.</i> Identified in the 2012 Addendum. Funding was able to hire staff to hold focus group meetings in Redwood Falls to begin to address the need for additional route service.</p> <p>UCAP’s Community Transit is in its third year for return ride program and partners with the Marshall Taxi service to provide a ride home when UCAP is not operating. In Redwood Falls UCAP is still working to initiate the return ride home program as it has less service providers to partner with in the area; however they are in the process of working with North Memorial Ambulance to identify solutions.</p> <p>Identified Successes: Funding for focus group in Redwood Falls. UCAP partnership with Marshall Taxi for return ride program. UCAP started a NEMT return ride voucher program at AVERA Marshall, which has been successful; however it is limited to AVERA Marshall at this time.</p>

Status Assessment	Strategy Discussion & Analysis
	<p>Identified Barriers: Still needs to be addressed community by community as needs vary: The cost of insurance coverage for private providers is a barrier. Private sector often cannot provide the ride because if they did they would do it at a loss and thus cost is a large barrier in Region 8. There are not enough after hour transit service providers for stretcher/Geri chair. There are very few STS providers in Southwest Minnesota; many providers are beyond the geographic area and distance impacts on whether they can afford to provide a trip, as well as if the payer of transportation can pay cost recovery. This is larger than regional issue as it deals with insurance and non-payment for no load miles. The distance a provider must travel to pick up a rider makes providing the ride at a reimbursement of loaded miles cost prohibitive. UCAP is currently looking for additional NMET partners which would allow this to expand into other parts of the region, however, it has not gotten off the ground in any other communities outside of Marshall at this time.</p>
<p>On-Going</p>	<p>Strategy 2: Establish/enhance assisted transportation programs</p> <p><u>Mobility Assistance:</u> train volunteers to help riders who are unable to use transit services without personal assistance</p> <p><i>Analysis.</i> This strategy has been initiated in the Marshall area by UCAP. UCAP has hired a Mobility Manager and have the materials for the training. They are looking to pilot the program possibly in Lyon and Redwood or Lincoln counties. This strategy has not been initiated in the remainder of the counties at this time.</p> <p>Identified Successes: UCAP has hired a Mobility Manager and have the materials for the training.</p> <p>Identified Barriers: Finding volunteers to train to be rider companions on the bus or volunteer driver vehicles. Specifically, Lincoln County has identified consumers are bypassing the agencies to contact the volunteer directly or asking a neighbor, family member, or friend to provide a ride. This is leading to concern regarding un-vetted drivers accessing vulnerable adults as well as insurance issues.</p>

Status Assessment	Strategy Discussion & Analysis
<p>On-Going</p>	<p>Strategy 3: Maintain/expand existing vehicle fleet</p> <p><u>Maintain/expand lift accessible vehicle fleet.</u> Maintain access to Section 5310 vehicle funding for lift accessible vehicles for DT & H facilities and public transit systems; and funding from other sources such as JARC and New Freedom to supplement or increase lift accessible fleet to address service expansion or replacement needs to address job access and increased service for persons requiring a lift accessible vehicle.</p> <p><i>Analysis.</i> At the time of the 2011 Plan and 2012 addendum, the federal transportation act had funding through three programs that could assist with vehicle acquisition and/or service funding. The program that currently remains is Section 5310.</p> <p>Public transit and Section 5310 recipients: Total of about 7 buses in Region 8.</p> <ul style="list-style-type: none"> - Cottonwood County DAC has two Section 5310 vehicles - United Community Action Partnership has two Section 5310 vehicles - Rock County Opportunities has one Section 5310 vehicle and getting another this year - Service Enterprises, Inc. has two Section 5310 vehicles - Hope Developmental Center no longer has any Section 5310 vehicles listed, UCAP is providing their transportation. <p>Identified Successes: Prairieland Transit has a 3rd party service contract with the Worthington Taxi where the Taxi can use the Public Transit Systems vehicle for accessible vehicle needed rides. Rock County Opportunities is acquiring a replacement Section 5310 vehicle in 2017. Since the last plan, UCAP has acquired two vehicles for service expansion to serve elderly and disabled in the region. All public transit systems have been maintaining their accessible vehicle fleets through their Section 5311 funding and capital replacement through the Area Transportation Partnerships. This vehicle replacement has switched to the MnDOT Office of Transit and is expected to continue through 2021.</p> <p>Barriers Identified: Not sufficient number of accessible vehicles that can be used in the Region. There are vehicles in the private sector that are not used very much, such as at nursing homes. Nursing Homes often use public transit instead of their own vehicles which are often used only for recreational outings. The region needs more accessible vehicles by both public and private transportation sector.</p>

Status Assessment	Strategy Discussion & Analysis
Priority Strategy 3:	Communication, Training, and Organizational Support Strategies
In Progress	<p>Strategy 1. Centralize Communication</p> <p>A. <u>Technology and database</u>: alert system for communication. Obtain affordable technology / software that would schedule individuals and organize client rides and also communicate with other providers in the system of shared software / network of sharing.</p> <p><i>Analysis of A.</i> This has been implemented.</p> <p>Identified Successes: This is available now to the Veterans Services groups.</p> <p>Barriers Identified: While it is available, no one is working on this strategy due to time constraints and the group who created it no longer meets. It is unknown if the veteran service groups are still actively using it. Another limitations is that each provider group (i.e. transit providers) can only contact the entities they been allowed to see; which in turn impacts those who have the software aren't necessarily connected. The lack of use is probably the biggest issue.</p>
In Progress	<p>B. <u>Technology and database: rideshare communication program</u>. Create technology link, available to transit providers in the region, which allows information regarding accessibility and service coverage.</p> <p><i>Analysis of B.</i> Regional Ride Council started meeting and discussing the website, however, the status of where RRC is at in the planning process is unknown at this time.</p> <p>Identified Successes: Regional Ride Council was created and currently meets</p> <p>Barriers Identified: The process takes time.</p>

Status Assessment	Strategy Discussion & Analysis
	<p>use to other systems such as Land to Air to the Metro area and connecting and use of the Sioux Falls Transit system.</p> <p><i>Analysis.</i> UCAP currently conducting through the Mobility Management System in all nine counties. UCAP recruited and trained Travel Trainers to train travel volunteers with two groups within the Karen community and disabilities community.</p> <p>Worthington does have this program started. It was noted that this was needed in Lincoln County, discussion to look at implementation in Lincoln, Lyon and Redwood.</p> <p>Identified Successes: UCAP recruited and trained Travel Trainers. Worthington has started the program</p> <p>Barriers Identified: For expansion of program they need to find groups and volunteers to train and they have no formal marketing for the program.</p>
In Progress	<p>Strategy 3: Convene Regional Coordination Body A. <u>Regional Ride Coordination Council</u>. Convene transportation providers and human service agencies to discuss on-going coordination needs within the region, with subcommittees as needed (Regional Transportation Collaborative).</p> <p><i>Analysis of A.</i> This strategy was identified in the 2012 Addendum. In 2013, Western Community Action (WCA) – now UCAP - obtained a grant through Section 5310 Transportation Coordination Assistance Program. Funds were provided for the Southwest Mobility Management Initiative to create, convene, and staff a regional group to address transportation coordination issues.</p> <p>Identified Successes: Grant received by UCAP and organization started the Regional Ride Council (RRC) which informally convenes meetings to help identify issues to work on and monitor legislation. RRC has active members from Prairieland Transit, UCAP Community Transit, Southwestern Center for Independent Living, RDC, Redwood Area Hospital, North Ambulance, People’s Express, BCBS, MNRAAA. The RCC is looking to fill about five other slots including Veteran’s Services.</p> <p>UCAP Community Transit has merged with Cottonwood, Lincoln, Rock and Murray Counties to provide transportation and coordinates transportation for Pipestone County Transit.</p> <ul style="list-style-type: none"> • <u>Provide technical training for coordination staff</u> - UCAP has hired Access Coordinator and Mobility Manager who will be conducting the training. • <u>Hire Mobility Manager</u> - UCAP hired Mobility Manager in 2016 utilizing federal transit funding.

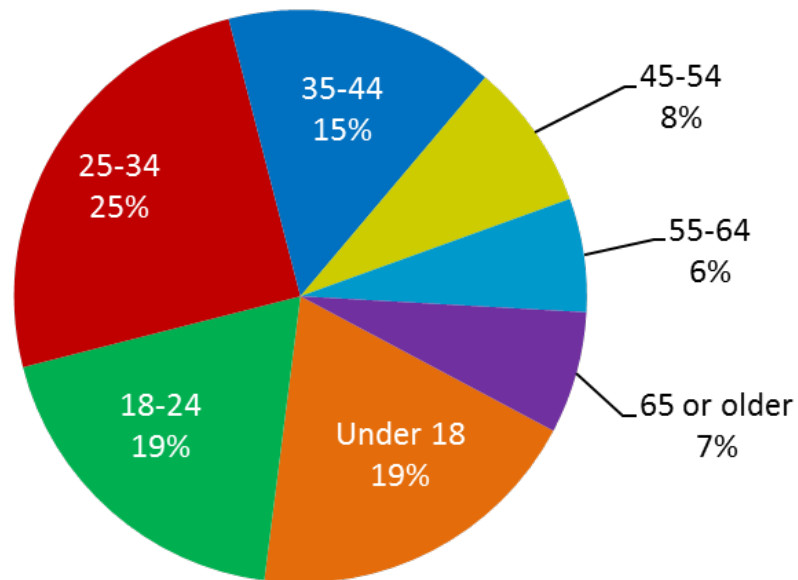
Status Assessment	Strategy Discussion & Analysis
Not Started	<p>Barriers Identified: Issues identified for the RRC to address but has the following barriers:</p> <ul style="list-style-type: none"> • <u>Joint Purchasing</u> – not started • <u>Outsource business functions</u> – Status unknown • <u>Contracts between Agencies since 2011</u> –UCAP Community Transit has merged with Cottonwood, Lincoln, Rock and Murray Counties to provide transportation and coordinates transportation for Pipestone County Transit. • <u>Contract with Common Carrier</u> – no movement • <u>Coordinate Dispatch</u> - long term – cost prohibitive and time commitment by users are barriers; • <u>Establish/expand taxi subsidy programs</u> – UCAP is currently working on this with Marshall Taxi service but has run into insurance barriers. Prairieland has a 3rd party contract with the Worthington Taxi to subsidize the cost of the ride if arranged through Prairieland Transit (Insurance is not an issue). • <u>Establish/Enhance Volunteer Driver Programs</u> - Since 2011, the pool of volunteers has decreased; however, there is currently an increase in the numbers. Volunteer drivers have identified the following barrier: Drivers say passengers feel entitled which then causes drivers to not feel appreciated (or as appreciated as in the past). <p>B. <u>Regional Transportation Coordination</u>. Reduce barriers to provide transportation. Increase transportation access through available resources and funding opportunities. This would be a subcommittee of the Regional Ride Coordination Council, tasked with implementation.</p> <p><i>Analysis of B.</i> Not Started - No Subcommittee needed at this point.</p>
In Progress	<p>Strategy 4. Educate Public of Transportation Options</p> <p>A. <u>Campaign to educate: terminology</u>. Education with different types of transportation options (i.e. door to door, curb to curb, etc). This could be part of outreach as well.</p> <p><i>Analysis.</i> The Regional Transit Brochure was enhanced to include these definitions as well as identify the options with the transit services.</p> <p>Identified Successes: Transit brochure has been periodically updated.</p> <p>Barriers Identified: Need to bring to the wider population and distribution.</p> <p>B. <u>Campaign to educate: general</u>. Clear up misconceptions, be transparent to consumers</p>

Status Assessment	Strategy Discussion & Analysis
Not Started	<p>C. <u>Campaign to Educate: DHS/MnDOT/ Motor Carrier/insurance training.</u> Clarification on terminology, rules, regulations, law requirements needs to be sent to every single transit provider so it is common knowledge about what is allowable and what is not.</p> <p><i>Analysis of C.</i> Not Started - Talked about at RCC but does not go any further because the constant changes in the regulations.</p> <p>Identified Successes: Not Applicable</p> <p>Barriers Identified: Changes in regulations are so frequent it makes it hard to know the current regulations. This applies to public transit as well as STS providers; it does not affect the private sector non STS providers.</p>
In Progress	<p>Strategy 6. Provide Training for Public Transit drivers and volunteers</p> <p><u>Campaign to educate: develop and implement a base training program</u> for all public transit system drivers and a program for drivers in transit programs (bus and volunteer drivers) that includes sensitivity training, HIPAA, quarterly trainings in multiple regions to stay current on policies and procedures.</p> <p><i>Analysis.</i> Working on providing more regional trainings.</p> <p>Identified Successes: None Identified</p> <p>Barriers Identified: None Identified</p>

Rider Survey Analysis

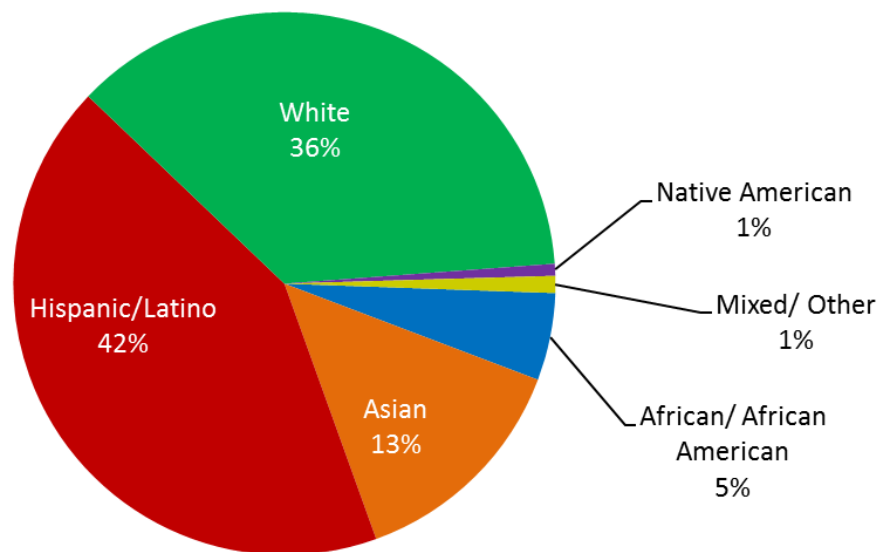
As identified previously, SRDC received 450 rider surveys during a 5-week period across Region 8. As shown in Figure 22, respondents covered the spectrum of age ranges with the most responses (25%) in age 25 - 34, 19% under 18 and ages 18 - 24, 15% ages 35-44 and 8% ages 45-54. Only 13% of respondent were over the age of 64. Sixty-seven percent (67%) of the respondents fall within the category considered as “commuter age” (ages 18-64).

Figure 22: 2017 Rider Survey; Respondent Age



Sixty-eight percent of the responders were female. Figure 23 shows of the respondents, 42% identified as Hispanic/Latino, 36% white, 13% Asian, and 5% as African/African American.

Figure 23: 2017 Rider Survey; Respondent Ethnicity



Forty-five percent of respondents indicated they do not have a driver's license and only 13% stated they identified as someone with a disability. Figure 24 shows 86% of the respondents indicated they did not need assistance to ride transit, 7% identified as needing assistance to ride due to difficulty walking, 3% required a lift device, 2% had difficulty hearing, and 1% had visual impairments.

Figure 24: 2017 Rider Survey; Riders' physical conditions that require use of transit

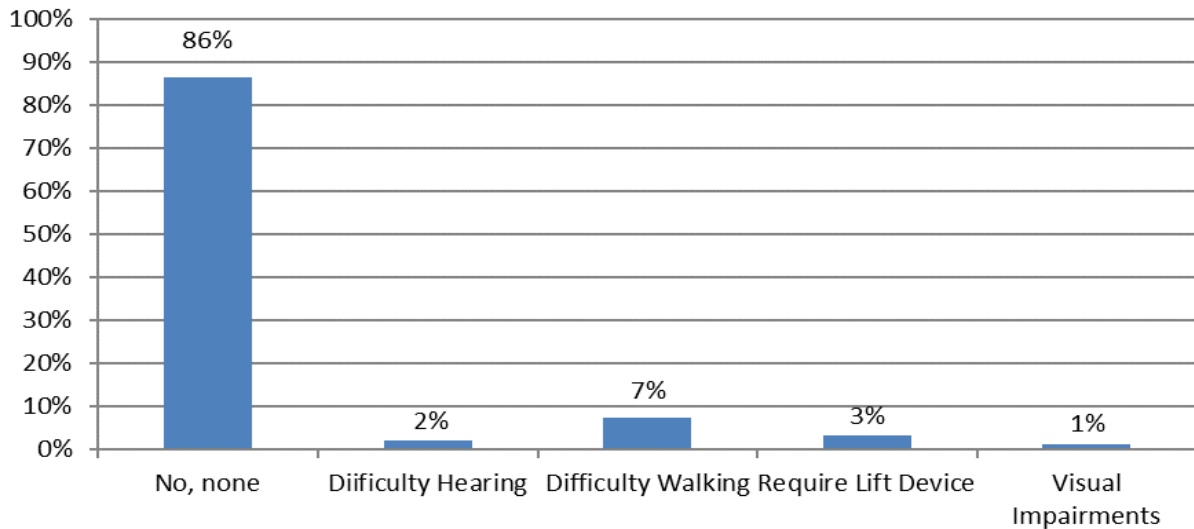


Figure 25 details why the respondents used transportation services. 38% indicated they used the service for transportation to School/College, 18% for medical or work transportation, 15% for shopping/errands, and 6% to go to events or social activities. Within this context, 33% stated they use the service 5-7 days per week, 32% use the service 2-4 days a week, 16% use it less than once a month, 10% use it once a week, and 8% use it a few days per month. Respondents also stated the percentage of their needs met by transportation ride service they use. Of those that responded to this question, 39% stated their needs were met 10% - 89% of the time, 37% stated their needs were met 90%- 100% of the time. However, 25% of the respondents indicated their transportation needs were only met 0% - 9% of the time.

Figure 25: 2017 Rider Survey; Riders' primary trip destinations for transit

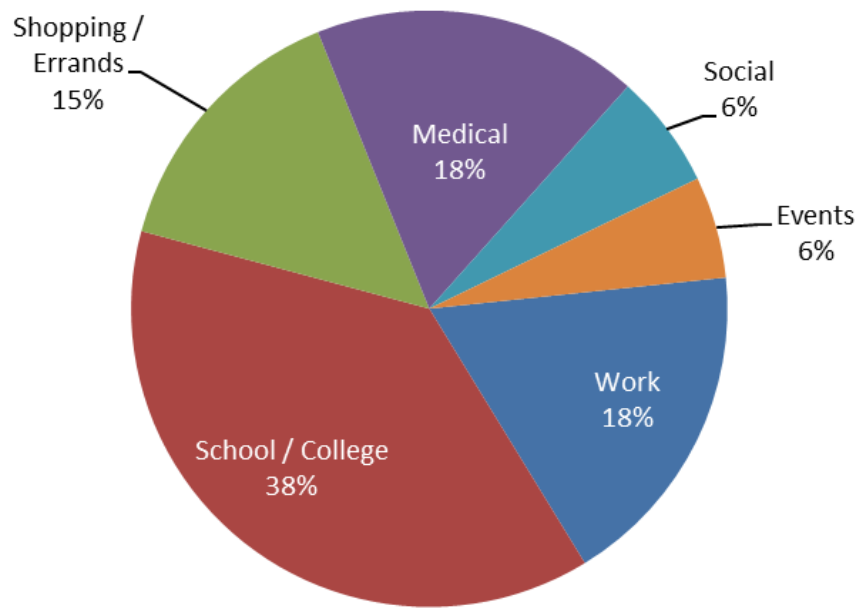


Figure 26 shows the satisfaction level of the respondents with the availability of the transportation ride service, with 42% responding they are very satisfied. Figure 27 shows the improvements respondents want/need in order to allow them use the service more frequently; 26% want better reliability, 24% longer service hours, 14% lower cost/fare, 10% shorter travel time and better driver courtesy.

Figure 26: 2017 Rider Survey; Riders' satisfaction with transit services availability in community

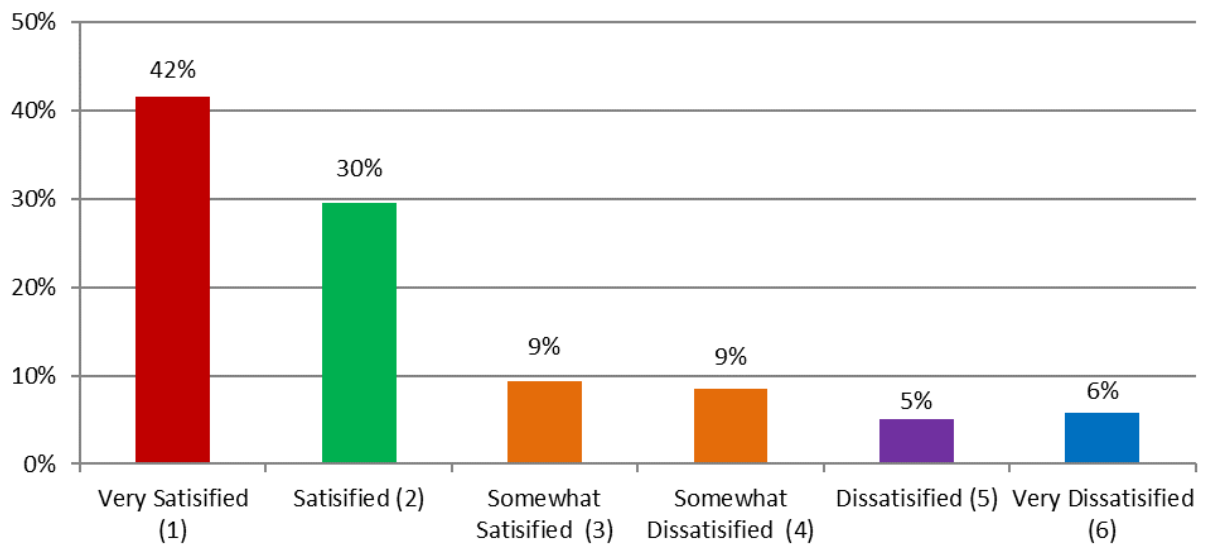
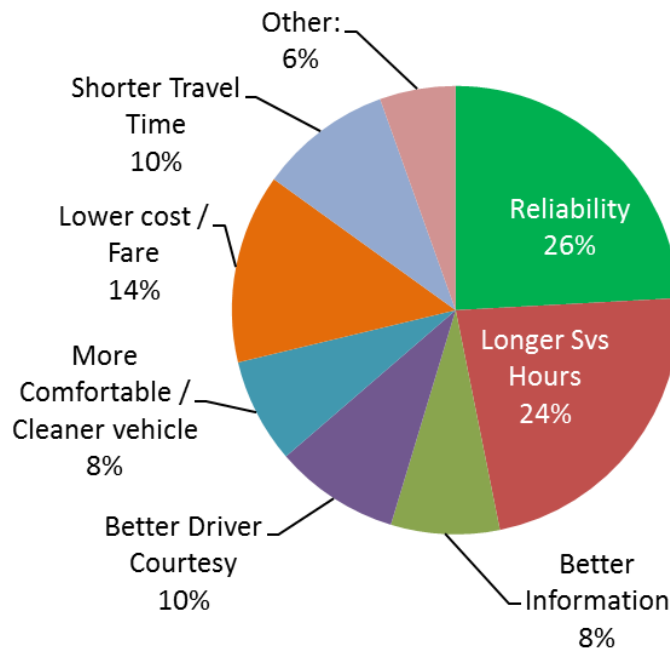


Figure 27: 2017 Rider Survey; Riders' preferred improvements to transit service



Riders indicated they would like to have more city-to-city connectivity, with daily access to key destinations in the cities of Sioux Falls, Twin Cities, Worthington, Marshall, Mankato, and Rochester. Other destinations included a fixed route in Worthington, and connectivity to other cities in the region such as Pipestone, Luverne, Windom, Redwood Falls, Jackson, Slayton, Brookings, and Montevideo.

Region 8's riders' survey data is similar to the Greater Minnesota Transit Investment Plan (GMTIP) findings in the final draft released March of 2017. At the time of the GMTIP survey, there were five rural public transit systems in Region 8 with a total of 162 responses. The five systems operating at that time during the development of the GMTIP were: Murray County Heartland Express (24), Pipestone Transit (40), Prairieland Transit (11), Rock County Heartland Express (24), and Western Community Action's (now UCAP) Community Transit (63).

The tables below show the GMTIP's regional findings compared to the rider survey data collected during our 5-week process across Region 8.

Table 15: Demographic and Behavioral Differentials – Public Transit System Rider survey, The GMTIP March 2017 and rider survey data collected during our 5-week process across Region 8.

Attribute	All Rural Systems N=2964	Region 8 Systems N=162	Region 8 Survey N=450
Ages 18-34	21.5%	19%	44%
Ages 65 +	26.1%	31%	7%
Ride Transit to work or School	56.0%	50.6%	56%
Ride transit 5-7 days / week	39.5%	23.5% ¹⁴	33%
Don't have a driver's license	71.9%	59.8%	45%
Physical condition does not require assistance	71.2 %	<i>Data not available</i>	86%

Attribute	All Rural Systems	Region 8 Systems	Region 8 Survey
Level of satisfaction with transit service	96.2% Very satisfied to somewhat satisfied	67.9% Very satisfied, 24.7% satisfied ¹⁵	42% Very satisfied, 30% satisfied
Percent needs served by transit	73.7% more than 75% of needs served	56.2% reported more than 75% needs served ¹⁶	48% reported more than 75% of needs served
Preferred changes to transit service	41.0% longer service hours 26.8% Reliability (on time)	38.9% longer service hours 11.7% lower fare/cost ¹⁷	26% reliability 24% longer service hours 14% lower cost/fare
Preferred medium for receiving transit information *	48.2% flyers / newspapers 28.0% newspaper	<i>Data not available</i>	<i>Data not available</i>

¹⁴ 44.4% ride the bus 2-4 times per week

¹⁵ There was a 97% response rate to level of satisfaction

¹⁶ There was a 75% response rate to percent of needs served by transit, 38.3% responded 100% needs served

¹⁷ Riders were encouraged to submit write in responses that included: “transfers like Seattle WA”, “calling ahead is a hassle”, “disabled pass”

Table 16: 2017 GMTIP rider survey question: For what primary purpose do you most frequently ride the bus?

2017 Greater Minnesota Transit Investment Plan Survey						Region 8 Survey	
Attribute	Murray	Pipestone	Nobles	Rock	WCA	Region 8	Attribute
Work	3	11	3	6	24	78	Work
School	9	0	0	9	17	165	School/College
Shopping	5	13	6	4	20	64	Shopping/Errands
Errands	4	10	6	2	10	77	Medical
Social		3	3		11	51	Social/Events
Other ¹⁸ :	4	12	2	6	14	25	Other ¹⁹

Tables 17 and 18 show the GMTIP's regional findings compared to the rider survey data collected during our 5-week process across Region 8 in respect to where potential riders would like transportation services to go and how frequently they would utilize a service to the desired destinations. Regionally, respondents showed the most interest in transportation services within the city of Worthington; connectivity to other key destinations outside of the region such as Sioux Falls, Mankato, and the Twin Cities; and then connectivity to regional towns.

¹⁸ Other: Preschool, Medical, Vote, Bank, Appointments, Pay Bills, School Patrol, Store, Groups, Church, Nursing home, Adult Community Center, ADC

¹⁹ Other: Adult basic Education Classes, Babysitter/Daycare, Food shelf, Emergencies, Church/Faith

Table 17: 2017 GMTIP rider survey question: If a new bus route would provide a link to one other city, which city would that be?

Destination	Don't know	Once a month	Few Times a week	Few Times a week	Once or twice a Week	5 -7 times a week
Marshall	-	1	1	-	-	-
Willmar	1	1	1	-	-	-
Cottonwood	-	-	-	-	-	1
Worthington	-	2	6	1	3	1
Twin cities	3	1	1	-	11	-
Fairmont	-	-	1	-	-	-
Spirit Lake	-	1	-	-	1	-
Sioux Falls	7	6	1	1	1	1
Edgerton	-	2	-	-	-	-
Ruthton	1	-	-	-	-	-
Fulda	-	-	-	1	-	-
Luverne	1	1	1	3	1	1
Windom	1	-	1	-	-	-
Hutchinson	-	-	1	-	-	-

Table 18: Region 8 rider survey data collected during our 5-week process in respect to where potential riders would like transportation services to go and how frequently they would utilize a service to the desired destinations.

Destination	Almost every day	A few days per week	Once or twice a week	A few days per month	Once a month or less	Very rarely/ not at all
In Worthington	23	30	14	12	7	9
To Worthington	3	1	2	1	2	2
Marshall	1	-	3	-	-	-
Sioux Falls	1	2	8	5	11	2
Other Cities / Counties	7	5	4	2	15	2
Twin Cities	2	2	3	-	5	1
Rochester	-	1	-	1	-	-
Mankato	-	1	-	-	3	-
Slayton	1	-	1	-	-	-
Luverne	-	1	-	-	-	-
Montevideo	-	-	1	-	-	-
Pipestone	-	-	1	-	-	-
Brookings	-	-	1	-	-	-

Focus Group Analysis

As stated previously, focus groups provided additional data input into the Plan development. Two (2) focus groups held were for consumers in Walnut Grove and Worthington, two (2) for consumers and organizations in Marshall and Worthington, two (2) for organizations in Marshall, and one with the SRDC Full Commission. Total attendees at the focus groups were 84 and the represented over 12 consumer based organizations, 10 communities, over 10 ethnic groups, seniors, people with disabilities, and low income populations.

The groups focused on the Region's transportation systems (public and private). Facilitators asked participants to identify the strengths of the transportation services. The most commonly listed strengths were: Community Transit's ability to coordinate transportation services across 8 of the 9 counties in the Region, Prairieland Transit's future bus route in Worthington, volunteer driver service programs, accessibility of private taxi services in the larger communities of Marshall and Worthington, Marshall's deviated fixed bus routes and bus shelters, and access to STS providers.

Focus group participants indicated challenges they face in using the transportation services in the region and then prioritize the identified challenges (complete list in Appendix E). These challenges are divided into four areas: Beyond the Region, Regional, Marshall specific, and Worthington specific.

Challenges categorized as "goes beyond" the Region's ability to address alone include:

- Language as a barrier for non-English speaking population obtaining a Driver's License,
- Vehicle insurance requirements and cost for Public-Private partnerships,
- No reimbursement for No Load Miles,
- Reimbursement issues with medical insurance providers,
- Volunteer drivers insurance requirements and cost, and
- Personal Care Attendants (PCA) can longer drive client's vehicles. *(SRDC has requested clarification via MN Disability Law Center. At the time of the Plan's completion, this clarification was not received.)*

Challenges categorized as issues that affect the entire region include:

- Language as a barrier for non-English speaking population obtaining a Driver's License,
- Affordability of transportation services can be costly for people who need to use the services multiple times a week and are self-pay living on fixed income,
- Consumer awareness of services & how to access,
- Return rides for round trips sometimes need to be scheduled separately as drivers do not wait (examples: dialysis, same day surgery, emergency room visits),
- Vehicle insurance requirements and cost for Public-Private partnerships,
- Limited STS providers serving the region,
- No reimbursement for No Load Miles ,
- Reimbursement issues with medical insurance providers,
- Volunteer drivers as it relates to hours of service available, declining number of volunteers, insurance requirements and costs),
- PCAs can longer drive client's vehicles , and
- Senior population is increasing and how does the region to meet future demand.

There were many common themes heard across focus group meetings, Steering Committee meetings, surveys, conversation, and the focus groups. Listed below are the top identified common themes:

- Easy to understand schedule / map / pricing is needed,
- Person versus automated phone scheduling is preferred (language access),
- Do not use Google Translation Service to translate materials,
- Newspaper, radio, webpages does not reach all the key audiences,
- Use local people to help distribute information to key audiences,
- Engage diverse populations to assist in learning transportation system(s),
- Mobile phone app: information, scheduling, and payment (allows individual to change language on their personal device),
- Centralized online/phone app to act as a “hub” to find information on all transportation services available and allows for scheduling with all providers in one location,
- Shift workers stated they need safe transportation options for youth to get to activities when they are at work,
- Non Medicaid eligible people who require multiple medical rides per week (2+ times a week) report current modes of transportation is a budgeting challenge for fixed incomes,
- Medical appointments (same day surgery, emergency room, etc.) requires scheduling separate return ride (non-round trip) is a challenge for people,
- Volunteer driver shortage is an urgent issue, and
- People who schedule STS rides report long wait times on phone for approval by health insurance providers (BCBS, UCARE, etc...).

Planning Workshop

The Region 8 Planning Workshop incorporated input from all interested stakeholders. A total of 23 people attended and are listed in Appendix B. At the workshop, stakeholders reviewed and 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 complete list of project ideas considered during the planning process is in Appendix C.

Strengths and Weaknesses. Through focus groups, the public workshop, and Steering Committee meetings, participants identified strengths and weaknesses of existing coordination efforts in Region 8. Combined with the plan’s technical findings, these strengths and weaknesses form the basis for identifying strategies to address transportation coordination in this region. The Steering Committee collectively identified strengths of coordinated planning in the Southwest Region. Top strengths and weaknesses that surfaced include:

Strengths	Weaknesses
Community Transit (regionally) with coordination of Community Transit across 8 counties in the Region (regionally)	People with Medicaid (MA) have to confirm rides with HMO (example: Blue Ride) and is very time consuming
Two (2) set bus routes (Marshall) with three (3) bus shelters	Lack of non-medical out of town transportation - lack of transportation service options available
Prairieland Transit and future in town bus route (Worthington)	Cross sector Terminology issues
Spin Zone – lower rate car rental rate option for low-income individuals	Return Rides – scheduling return rides difficult and drivers do not wait.
Access to STS providers	Accessibility for riders with physical disabilities to area out of the county, area and vehicles, veterans, no special transportation service available, cost prohibitive and only for medical trips.
Volunteer driver services (regionally)	Volunteer drivers are declining and reliability of volunteer drivers
Taxi services in larger communities (Marshall & Worthington)	Transit scheduling ends at 7pm (Marshall) and wait time for taxis (Worthington) and buses routes (Marshall)
Private transportation provider - SW Transportation - has non-English speaking drivers (Marshall)	Consumer education of available services. Each county program (vets, transit, private, social service, family service agency) has its own rules, processes, preferences and payment policy. Some are interpreted by locals and some are rules and regulations. Coordination interpretation.
Jefferson Lines (regionally)	No after-hours transit available in region
Mixed resource options (bus, car, volunteer)	Cross county services is difficult to navigate
Local programs / systems willing to meet local needs. Specific items identified in this strength included: <ul style="list-style-type: none"> Local public transit takes ownership of their area and residents see community benefits. The local public transit service is more personalized and have better relationships or trust factor than transit providers that are not local. Transit users notice the difference between local transit providers and transit providers that are not local. 	Transit policy restrictions and employee training. Door to door, across county lines or service provider lines, public and private, subsidized transit.

Needs Assessment

Table 19 shows the assessment of the top identified gaps/needs in the Region. The gaps/needs were identified during Steering Committee meeting, surveys, and focus group meetings. Through processes of prioritization at Focus Groups and the Public Planning Workshop, the gaps/needs listed below were identified as the top gaps/need in this Plan, assigned to a Plan category, and identified the needs assessment category each gap belongs under (they are in no particular order).

Table 19: Needs Assessment

Top Identified Gaps/Needs in the Region	Service Limitations, Gaps & Unmet Needs	Centralized Information	Spatial Limitations	Temporal Limitations	Program Eligibility and Trip Purpose Limitations	Service Quality and Miscellaneous Issues
Marketing – easy to understand information	Yes	Yes	No	No	No	Yes
Languages	Yes	Yes	No	No	No	Yes
Flexibility	Yes	No	Yes	Yes	Yes	No
Volunteer Drivers	Yes	Yes	Yes	Yes	Yes	Yes
Improved Ride Service - Hours and days of service	Yes	No	No	Yes	No	No
Improved Ride Service - Routes – workers/shifts	Yes	No	Yes	Yes	No	No
Improved Ride Service - Event-entertainment destinations	Yes	No	Yes	Yes	No	Yes
Improved Ride Service - Access to county seats and medical destinations	Yes	No	Yes	Yes	Yes	No
Improve ride scheduling (phone app, online, phone)	Yes	Yes	Yes	No	No	Yes
Integration of scheduling software (private – public)	Yes	Yes	No	No	No	Yes
Software technology for volunteer scheduling	Yes	Yes	No	No	No	Yes
Increase connectivity	Yes	Yes	Yes	Yes	No	Yes
Increase the number of vehicles (mobility accessible)	Yes	No	Yes	Yes	Yes	Yes
Cost effective options	Yes	Yes	Yes	Yes	Yes	Yes
Private pay – affordability / One-time long distance medical/behavioral health						
Multiple use – weekly/daily (chemo/dialysis)	Yes	No	Yes	Yes	Yes	Yes
Private pay – affordability / Multiple use – weekly/daily (chemo/dialysis)	Yes	No	No	No	Yes	Yes
Provider insurance requirements	Yes	No	No	No	Yes	Yes
Delayed or non-payment after HMO approved	Yes	No	No	No	Yes	Yes
Funding access – funding to implement	Yes	Yes	Yes	Yes	Yes	Yes
Assisted Transportation (PCA, Door thru door, Travel Trainers)	Yes	No	No	No	No	Yes

The needs assessment showed regional connectivity, longer service hours, language access, and more accessible vehicles were need in the Region. Within connectivity, riders and organizations indicated an increasing need for transportation services to go where people work across the Region.

Additionally, increased awareness of the transportation options which are easy to understand and include multiple languages is important for the Region. Multiple focus group attendees stated they find it difficult to locate and understand information on the transportation services, specifically, minorities indicated they do not use the systems due to the lack of information and access in their spoken languages.

Limited transportation was frequently cited as a significant barrier for residents in accessing the services and supports they need. Other common barriers included the cost of services not reimbursed by insurance, the lack of awareness about the transportation services, and affordability for private pay riders who utilize the transportation services multiple times a day and multiple times a week for medical or work related needs.

Access to technology for transportation providers is also a key need. The affordability of and access to software scheduling system(s) that private and public providers could utilize to streamline their systems to increase connectivity was identified as needed to meet the connectivity gaps.

Transportation service providers and organizations who use transportation services on behalf of their clients stated wait times for Medicaid approval takes large amounts of staff time; from half an hour to upwards to hour and half per approval. Transportation providers also reported increased delayed and/or denials of approved ride payments by the Medicaid Insurance providers. One provider stated they are considering options to not renew their contract with a specific insurance provider due to the negative impact on their organizational budget from the delayed and non-payments of approved Medicaid rides.

Strategies and Projects

The priority strategies and projects identified in this plan were initially identified by stakeholders at the public workshop and further refined by the Steering Committee and listed under three categories: Coordinate and Consolidate Transportation Services and Resources; Mobility; and Communication, Training, and Organizational Support.

At the public workshop, stakeholders reviewed strategies for transit coordination, identified which strategies to prioritize 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. Later, Steering Committee members considered this input while prioritizing strategies and projects for inclusion in the list presented below.

A complete list of strategies/project ideas considered during the planning process is presented in Appendix C.

Strategies / 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 its region. This chart can be found in Appendix D.

Each attendee identified their top three strategies to work through for this five year Plan. The areas of Action and Timeframe to Implement were added for the Region to assist the Steering Committee and identified responsible entities as they strive to achieve the strategies. The eleven strategies and projects listed on the following pages represent those ideas the Steering Committee prioritized as having the most potential to improve transit coordination in Region 8.

Note there were additional strategies identified in all four categories but did not receive prioritization to the top during the Public Workshop. These lower priority strategies are found in Appendix C.

Easy to Do / Major Improvement

Strategy #1 Title	<i>Identify local community investment options for identified transportation services.</i>
Plan Category(ies) Addressed	Coordinate and Consolidate Transportation Services and Resources
Identified Needs/Gap Addressed	Funding Access – Funds to implement strategies Private Pay Affordability Improve Ride Service Options
Project Overview	Identify and find dedicated funding for transportation coordination.
Population Served	All
Communities Served	Regional
Action (1)	Work with regional agencies to identify local funding.
Responsible Entities	<i>Responsible entities:</i> Regional Ride Council (RRC)/Regional Transportation Coordination Council (RTCC) <i>Potential resource sources:</i> Chambers of Commerce, Southwest Regional Development Commission (SRDC), local interest group and foundations, local and regional Economic Development Authorities
Timeframe to Implement	12 Months
Action (2)	Bring together local businesses, government officials, health systems, housing authorities, development agencies to address transit-funding needs.
Responsible Entities	RRC / RTCC
Timeframe to Implement	Immediate and Continuous Implementation
Action (3)	Identify the providers to implement the process of Actions #1 and #2 and apply for funding for each task.
Responsible Entities	RRC / RTCC
Timeframe to Implement	Continuous
Action (4)	Involve and educate foundations in order for them to assist in the sustaining of transportation services.
Responsible Entities	<i>Responsible entities:</i> RRC / RTCC <i>Potential resource sources::</i> NW Area Foundation, Sanford Foundation, Avera Foundation, BCBS Foundation, SW Initiative Foundation, Schwans Foundation, US Bank Foundation, Otto Bremer Foundation, Blandin Foundation, others when identified
Timeframe to Implement	Continuous

Strategy #2 Title	<i>Identify Languages needed for scheduling service and marketing materials.</i>
Plan Category(ies) Addressed	Coordinate and Consolidate Transportation Services and Resources
Identified Needs/Gap Addressed	Scheduling – software, staff, language, hours Languages – non-English Marketing – easy to understand information
Project Overview	Identify non-English languages spoken/written/read throughout the region to enhance marketing materials and to provide additional languages in scheduling systems.
Population Served	Non-English speaking, low-income, disabled, elderly
Communities Served	Regional
Action (1)	Contact agencies and employers to ascertain languages spoken, written, and read in the Region.
Responsible Entities	<i>Responsible entities:</i> RRC/RTCC, SRDC <i>Potential resource sources:</i> Language Line®, Noble County Integration Collaborative (NCIC), Local Schools, Head Start programs, Census Data, Adult Basic Education (ABE) – ESL programs, Senior Linkage Line®, and Local employers: such as Turkey Valley, Schwans, JBS Swift & Co., Jonti-Craft, Monogram Foods, etc.
Timeframe to Implement	Continuously updated
Action (2)	Identify language resources already in place.
Responsible Entities	<i>Responsible entities:</i> RRC/RTCC <i>Potential resource sources:</i> Refugee/Immigration Service organizations, local Health & Human Services agencies, NCIC, Worthington ABE, and Marshall Community Services – subcommittee looking at interpreter services in Marshall , Karen Organization of MN (KOM)
Timeframe to Implement	Months to within a year
Action (3)	Identify local Interpreters.
Responsible Entities	<i>Responsible entities:</i> RRC/RTCC <i>Potential resource sources:</i> Refugee/Immigration Service organizations, local Health & Human Services agencies, NCIC, Worthington ABE, and Marshall Community Services – subcommittee looking at interpreter services in Marshall, KOM
Timeframe to Implement	Months to within a year

Strategy #3 Title	<i>Increase/improve public relations as part of public and private transportation services marketing.</i>
Plan Category(ies) Addressed	Communication, Training, & Organizational Support
Identified Needs/Gap Addressed	Marketing – easy to understand information Improved Ride Service Options
Project Overview	Communicate the services transportation providers provide.
Population Served	All
Communities Served	Regional
Action (1)	Identify community events and collaborate with local organizations and groups, such as: churches, senior centers, colleges, adult basic education, community education, businesses, and employers to provide public education sessions.
Responsible Entities	Mobility Manager and Advocates
Timeframe to Implement	Start now and continuous
Action (2)	Update current Regional Transit Brochure and translated.
Responsible Entities	<i>Updated by:</i> Public transit providers and maintained by SRDC <i>Distribute to:</i> volunteers, businesses, employers, school mailings, utility bill mailings, radio, community cable stations, culturally specific community groups, website, and others as identified.
Timeframe to Implement	Continuous
Action (3)	Increase public involvement with a focus on volunteer opportunities available (driving, public education, distributing information, etc.).
Responsible Entities	Public transit providers
Timeframe to Implement	Continuous
Action (4)	Develop promotional days for riders
Responsible Entities	Public transit providers
Timeframe to Implement	Continuous
Action (5)	Fund a public/media person, such as a consultant or state funded marketing person to assist with creation of marketing materials and plan.
Responsible Entities	RRC/RTCC to explore.- state, public & private transportation providers, county, and city
Timeframe to Implement	Continuous
Action (6)	Research for possible development a linkage line for transportation services which would also provide additional language options (similar to the Disability Linkage Line®).
Responsible Entities	MnDOT, Department of Human Services (DHS), RRC/RTCC
Timeframe to Implement	Continuous
Action (7)	Support transportation services with education advocacy to elected officials, local businesses, and the community.
Responsible Entities	RRC/RTCC
Timeframe to Implement	Continuous

Difficult to Do / Major Improvement

Strategy #4 Title	Improve Service Convenience
Plan Category(ies) Addressed	Mobility
Identified Needs/Gap Addressed	Increase Connectivity Improved Ride Service Options Volunteer Drivers Flexibility
Project Overview	Increase the flexibility of transportation services through enhancing volunteer driver services, improving service options, and increasing connectivity.
Population Served	All
Communities Served	Regional
Action (1)	Increase the collaboration between the transportation providers and medical providers, employers, and service providers to ensure client rides are scheduled efficiently. <ul style="list-style-type: none"> • Identify two pilot projects. • Explore opportunities to collaborate with Southern Prairie Community Care (SPCC). • Expand guaranteed return ride home from hospital.
Responsible Entities	Public and private transportation providers, RRC/RTCC, employers (HR staff), client appointment schedulers, SPCC
Timeframe to Implement	Five years.
Action (2)	Increase connectivity and expand capacity to provide more flexibility and reduce rider wait time. Utilize volunteer drivers to fill gaps.
Responsible Entities	Public transit providers
Timeframe to Implement	Continuous
Action (3)	Maintain funding for current Regional Ride Council (RRC) during the transition to and implementation of the Regional Transportation Coordination Council (RTCC).
Responsible Entities	MnDOT
Timeframe to Implement	Continuous
Action (4)	Explore options to supplement costs for riders who cannot afford to private pay, including funding and methods to decrease costs.
Responsible Entities	RRC/RTCC
Timeframe to Implement	Continuous

Strategy #5 Title	<i>Maintain/increase the fleet of accessible cost effective small and mid-sized vehicles.</i>
Plan Category(ies) Addressed	Coordinate and Consolidate Transportation Services and Resources Mobility
Identified Needs/Gap Addressed	Increase the number of vehicles Cost Effective Options
Project Overview	Accessible smaller vehicles to reduce operating costs and “perception of no one riding in a big bus” while recognizing driver costs would likely be the same).
Population Served	All
Communities Served	Regional – but particularly rural areas.
Action (1)	<p>Maintain / expand mobility accessible vehicle fleet with appropriate sized vehicles.</p> <ul style="list-style-type: none"> • Maintain access to Section 5310 vehicle funding for accessible vehicles for DT & H facilities and public transit systems. • Funding from other sources to supplement or increase mobility accessible fleet to address service expansion or replacement needs to address job access and increased service for persons requiring an accessible vehicle.
Responsible Entities	RRC/RTCC, public transit providers
Timeframe to Implement	Continuous
Action (2)	Mobility Assistance: train volunteers to help riders who are unable to use transit services without personal assistance
Responsible Entities	Public and private transportation providers
Timeframe to Implement	Continuous
Action (3)	Research capital funding options.
Responsible Entities	Public transit providers, MnDOT
Timeframe to Implement	Continuous
Action (4)	Increase driver recruitment (on-call & full-time drivers) to meet ride demand.
Responsible Entities	Public transit providers and volunteer programs
Timeframe to Implement	Continuous
Action (5)	Enhance training and education opportunities to help meet the Department of Transportation (DOT) requirements for licensing drivers through increased driver trainings.
Responsible Entities	MnDOT, MCOTA, MN West Community and Technical College
Timeframe to Implement	Continuous

Strategy #6 Title	<i>Establish or enhance assisted transportation programs (door thru door, rider companion, travel training).</i>
Plan Category(ies) Addressed	Mobility
Identified Needs/Gap Addressed	Volunteer Drivers Assisted Transportation - Door thru Door, Travel Trainers, Personal Care Assistant (PCA), etc.
Project Overview	Establish or enhance assisted transportation programs such as door thru door, rider companion, and travel trainers.
Population Served	All
Communities Served	Regional
Action (1)	Mobility assistance: train volunteers to help riders who are unable to use transit services without personal assistance (to include mobility, minority representation, and other aspects to be identified).
Responsible Entities	Public transit providers, local volunteer programs
Timeframe to Implement	Continuous
Action (2)	Travel Training: geographically expand and enhance travel-training programs in place at UCAP and Prairieland through cultural outreach, healthcare collaboration, and volunteer capacity through recruitment.
Responsible Entities	Public transit providers, local volunteer programs
Timeframe to Implement	Continuous
Action (3)	Enhance door though door companion rider programs to do light duty assistance (carry groceries, assist with check-ins at appointments, etc.) that goes beyond travel for everyday activities.
Responsible Entities	Public transit providers, local volunteer programs
Timeframe to Implement	Continuous

<i>Strategy #7 Title</i>	<i>Increase access to language interpreters.</i>
Plan Category(ies) Addressed	Communication, Training, & Organizational Support
Identified Needs/Gap Addressed	Languages – non-English
Project Overview	Provide services for non-English and limited English speaking/reading riders.
Population Served	Non-English speaking and limited English speaking transportation service users.
Communities Served	Regional
Action (1)	Develop a network of language interpretive services.
Responsible Entities	<i>Responsible entities:</i> RRC/RTCC, SRDC <i>Potential resource sources:</i> Nobles County Integration Collaborative, Marshall Community Services – subcommittee looking at interpreter services in Marshall, JBS Swift & Co., KOM, Health & Human Services agencies
Timeframe to Implement	Continuous
Action (2)	Research and utilize phone apps for coordinated transportation services.
Responsible Entities	Access Coordinator, Public transit providers,
Timeframe to Implement	Continuous
Action (3)	Explore a statewide transportation language line.
Responsible Entities	Access Coordinator, MCOTA
Timeframe to Implement	Continuous

<i>Strategy #8 Title</i>	<i>Identify Existing Resources.</i>
Plan Category(ies) Addressed	Coordinate and Consolidate Transportation Services and Resources
Identified Needs/Gap Addressed	Increase Connectivity
Project Overview	Regional awareness of provider availability throughout the region.
Population Served	All
Communities Served	Regional
Action (1)	Develop a clearinghouse website where all provider information is stored (information to be maintained by the providers themselves). This would be state wide with the option to choose region and city.
Responsible Entities	Transportation providers and MnDOT
Timeframe to Implement	Two years
Action (2)	Continue to update current transportation inventory list to ensure accuracy.
Responsible Entities	RRC/RTCC, with assistance of MnDOT and SRDC
Timeframe to Implement	One year

<i>Strategy #9 Title</i>	<i>Research possibility of a rural Transportation Network Company (TNC).</i>
Plan Category(ies) Addressed	Coordinate and Consolidate Transportation Services and Resources
Identified Needs/Gap Addressed	Increase number of vehicles
Project Overview	Rural areas need more taxi like service availability.
Population Served	All
Communities Served	Regional
Action (1)	Reach out to TNCs to discuss details on how to start services in the Region, Insurance requirements, etc.
Responsible Entities	MnDOT, MCOTA, Uber
Timeframe to Implement	One year
Action (2)	Research/explore what is needed to implement a TNC in rural area/region.
Responsible Entities	Access Coordinator
Timeframe to Implement	1 to 5 years

<i>Strategy #10 Title</i>	<i>Volunteer driver recruitment / incentives</i>
Plan Category(ies) Addressed	Coordinate and Consolidate Transportation Services and Resources
Identified Needs/Gap Addressed	Volunteer Drivers
Project Overview	Because of the declining numbers of volunteer drivers in the Region, recruitment of more volunteer drivers is needed to provide transportation.
Population Served	All
Communities Served	Regional
Action (1)	Recruit and utilize the untapped resources, such as under employed, Workforce Center clients, cultural groups, volunteer organizations/clubs, etc to provide driver services.
Responsible Entities	Mobility Manager, Health & Human Services, Workforce Center, Transit providers
Timeframe to Implement	5 years
Action (2)	Explore options for drivers who cannot afford to volunteer to drive. Examples: Stipends, increase mileage reimbursement
Responsible Entities	Elected Officials, MCOTA, RRC/RTCC
Timeframe to Implement	Continuous

<i>Strategy #11 Title</i>	<i>Public and private coordination and integration of scheduling software/technology</i>
Plan Category(ies) Addressed	Coordinate and Consolidate Transportation Services and Resources Communication, Training, & Organizational Support
Identified Needs/Gap Addressed	Scheduling – software, staff, language, hours Integration of scheduling systems Flexibility
Project Overview	Identify ways to integrate the different technologies utilized by transportation providers in the region in order to identify potential means to integrate scheduling software for efficient and effective service coordination across the Region.
Population Served	All
Communities Served	Regional
Action (1)	Bring all transportation stakeholders (public and private) together to discuss available technology to coordinate rides and identify pros and cons with the technologies.
Responsible Entities	Public and Private Transportation Providers, RRC/RTCC
Timeframe to Implement	Within 6 months host first meeting.
Action (2)	Find funding to purchase, implement, and train users of technology systems.
Responsible Entities	<i>Responsible entities:</i> RRC/RTCC <i>Potential resource sources:</i> MnDOT, DHS, Foundations, MCOTA
Timeframe to Implement	Continuous

Beyond Our Region. Listed below are four issues or gaps affecting transportation services in Region 8 that reach far beyond regional based solutions. The Steering Committee and attendees at the public planning workshop expressed these are statewide issues or gaps that need solutions from statewide-based entities.

Issue #1	<i>Medicaid insurance transportation ride approval long hold times.</i>
Description	Long hold times over phone when arranging for Medicaid Insurance approval for non-emergency medical transportation services. Participants have reported long wait time over the phone (up to 1.5 hours) with HMO's to gain approval.
Scenario (example)	Staff member needs to arrange for a transportation ride service for a client. Staff calls the Medicaid insurance provider to receive approval and arrange the ride. While on hold (sometime upwards to 1.5 hours) the staff is limited in other work they can perform. Often times the staff will contact the transportation provider to determine availability of transport, secure the slot, and then contact the insurance provider for approval of transport in order to ensure the client/patient can receive the transportation needed.
Population Affected	Elderly, people with Disabilities, Hospitals, Care Facilities
Ripple Effect	<ol style="list-style-type: none"> 1) Staff is on phone instead of with clients/ patients. 2) Increased cost for patient care to cover the additional staff needed 3) Barrier for scheduling rides if staff person has to break away from the call due to emergency or other client needs. 4) Due to the long hold times with the Medicaid Insurance provider the ride slot originally needed may no longer be available and the client/patient is unable to get to where they need to go.
Responsible Entities	MCOTA, insurance providers, DHS, MnDOT

Issue #2	<i>Increased regulation and liability for volunteer drivers.</i>
Description	Increased regulations, liability, insurance costs, and the unrealistic charitable mileage reimbursement rate are adding to the decline of volunteer drivers in the region.
Scenario (example)	Regulations, liability, and insurance to time consuming and costly for potential volunteer drivers, thus potential volunteers are declining the volunteer position. Mileage reimbursement has not increased in over a decade.
Population Affected	Elderly, people with Disabilities, low-income
Ripple Effect	<ol style="list-style-type: none"> 1) Decreased availability of volunteer driver services. 2) Increased homebound individuals. 3) Decreased quality of life for individuals dependent on volunteer driver programs. 4) Potential violation of Olmstead Plan.
Responsible Entities	MCOTA, insurance providers, MnDOT

Issue #3	<i>Integrated transportation scheduling software system(s).</i>
Description	Transportation scheduling software systems do not link together to assist in cross-system scheduling and software providers do not want to allow them to talk due to proprietary information.
Scenario (example)	Decreased ability to improve connectivity across the Region with private and public transportation providers. Providers currently call other providers to connect riders between transportation services. Integrated scheduling software could eliminate this step making accessing cross-region and cross provider scheduling more effective, efficient, and accessible to all riders.
Population Affected	Elderly, people with Disabilities, low-income
Ripple Effect	<ol style="list-style-type: none"> 1) Slower process to assist riders in scheduling transportation services across providers. 2) Decreased ability to improve connectivity across the Region with private and public transportation providers.
Responsible Entities	MnDOT, MCOTA, software providers

Issue #4	<i>Delayed and/or denied payment for approved transportation services by Medicaid Insurance providers.</i>
Description	Transportation providers noting an increase in the number of claims being denied payment or having the payment delayed by Medicaid Insurance providers after approval of the ride.
Scenario (example)	Transportation provider(s) receive approval for Medicaid ride service by Medicaid insurance provider(s), provide the ride service, submit the ride for payment, and the Medicaid Insurance provider denies or delays the claim.
Population Affected	Elderly, people with Disabilities, low-income
Ripple Effect	<ol style="list-style-type: none"> 1) Decreased availability of transportation providers accepting certain Medicaid insurance providers. 2) Increased homebound individuals unable to reach medical appointments. 3) Decreased quality of life for individuals dependent on medical transportation providers. 4) Potential violation of Olmstead Plan.
Responsible Entities	MnDOT, MCOTA, Medicaid insurance providers, DHS

Appendix A - Transportation Resources

The following section includes a vehicle inventory and is shown by providers who serve the entire Region and then shown providers who serve by county. The inventory is listed by service type then by county.

It also contains contact information of regional transportation providers (Provider Directory) for whom information received through the data collection process. The directory is listed alphabetically.

This is not a complete list of providers in the Region Plan

Legend for the Vehicle Inventory

V/D	Volunteer Drivers
#	Number of vehicles
V/T	Vehicle Type
P	Number of passengers
W/S	number of wheelchair accessible spaces
L/R	number with Lifts (L) / Ramps (R)

Vehicle Inventory

Service Type	Service area	Business or Organization Name	Service Type and coordination	Vehicle inventory	Data source
Public	Cottonwood, Jackson, Lincoln, Lyon, Murray, Pipestone, Redwood, Rock counties	Community Transit (United Community Action Partnership - UCAP) <i>formerly Western Community Action</i> ; 400 W Main Street, Marshall, MN 56258	Public Transit and Volunteer Drivers; UPCA allows employees to drive personal vehicles to transport	2 small light duty buses with lifts; 36 medium light duty buses with lifts	2017 survey
Public	Nobles County	Prairieland Transit System - Southwestern Minnesota Opportunity Council, Inc. 1106 3rd Avenue - PO Box 787 Worthington, MN 56187	Public Transit and Volunteer Drivers;	3 Medium light duty bus	2017 email
Public	Pipestone County	Pipestone County Transit (coordinated by UCAP)	Public Transit and Volunteer Drivers;	5 Medium buses	2017 Plan
DAC	Cottonwood County	Cottonwood County DAC	Disability Achievement Center (DT&H)	2 Medium Light Duty Bus (Section 5310 Vehicles)	MnDOT Blk Cat
DAC	Jackson County	Jackson County DAC	DT&H	No data	NA
DAC	Lincoln County	Hope DAC – Tyler, Tracy	DT&H	No data	
DAC	Lincoln , Lyon, Redwood Counties	REM (Robert E. Milton) – Tyler, Marshall, Redwood Falls	DT&H	No data	
DAC	Lyon County	Advanced Opportunities (<i>Lyon County DAC</i>) Marshall, MN 56258	DT&H; allows employees to transport clients in personal vehicles, & utilizes public transportation	13 Minivans	2017 Survey
DAC	Murray County	Murray County DAC	DT&H	No data	
DAC	Nobles County	Nobles County DAC (linked with MRCI)	DT&H	2 Minivans; 2 Small bus; 1 Small Light Duty bus; 1 large heavy Duty bus	2017 Survey
DAC	Nobles, Redwood Counties	Services Enterprise (DAC)	DT&H ; Uses employees' personal vehicles to transport clients	6 Minivans; 2 Small bus/van; 2 Small Light Duty Bus 2-Section 5310 vehicles	2017 Survey
DAC	Nobles County	Specialized Vocational Services	DT&H	No Vehicles	2017 Survey
DAC	Nobles County	CCSI	DT&H	No data – former Section 5310	
DAC	Pipestone County	Progress Inc.	DT&H	No data	
DAC	Pipestone County	Hope Haven	DT&H	No data	

DAC	City of Redwood Falls	Heartland Industries, Inc	Uses employees' personal vehicles to transport clients	2 Minivans	2017 Survey
DAC	Cottonwood, Rock, Jackson Counties	Habiliative Services Inc.	DT&H	No data	
DAC	Rock County	Rock County Opportunities	DT&H & Coordinates with UCAP Community Transit	12 vans; 1 sedan; 4 Minivans; 3 Small Light Duty Bus; (2 – Section 5310 vehicles	2017 Survey
Employment Services	All of Region 8	SW MN Private Industry Council	Utilizes Public Transportation	none	2017 survey
Health & Human Services	Cottonwood & Jackson Counties	Des Moines Valley Health & Human Service	Public Health & Human Services – utilizes volunteer drivers , public and private transportation services	none	
Health & Human Services	Lincoln, Lyon, Murray, Pipestone, Redwood, Rock counties	Southwest Health & Human Services	Public Health & Human Services – utilizes volunteer drivers , public and private transportation services	none	
Health & Human Services	Nobles County	Nobles County Health & Human Services	Public Health & Human Services – utilizes volunteer drivers , public and private transportation services	none	
Veterans Services	Cottonwood County	Veterans Services	Veterans Services - Volunteer Drivers	No data	2-22-17 Daily Globe Article
Veterans Services	Nobles County	Veterans Services	Veterans Services - Volunteer Drivers	1 Van	
Head Start	Lincoln, Lyon, Redwood Counties	United Community Action Partnership (UCAP) Head Start	Education	7 Medium buses	2011 Plan
Head Start	Cottonwood County	UCAP Head Start – Mountain Lake	Education	1 Small School Bus	2017 Plan
Head Start	Jackson County	UCAP Head Start – Jackson	Education	No data	
Head Start	Murray, Nobles, Pipestone, Rock Counties	SMOC – Head Start	Education	5 Large Buses	2011 Plan
Intercity	Region Wide	Jefferson Bus Lines	Private	No data	
Intercity	Region Wide	Land to Air Express	Private	No data	

Charter	Region Wide	Southwest Coaches, Inc - Marshall & Jackson	Private	No data	
Charter		Iyanka Bus Service - Redwood Falls	Private	No data	
Charter	Murray County	Ludolph Bus Service - Slayton & Pipestone	Private	No data	
Charter	Lyon County	Palmer Bus Service	Private	2 Minivans; 1 Small bus; 1 Medium bus; and 15 Large bus; was STS certified 2011	2011 Plan
Charter	Lyon County	Ram Tour and Travel - Marshall	Private	No data	
Charter	Nobles County	Reading Bus Line - Reading	Private	No data	
Charter	Region Wide	Southwest Tour and Travel - Jackson	Private	No data	
Charter		Thielen Bus Service - Redwood Falls	Private	No data	
Charter	Lincoln County	Tyler Bus Service - Tyler	Private	No data	
Charter	Murray County	Wiskes Bus Service	Private	No data	
Charter	Nobles County	Kempema Bus Company	Private	No data	
Charter	Pipestone County	Ludolphs bus Service	Private	No data	
Disability Housing	Nobles County	CCSI (Client Community Services, Inc.) - Worthington	Private	13 Minivans; 2 Small Van/Bus; 2 Sedans	2017 Email
Disability Housing	Redwood County	Revere Home - Revere	Private	No Vehicles	2017 Survey
Taxi / STS	City of Worthington	Worthington Taxi	Private taxi Service - STS	3 Sedans; 3 Van (non accessible)	2017 Survey
Taxi	City of Marshall	Marshall Taxi	Private taxi Service	No data	
Taxi	City of Marshall	Downtown DD	Private taxi Service	No data	
Taxi	City of Hardwick	OK Taxi - Hardwick	Private taxi Service	1 Sedan (unregulated)	
STS	All of Region 8	Blue Mound Transportation	Private – Special Transportation Services (STS)	2 Minivans	2017 Survey
STS	All of Region 8	Medi-Van	Private – STS	No data	
STS	All of Region 8	Peoples Express	Private – STS	38 Minivans; 5 Small bus/van; 1 Sedan	2017 Survey
STS	Lyon, Redwood counties	Handi Van Service	Private – STS	1 sedan; 1 Minivan; 4 Small bus/van	2017 Survey
STS	Does not service our counties	AmeriCare Mobility Van LLP (AMV)	Private – STS	No data	

STS	Winnebago, MN (does bring into Region 8)	Espeland	Private – STS	No data	
STS	All of Region 8	Blue Mound Transport	Private – STS	2 Minivans	2017 Survey
Schools	Cottonwood, Jackson counties	Windom Area Schools	Education provider & contracts services with outside provider	4 buses	2016 State Records
Schools	Cottonwood County	Mountain Lake HS	Education provider & contracts services with outside provider	11 buses	2016 State Records
Schools	Cottonwood, Redwood counties	Westbrook Walnut Grove	Education provider	No data	
Schools	Cottonwood County	Christian School – Mtn Lake	Education provider	No data	
Schools	Cottonwood, Redwood, Murray counties	Red Rock Central	Education provider	No data	
Schools	Cottonwood	Comfrey	Education provider	No data	
Schools	Cottonwood, Murray, Nobles counties	Fulda - Contracts w/Wiskes	Education provider	4 buses	2016 State Records
Schools	Cottonwood; Jackson counties	Heron Lake- Okabena	Education provider	12 Buses	2016 State Records
Schools	Jackson County	Jackson County Central (2011 STS Certified)	Education provider & contracts services with outside provider	10 buses	2016 State Records
Schools	Jackson County	Southwest Star Concept	Education provider	1 Minivan, 2 Small bus, 8 Large bus	2011 Plan
Schools	Jackson County	Sioux Valley Christian	Education provider	No data	
Schools	Jackson, Nobles Counties	Round Lake - Brewster	Education provider	14 buses	2016 State Records
Schools	Lincoln County	Ivanhoe Public (ISD #403)	Education provider & contracts services with outside provider	None	2017 Survey
Schools	Lincoln, Lyon, Murray, Pipestone Counties	Russel-Tyler-Ruthton (RTR)	Education provider & contracts services with outside provider	14 buses	2016 State Records
Schools	Lincoln County	Lake Benton School	Education provider & contracts services with outside provider	none	2016 State Records
Schools	Lincoln County	Hendrick School	Education provider	4 buses	2016 State Records

Schools	Lincoln, Lyon Counties	Minneota School	Education provider & contracts services with outside provider	5 buses	2016 State Records
Schools	Lincoln County	Canby School	Education provider	No data	
Schools	Lyon, Murray, Redwood Counties	Tracy-Milroy-Balaton (TMB)	Education provider & contracts services with outside provider	1 bus	2016 State Records
Schools	Lyon, Redwood Counties	Milroy Elementary School	Education provider	1 sedan; 1 Medium bus; 1 Large bus; and 3 Large Heavy Duty buses	2017 Survey
Schools	Lyon County	Marshall Public School	Education provider	3 Minivans; 1 Medium bus; 5 Small bus/vans; 15 Medium Duty Bus; and 10 Large Heavy Duty buses	2017 Survey
Schools	Lyon County	Lynd Elementary School	Education provider & contracts services with outside provider	6 buses	2016 State Records
Schools	Lyon	Lakeview	Education provider	No data	
Schools	Murray County	Murray County Central	Education provider & contracts services with outside provider	4 buses	2016 State Records
Schools	Murray, Nobles, Pipestone, Rock Counties	Edgerton School District	Education provider & contracts services with outside provider	No vehicles	2017 Survey
Schools	Nobles, Rock Counties	Luverne School District	Education provider & contracts services with outside provider	23 buses	2016 State Records
Schools	Nobles, Rock Counties	Adrian School District	Education provider & contracts services with outside provider	No data	
Schools	Nobles, Rock Counties	Ellsworth School District	Education provider & contracts services with outside provider	6 buses	2011 Plan
Schools	Nobles County	Worthington School District	Education provider & contracts services with outside provider	10 Minivans	2017 Survey
Schools	Pipestone, Rock Counties	Pipestone Are Schools	Education provider & contracts services with outside provider	No vehicles	2016 State Records

Schools	Redwood County	Redwood Falls Area Schools	Education provider & contracts services with outside provider	1 Vehicle	2016 State Records
Schools	Redwood County	Yellow Medicine East	Education provider	No data	
Schools	Redwood County	Cedar Mountain	Education provider	No data	
Schools	Redwood County	Wabasso School District	Education provider & contracts services with outside provider	1 Vehicle	2016 State Records
Schools	Rock County	Hills – Beaver Creek	Education provider & contracts services with outside provider & contracts services with outside provider	No vehicles	2017 Survey
Schools	Rock County	Edgerton Christian	Education provider	No data	
Private	Lyon County	Spin Zone – Cottonwood	Private – low income car rental service	No data	
Private	Cottonwood	Sober Cab	Private	No data	
Private	Cottonwood	HCL (Home for Creative Living)	Private	No data	
Private	Cottonwood	Casino Limo	Private	No data	
Private	Nobles County	RIDES (Sibley IA)	Private	No data	
Private	Redwood County, Lyon County	Southwest Transportation Services	Private	No data	
Nursing Home	Cottonwood	Good Samaritan Society - Mountain Lake	Nursing Home (NH) - Utilizes public & private transportation services	No data	
Nursing Home	Cottonwood	Good Samaritan Society The Village-Mountain Lake	NH - Utilizes public & private transportation services	No vehicles	2017 Survey
Nursing Home	Cottonwood	Good Samaritan Society - Westbrook	NH - Utilizes public & private transportation services	No vehicles	2017 Survey
Nursing Home	Cottonwood	Good Samaritan Society - Windom	NH - Utilizes public & private transportation services	No data	
Nursing Home	Jackson	Colonial Manor Nursing Home - Lakefield	NH - Utilizes public & private transportation services	No data	

Nursing Home	Jackson	Good Samaritan Society - Jackson	NH - Utilizes public & private transportation services	No data	
Nursing Home	Jackson	Heron Lake	NH - Utilizes public & private transportation services	No data	
Nursing Home	Lincoln County	Divine Providence Health Center - Ivanhoe	NH - Utilizes public & private transportation services	No vehicles	2017 Survey
Nursing Home	Lincoln County	Hendricks Community Hospital (NH) -Hendricks	NH - Utilizes public & private transportation services	No vehicles	2017 Survey
Nursing Home	Lincoln County	Tyler Healthcare Center Inc. - Tyler	NH - Utilizes public & private transportation services	No data	
Nursing Home	Lyon County	Avera Marshall Regional Medical Center (NH) - Marshall	NH - Utilizes public & private transportation services	No data	
Nursing Home	Lyon County	Colonial Manor of Balaton	NH - Utilizes public & private transportation services	No data	
Nursing Home	Lyon County	Living Services Foundation / Minneota Manor Health Care Center - Minneota	NH - Utilizes public & private transportation services	No vehicles	2017 Survey
Nursing Home	Lyon County	Prairie View Nursing Home - Tracy	NH - Utilizes public & private transportation services	No vehicles	2017 Survey
Nursing Home	Murray County	Golden Living Center - Slayton	NH - Utilizes public & private transportation services	No data	
Nursing Home	Murray County	Maple Lawn Nursing Home - Fulda	NH - Utilizes public & private transportation services	No vehicles	2017 Survey
Nursing Home	Nobles County	South Shore Care Center - Worthington	NH - Utilizes public & private transportation services	No data	
Nursing Home	Nobles County	Parkview Manor Nursing Home - Ellsworth	NH - Utilizes public & private transportation services	No data	
Nursing Home	Nobles County	Crossroads Care Center - Worthington	NH - Utilizes public & private transportation services	No data	

Nursing Home	Pipestone County	Edgebrook Care Center - Edgerton	NH - Utilizes public & private transportation services	No data – 2017	
Nursing Home	Pipestone County	Good Samaritan Society - Pipestone	NH - Utilizes public & private transportation services	No data – 2017	
Nursing Home	Redwood County	Gilmor Haven - Morgan	NH - Utilizes public & private transportation services	No Vehicles	2017 Survey
Nursing Home	Redwood County	Gilmor Manor – Morgan	NH - Utilizes public & private transportation services	No Vehicles	2017 Survey
Nursing Home	Redwood County	Golden Living - Wabasso	NH - Utilizes public & private transportation services	No data	
Nursing Home	Redwood County	Good Samaritan Society – Redwoods Falls	NH - Utilizes public & private transportation services	No data	
Nursing Home	Redwood County	Parkview Home - Belview	NH - Utilizes public & private transportation services	No Vehicles	2017 Survey
Nursing Home	Redwood County	Valley View Manor - Lamberton	NH - Utilizes public & private transportation services	No Answers	2017 Survey
Nursing Home	Redwood County	Wabasso Healthcare (NH)	NH - Utilizes public & private transportation services	No data	
Nursing Home	Redwood County	Wood Dale Home Inc – Redwood Falls	NH - Utilizes public & private transportation services	No data	
Nursing Home	Rock County	Good Samaritan Communities	NH - Utilizes public & private transportation services	No data	
Nursing Home	Rock County	Tuff memorial Home – Hills	NH - Utilizes public & private transportation services	No data	
Nursing Home	Rock County	Veterans Home – Luverne	Veterans Administration Nursing Home – arranges for or provides rides to medical appointments in Sioux Falls and locally.	No data	

Assisted Living	Cottonwood	(The Lodge) Laker Catered Living (AL) Mountain Lake	Assisted Living Facility (AL)– used Public & Private providers	No vehicles	2017 Survey
Assisted Living	Cottonwood	Peterson Estates (AL) - Westbrook	AL - Utilizes public & private transportation services	No data	
Assisted Living	Jackson	Doman Rose Place (AL) - Lakefield	AL - Utilizes public & private transportation services	No data	
Assisted Living	Jackson	Valley View Assisted Living (AL) - Lakefield	AL - Utilizes public & private transportation services	No data	
Assisted Living	Lincoln County	Central MN Senior Care, Homestead Place #1 & #2 – Lake Benton	AL - Utilizes public & private transportation services	No data	
Assisted Living	Lincoln County	Danebod Village Home (AL) - Tyler	AL - Utilizes public & private transportation services	No vehicles	2017 Survey
Assisted Living	Lincoln County	Prairie View Apartments (AL) - Ivanhoe	AL - Utilizes public & private transportation services	No data	
Assisted Living	Lyon County	Boulder Creek Assisted Living - Marshall	AL - Utilizes public & private transportation services	No data	
Assisted Living	Lyon County	Boulder Estates (AL) - Marshall	AL - Utilizes public & private transportation services	No vehicles	2017 Survey
Assisted Living	Lyon County	Fieldcrest Assisted Living - Cottonwood	AL - Utilizes public & private transportation services	No data	
Assisted Living	Lyon County	Heritage Pointe (AL) - Marshall	AL - Utilizes public & private transportation services	No data	
Assisted Living	Lyon County	Hill Street Place (AL) - Marshall	AL - Utilizes public & private transportation services	No data	
Assisted Living	Lyon County	Lakeview Senior Housing (AL) – Balaton	AL - Utilizes public & private transportation services	No Vehicles	2017 Survey
Assisted Living	Lyon County	Madison Avenue Apartments (AL) - Minneota	AL - Utilizes public & private transportation services	No data	

Assisted Living	Lyon County	O'Brien Court (AL) - Tracy	AL - Utilizes public & private transportation services	No data	
Assisted Living	Lyon County	Patricia Court (AL) - Marshall	AL - Utilizes public & private transportation services	No data	
Assisted Living	Murray County	Maplewood Court (AL) - Fulda	AL - Utilizes public & private transportation services	No data	
Assisted Living	Murray County	Maplewood Estates (AL) - Fulda	AL - Utilizes public & private transportation services	No data	
Assisted Living	Murray County	Sunrise Terrace (AL) - Slayton	AL - Utilizes public & private transportation services	No data	
Assisted Living	Nobles County	The Meadows (AL) – Worthington	AL - Utilizes public & private transportation services	No data	
Assisted Living	Nobles County	Prairie House Supportive Living (AL) - Worthington	AL - Utilizes public & private transportation services	No data	
Assisted Living	Nobles County	Golden Horizons (AL) - Worthington	AL - Utilizes public & private transportation services	No data	
Assisted Living	Nobles County	Arnold Memorial Health Care Center (AL) – Adrian	AL - Utilizes public & private transportation services	No data – former Section 5310	
Assisted Living	Pipestone County	Edgebrook Estates (AL) - Edgerton	AL - Utilizes public & private transportation services	No data	
Assisted Living	Pipestone County	Falls Landing Assisted Living – Pipestone	AL - Utilizes public & private transportation services	No data	
Assisted Living	Pipestone County	Jasper Sunrise Village (AL) - Jasper	AL - Utilizes public & private transportation services	No data	
Assisted Living	Pipestone County	Ridgeview Estates (AL) - Pipestone	AL - Utilizes public & private transportation services	No data	
Assisted Living	Pipestone County	Storybrook Apartment (AL) - Pipestone	AL - Utilizes public & private transportation services	No data	

Assisted Living	Redwood County	Country View Senior Living (AL) – Walnut Grove	AL - Utilizes public & private transportation services	No data	
Assisted Living	Redwood County	Garnette Gardens (AL) – Redwood Falls	AL - Utilizes public & private transportation services	No data	
Assisted Living	Redwood County	Johnson park Place (AL) – Redwood Falls	AL - Utilizes public & private transportation services	No data	
Assisted Living	Redwood County	Parkview Senior Living (AL) - Belview	AL - Utilizes public & private transportation services	No Vehicles	2017 Survey
Assisted Living	Rock County	Popular Creek Estates (AL) - Luverne	AL - Utilizes public & private transportation services	No data	
Assisted Living	Rock County	Centennial Aprtments - Luverne	AL - Utilizes public & private transportation services	No data	
Hospice	Lincoln County	Compassionate End-of-Life Care	Hospice – Utilizes public & private transportation services	No data	
Hospice	Lincoln, Lyon counties	Prairie Home Hospice - Marshall	Hospice – Utilizes public & private transportation services	No data	
Hospice	Lyon, Murray Counties	Prairie River Home Care (Hospice) – Marshall, Slayton	Hospice – Utilizes public & private transportation services	No data	
Hospice	Lyon County	Rural Home Care (Hospice) - Tauton	Hospice – Utilizes public & private transportation services	No data	
Hospice	Lincoln County	Sanford Hospice - Canby	Hospice – Utilizes public & private transportation services	No data	
Hospice	Lyon County	Sweet Home Home Care (Hospice) - Tracy	Hospice – Utilizes public & private transportation services	No data	
Hospice	Lyon County	Touching Hearts Home Care / Wild Rose (Hospice) - Marshall	Hospice – Utilizes public & private transportation services	No data	
Hospice	Lincoln County	Tyler Home Care & Ridgeview (Hospice) – Tyler	Hospice – Utilizes public & private transportation services	No data	

Hospice	Murray County	Hospice of Murray County	Hospice – Utilizes public & private transportation services	No data	
Hospice	Nobles County	Compassionate Home Care & Hospice – Worthington	Hospice – Utilizes public & private transportation services	No data	
Hospice	Redwood County	Divine Home Care (Hospice) – Redwood Falls	Hospice – Utilizes public & private transportation services	No data	
Faith Groups	Cottonwood	Cristian Alliance Church – Mountain lake	Church	1 medium Duty Bus	2017 Plan
Faith Groups	Cottonwood	American Lutheran Windom	Church	No data	
Faith Groups	Cottonwood	Our Saviors Church – Windom	Church	No data	
Faith Groups	Cottonwood	Methodist Church - Windom	Church	No data	
Ambulance Services	Lyon, Redwood Counties	North Memorial Ambulance	Emergency medical transportation	No answer given	2017 Survey
Ambulance Services	Nobles County	Sanford Worthington Ambulance Service	Emergency medical transportation	No answer given	2017 Survey
Other	Lyon County	Lutheran Social Service Senior Corp	Senior Volunteers – Volunteer drivers	No vehicles	2017 Survey
Other	Jackson	Dickenson Co (IA) Hospital	Hospital	No data	

Transportation Providers Directory. The following directory includes contact information for transportation providers identified in the 2017 Plan and organizations which provide transportation services to their clients. Please note this is directory may be incomplete and is provided in alphabetical order.

<i>Transportation Provider</i>	<i>Service Type</i>	<i>Counties</i>
<u>Adrian Public School</u> PO Box 40, 410 Indiana Ave, Adrian, MN 56110 507-483-2266	School Transportation	Nobles
<u>Advance Opportunities</u> 1401 Peterson St., Marshall, MN 56258 507-537-7018 ext. 109	Private non-profit transportation	Lyon
<u>AmeriCare Mobility Van, Inc</u> 703 S 2nd Street, P.O. Box 3610, Mankato 56002 507.625.6741	Private Transportation	Cottonwood, Jackson, Lincoln, Lyon, Murray, Nobles, Pipestone, Redwood, Rock
<u>Blue Mound Transport LLC</u> 309 E Lincoln Street, Luverne, MN 56156 507-449-4646	Special Transportation Service - STS	Cottonwood, Jackson, Lincoln, Lyon, Murray, Nobles, Pipestone, Redwood, Rock
Boulder Estates 601 Village Drive, Marshall, MN 56258 507-532-3834	Private Transportation	Lyon
<u>City of Mountain Lake</u> PO Box C, 930 third Ave., Mountain Lake, MN 56159 507-427-2999	City Municipality	Cottonwood
Cottonwood County DAC 1049 5 th Ave, Box 153, Windom, MN 56101 507.831.1511	Non-Profit Transportation	Cottonwood
<u>Community Transit</u> of United Community Action Partnership 115 South Hwy, PO Box 207, Jackson, MN 56143 507-847-2632 ex 6	Public Transportation dial a ride, Volunteer Driver	Cottonwood, Jackson, Lincoln, Lyon, Murray, Pipestone, Redwood, Rock
<u>Country View Senior Living Community</u> 810 8th Street, Walnut Grove, MN 56180 507-859-2133	Private Transportation	Redwood
Danebod Village 404 Danebod Village Dr., Tyler, MN 56178 507-247-3200	Private Transportation	Lincoln
Divine Providence Health Center 312 E George St, Ivanhoe, MN 56142 507-247-3200 507-694-1414	Private Transportation	Lincoln
<u>Des Moines Valley Health and Human Services</u> (DVHHS) 11 Fourth Street, Windom, MN 56101 507-831-1891	County Human Service Agency	Cottonwood, Jackson
<u>Edgerton Public School #581</u> PO Box 28, 423 First Ave W., Edgerton, MN 56128 507-442-7881	School Transportation	Pipestone
<u>Ellsworth Public School</u> 513 S. Broadway, P.O. Box 8, Ellsworth, MN 56129 507-967-2242	School Transportation	Nobles

<i>Transportation Provider</i>	<i>Service Type</i>	<i>Counties</i>
<u>Gil-Mor Manor and Gil-Mor Haven</u> 96 Third Street E., Morgan, MN 56226 507-249-3143	Private Transportation	Redwood
<u>Golden Living Center</u> – Wabasso 660 Maple, Wabasso, MN 56293 507-342-5166	Private Transportation	Redwood
<u>Good Samaritan</u> 601 West St., Jackson, MN 56143 507-847-3100	private transportation	Jackson
<u>Good Samaritan Society</u> – CSS - Westbrook 149 1st Ave, Westbrook, MN 56183 507.274.6155	Private Transportation	Cottonwood
<u>Good Samaritan Society</u> -Mikkelsen Manor 725 Fuller Drive, Windom, MN 56101 507-831-1788	Private Transportation	Cottonwood
<u>Good Samaritan Village</u> - Mt Lake / The Lodge of Mountain Lake 745 Basinger Memorial Drive, Mountain Lake, MN 56159 507-427-2464	Private Transportation	Cottonwood
<u>Good Samaritan Society</u> – Pipestone 903 Second Ave. S.E., Pipestone, MN 56164 507-825-4885	Nonprofit Private Transportation	Pipestone
<u>Good Samaritan Society</u> – Redwood Falls 200 S. Dekalb St., Redwood Falls, MN 56283 507-637-5711	Nonprofit Private Transportation	Redwood
<u>Good Samaritan Society</u> – Ridge View Estates 1311 N. Hiawatha Ave., Pipestone, MN 56164 507-825-5428	Nonprofit Private Transportation	Pipestone
<u>Good Samaritan Society</u> – The Oaks 203 Oak Dr., Luverne, MN 56156 507-283-1991	Nonprofit Private Transportation	Cottonwood, Jackson, Lincoln, Lyon, Murray, Nobles, Pipestone, Redwood, Rock
<u>Habilitative Service Inc</u> – Jackson County 220 Milwaukee St, suite 2, Lakefield, MN 56150 507-662-5236	private transportation	Jackson
<u>Habilitative Services Inc.</u> – Cottonwood County 108 9 th Street, Windom, MN 56101 507-831-5033 ext. 13	private transportation	Cottonwood
<u>Habilitative Service Inc</u> – Lyon County 109 South Fifth Street, Suite 250, Marshall, MN 56258 507-532-5366	private transportation	Lyon
<u>Habilitative Services, Inc.</u> – Rock County 123 West Main Street, Luverne, MN 56156 507-233-4410	Private Transportation	Rock
Handi-Van Service LLC 33206 County Road 19, Morton, MN 56270 507-697-6203	Special Transportation Services - STS	Lincoln, Lyon, Redwood
<u>Heartland industries</u> P.O. Box #83, Montevideo, MN 56256 320-269-2266	Nonprofit Private Transportation	Redwood

<i>Transportation Provider</i>	<i>Service Type</i>	<i>Counties</i>
<u>Hendricks Community Hospital Association</u> 503 E Lincoln St., PO Box 106, Hendricks, MN 56136 507 -275-3134	Private Transportation	Lincoln
<u>Heritage Pointe Senior Living</u> 207 North 4 th Street, Marshall, MN 56258 507-337-4330	Private Transportation	Lyon
<u>Hills-Beaver Creek Public Schools #671</u> PO Box 547, 301 N Summit Ave, Hills, MN 56138 507-962-3240	School Transportation	Rock
Hope DAC 330 Hwy 14 E., PO Box 637, Tyler, MN 56178 507 -247-5340	Non-Profit Transportation	Lincoln
Immanuel Lutheran School P.O. Box 750, 5th and Bush Street, Lakefield, MN 56150 507.662.5718	School Transportation	Jackson
<u>Ivanhoe Public School</u> PO Box 9, 421 North Rebecca St., Ivanhoe, MN 56142 (507) 694-1540	School Transportation	Lincoln
<u>Jackson County Central (JCC) Schools</u> P. O. Box 119, 1128 North Highway, Jackson, MN 56143 507-847-3608	School Transportation	Jackson
<u>Jackson County DAC</u> PO Box 805, 304 2nd Ave North, Lakefield, MN 56150 507.662.6156	Non-profit transportation	Jackson
<u>Jackson County Veterans Services</u> 405 4th Street, Jackson, MN 56143 507-847-4774	Non-profit transportation	Jackson
<u>Jefferson Lines</u> Statewide Services 800-451-5333	Private Transportation	Cottonwood, Jackson, Lincoln, Lyon, Murray, Nobles, Pipestone, Redwood, Rock
<u>Medi-Van</u> 16777 Longview Dr, Detroit Lakes, MN 56501 800-442-0976	STS – Specialized Transportation Services / Private	Cottonwood, Jackson, Lincoln, Lyon, Murray, Nobles, Pipestone, Redwood, Rock
<u>Lake Benton School #404</u> 101 S. Garfield, Lake Benton, MN 56149 507-368-4241	School Transportation	Lincoln
<u>Lakeview Senior Housing</u> 651 US Highway 14 East, Balaton, MN 56115 507-734-6828	Private Transportation	Lyon
Living Services Foundation / Minneota Manor Health Care Ctr. PO Box 117, Minneota, MN 56264 507-872-5300	Private Transportation	Lyon

<i>Transportation Provider</i>	<i>Service Type</i>	<i>Counties</i>
<u>Lutheran Social Service Senior Corp.</u> PO Box 364, Marshall, MN 56258 507-530-2295	Private Transportation	Lyon
<u>Luverne Public Schools</u> 709 N Kniss, Luverne, MN 56156 507-283-8088	School Transportation	Cottonwood, Jackson, Lincoln, Lyon, Murray, Nobles, Pipestone, Redwood, Rock
<u>Marshall Public Schools</u> 401 South Saratoga Street, 400 Tiger drive, Marshall, MN 56258 507-929-2603	School Transportation	Lyon
<u>Maple Lawn Senior Care</u> 400 7th Street NE, Fulda, MN 56131 507-425-9900	Non-profit Transportation Provider	Murray
<u>Marshall Taxi</u> 212 W Main St, Marshall, MN 56258 507-829-3055	Private Transportation	Lyon
<u>Milroy Public School</u> 103 Prospect Street, P.O. Box #10, Milroy, MN 56263 507-336-2563	School Transportation	Redwood
<u>Minnesota Veterans Home-Luverne</u> 1300 N. Kniss Ave, PO Box 539, Luverne, MN 56156 507-283-1114	Private Transportation	Cottonwood, Jackson, Lincoln, Lyon, Murray, Nobles, Pipestone, Redwood, Rock
Mountain Lake HRA (Laker Apartments) 1225 3rd Ave., Mountain Lake, MN 56159 507-427-2425	Housing Services	Cottonwood
Murray County D.A.C. Inc. 2225 28th St., Slayton, MN 56172 507-836-8921	Non-profit Transportation Provider	Murray
Nobles County DAC Po Box 456, 2121 Nobles Street, Worthington, MN 56187 507-372-7619	Non-profit Transportation Provider	Nobles
<u>Nobles County Health and Human Services</u> (NCHHS) 315 10th St, Worthington, MN 56187 507-295-5200	County Human Service Agency	Nobles
<u>Nobles County Veterans Services</u> 315 10th St, Worthington, MN 56187 507-295-5292	Private Transportation - Veterans	Nobles
<u>North Memorial Ambulance</u> 111 South A Street, Marshall, MN 56258 507-537-9680	Emergency Medical Transportation	Lyon
<u>Palmer Bus Service</u> 305 E 4th St N, Cottonwood, MN 56229 507-423-6080	School Transportation	Lyon
<u>Parkview Home</u> 102 CASH 9, Belview, MN 56214 507-938-4151	Private Transportation	Redwood

<i>Transportation Provider</i>	<i>Service Type</i>	<i>Counties</i>
<u>Parkview Manor</u> 308 Sherman Ave, Ellsworth, MN 56129 507 967 2482	Private Transportation	Nobles
Parkwood Apartments 505 South 2 nd Street, Belview, MN 56214 507-938-3020	Private Transportation	Redwood
<u>Peoples Express</u> 15578 Shady Acres Dr, Wadena, MN 56482 1-800-450-0123 / 218-631-2909	STS – Specialized Transportation Services / Private	Cottonwood, Jackson, Lincoln, Lyon, Murray, Nobles, Pipestone, Redwood, Rock
Pipestone County Transit <i>coordinated by UCAP Community Transit</i> 811 5th St SE, Pipestone, MN 56164 507-825-1180	Public Transportation dial a ride, Volunteer Driver	Pipestone
<u>Pipestone County Veterans Services</u> 811 5th St SE, Pipestone, MN 56164 507-825-6771	Veterans Service – Private Transportation	Pipestone
<u>Prairie View Healthcare Center</u> / Senior Living 250 5th Street East, Tracy, MN 56175 507-629-3331	Private Transportation	Lyon
<u>Red Rock Central Schools</u> #2884 Box 278, 100 6th Ave. East, Lamberton, MN 56152 507- 752-7361	School Transportation	Redwood
Revere Home 300 S Main, Revere, MN 562166 507-752-7182	Private Transportation	Redwood
<u>Rock County Heartland Express</u> 1110 N Blue Mound Avenue, Luverne, MN 56156 507.283.5058	Public Transportation Dial a Ride	Rock
<u>Rock County Opportunities Inc</u> 807 W Main S, PO Box 626, Luverne, MN 56156 507-283-4582	Nonprofit Private Transportation	Rock
<u>Round Lake - Brewster Schools</u> 945 4th Ave, Brewster, MN 56119 507-842-5951	School Transportation	Nobles
<u>Sanford Worthington Ambulance</u> PO Box 997, 1018 6 th Ave., Worthington, MN 56187 507-372-3267	Emergency Services Transportation	Nobles
<u>Service Enterprises, Inc.</u> PO Box 248, 515 W. Bridge St, Redwood Falls, MN 56283 507-637-3503	Non-profit Transportation	Redwood
<u>Southwest Coaches, Inc</u> 2660 State Hwy 23, Marshall, MN 56258 507-532-4043	Private Transportation, School Transportation	Lyon
<u>Southwest Health and Human Services</u> (SWHHS) 319 N Rebecca St., P.O. Box 44, Ivanhoe, MN 56142 507-694-1452	County Human Service Agency	Lincoln, Lyon, Murray, Pipestone, Redwood, Rock
<u>Southwest Star Concept Schools</u> 124 N Minnesota Ave, Okabena, MN 56161 507-853-4507	School transportation	Jackson

<i>Transportation Provider</i>	<i>Service Type</i>	<i>Counties</i>
SouthWest Transportation Inc. 230 W Lyon St #104, Marshall, MN 56258 507-401-4945	Private Transportation	Lyon
Southwestern MN Opportunity Council (SMOC) - Head Start 1106 3rd Ave, PO Box 787, Worthington, MN 56187 507-376-4195 x248	Head Start Transportation	Murray, Nobles, Pipestone, Rock
Southwestern MN Opportunity Council (SMOC) - Prairieland Transit System 1106 3rd Avenue, PO Box 787, Worthington, MN 56187 507-376-3322	Public Transportation Route Deviation, Public Transportation Dial a Ride	Nobles
SW MN Private Industry Council 607 W. Main, Marshall, MN 56258 507-476-4055	Non Profit Employment Services	Cottonwood, Jackson, Lincoln, Lyon, Murray, Nobles, Pipestone, Redwood, Rock
Specialized Vocational Services PO Box 451, Worthington, MN 56187 507-376-3550	Private Transportation	Nobles
The Meadows of Worthington 1801 Collegeway, Worthington, MN 56187 507.343.7141	Private Transportation	Nobles
Tuff Memorial Home 505 E 4th St, Hills, MN 56 507-962-3275	Private Transportation	Rock
Windom Area Schools 1400 17 th Street, PO Box C-17, Windom, MN 56101 507.831.6901 ext 508	School Transportation	Cottonwood, Jackson, Lyon
UCAP Head Start 1400 S. Saratoga, Marshall, MN 56258 507-537-1416	Head Start Transportation	Cottonwood, Lincoln, Lyon, Redwood
Valley View Manor 200 East 9 th Ave., Lamberton, MN 56152 507-752-7346	Private Transportation	Redwood
Western Mental Health 212 E College Drive, Marshall, MN 56258 507-337-4926	Non-profit Transportation Provider	Lyon
Worthington Public Schools 1117 Marine Ave., Worthington, MN 56187 507-372-2172	School Transportation	Nobles
Worthington Taxi 322 10 th Ave., Worthington, MN 56187 507-360-6417	Private Transportation	Nobles

Appendix B - Public Workshop Participants

23 Public Workshop Participants

<i>Name</i>	<i>Organization</i>
Patty Ebnet	Open Door health Center
Lori Gunnink	SMOC – Head Start
Robin Weis	SWRDC – Economic Development
Bill Brockberg	Nobles County VSO
Dawn Wambeke	Advanced Opportunities - DAC
Michelle Baumhoefner	ACE
Ted Stamp	SWCIL
Diana Madsen	MNRAAA
Jamie Lanners	MNRAAA
Shelly Pflaum	UCAP – Community Transit
Rosemary Krueger Martin	Interested Individual
Jan Roers	People's Express
Karen DeBoer	SMOC - Prairieland Transit
Cathleen Amick	UCAP – Community Transit
Peggy Dunblazier	Avera Tyler
Janice Klassen	MnDOT
Tera Vander Steen	SWHHS
Robin Sterzinger	Lincoln County
Dave Thiner	Murray County – Elected Official
Angela Holmen	DesMoines Valley HHS
Ron Skjong	KOM - Karen Organization of MN - Marshall
Julie Beckmann	Western Mental Health
Erin Hall	Lakeview Senior Housing

Judy Elling Przybilla and Annette Fiedler – SRDC Transit Plan Facilitators
 Nicole George – MnDOT Office of Transit

Appendix C - Project Idea Summary

This section includes all strategy/project ideas generated during this planning process, including those from the public workshop and the final Steering Committee meeting.

<i>Title</i>	<i>Create a separate entity that encompasses the 5310 vehicles.</i>
Overview	Create a separate entity, which would house all 5310 vehicles in Region and hold insurance for vehicles. This entity would coordinate use of 5310 vehicles across all providers and users.
Gaps/Needs addressed	Increase number of vehicles Provider insurance requirements
Clients Served by Project	All
Communities Served	All
Effort vs Impact	Difficult to Do / Minor Impact

<i>Title</i>	<i>Improve website of public transportation providers.</i>
Overview	Improve websites to make information easy to use and coordinate services.
Gaps/Needs addressed	Marketing Improve Ride Scheduling
Clients Served by Project	All
Communities Served	All
Effort vs Impact	Easy to Do / Minor Impact

<i>Title</i>	<i>Brochures</i>
Overview	Create regional brochures.
Gaps/Needs addressed	Marketing Cost Effective Options
Clients Served by Project	All
Communities Served	All
Effort vs Impact	Easy to Do / Minor Impact

<i>Title</i>	<i>Research existing scheduling software.</i>
Overview	Research what scheduling software providers are using, what software is available that allows the existing software to talk to each other in an effort to coordinate scheduling services.
Gaps/Needs addressed	Integration of Scheduling software
Clients Served by Project	All
Communities Served	All
Effort vs Impact	Easy to Do / Minor Impact

<i>Title</i>	<i>Identify hours of service needed.</i>
Overview	Research what service hours are needed beyond current service hours provided.
Gaps/Needs addressed	Scheduling - software/staff/language/hours/STS
Clients Served by Project	All
Communities Served	All
Effort vs Impact	Easy to Do / Minor Impact

<i>Title</i>	<i>Improve customer service.</i>
Overview	Identify ways to improve customer service across public and private transportation services.
Gaps/Needs addressed	Scheduling – staff training
Clients Served by Project	All
Communities Served	All
Effort vs Impact	Easy to Do / Major Impact

<i>Title</i>	<i>Identify trends in delayed / non-payments from Medicaid insurance providers.</i>
Overview	Research the trends behind the delayed and non-payments to transportation providers for Medicaid insurance approved rides.
Gaps/Needs addressed	Delayed / no payments
Clients Served by Project	All
Communities Served	All
Effort vs Impact	Easy to Do / Major Impact

<i>Title</i>	<i>Translators</i>
Overview	Identify local area translators for marketing purposes.
Gaps/Needs addressed	Languages Marketing
Clients Served by Project	All
Communities Served	All
Effort vs Impact	Difficult to Do / Major Impact

<i>Title</i>	<i>Ride Share options.</i>
Overview	Research ride share options for work/employment including ride pools.
Gaps/Needs addressed	Improve Options Private pay / Affordability
Clients Served by Project	All
Communities Served	All
Effort vs Impact	Difficult to Do / Major Impact

<i>Title</i>	<i>Identify additional service options.</i>
Overview	Research additional service options for transportation services in the Region.
Gaps/Needs addressed	Flexibility
Clients Served by Project	All
Communities Served	All
Effort vs Impact	Difficult to Do / Major Impact

<i>Title</i>	<i>Maintain and expand existing fleet.</i>
Overview	Maintain and expand vehicle fleet in Region.
Gaps/Needs addressed	Increase number of vehicles Improve Ride Service Options
Clients Served by Project	All
Communities Served	All
Effort vs Impact	Difficult to Do / Major Impact

<i>Title</i>	<i>Develop transportation phone app.</i>
Overview	Develop phone app for scheduling and paying for transportation services – across Region.
Gaps/Needs addressed	Improve Ride Scheduling Cost Effective Options
Clients Served by Project	All
Communities Served	All
Effort vs Impact	Difficult to Do / Major Impact

<i>Title</i>	<i>Coordinate agency schedules.</i>
Overview	Work to coordinate schedules for the most effective and efficient use of resources in the Region to meet the demand of the users.
Gaps/Needs addressed	Scheduling – software/staff/language/hours/STS
Clients Served by Project	All
Communities Served	All
Effort vs Impact	Difficult to Do / Major Impact

<i>Title</i>	<i>Share resources.</i>
Overview	Work to effectively collaborate and share resources across all providers through the Region to meet the needs of the users of transportation services.
Gaps/Needs addressed	Flexibility
Clients Served by Project	All
Communities Served	All
Effort vs Impact	Difficult to Do / Major Impact

Appendix D - Project Analysis: Effort vs. Impact Assessment

The Public Planning Workshop utilized the following Effort versus Impact assessment to place the strategies in order to prioritize and identify which strategies to include in the 2017 Plan.

Difficult to do/Minor impact projects	Difficult to do/Major impact projects
Easy to do/Minor impact projects	Easy to do/Major impact projects

The participants identified strategies requiring greater than regional solutions.

<i>Beyond the Scope of the Region</i>	<ul style="list-style-type: none">• Less regulation and insurance requirements for volunteer drivers• Integrated Scheduling software between providers (public and private)• Delayed/Denied payments by MA Insurance providers for approved MA rides.• Long call hold times with MA Insurance providers to receive approval for MA rides.
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The table below shows the placement of strategies identified in the Public Planning Workshop into the Effort versus impact grid.

<i>Difficult to do / Minor impact projects</i>	<ul style="list-style-type: none"> • Create a separate entity that encompasses the 5310 vehicles to increase the number of vehicles and meet insurance requirements (providers would “contract”).
<i>Difficult to do / Major impact projects</i>	<ul style="list-style-type: none"> • Develop a phone application for scheduling transportation rides. • Increase public involvement to improve ride service options. • Coordinate agency schedules to improve scheduling • Share resources to increase flexibility within transit services. • Identify multiple scheduling software options (phone app, web) • Improve Service Convenience • Maintain and expand existing vehicle fleet to improve ride service options. • Identify additional services to increase flexibility within transit services. • Increase the number of smaller vehicles available. • Create a rural Uber. • Involve public and private providers in integration of scheduling software systems for integration of technology to increase flexibility in region. • Increase access to interpreters for ride services. • Ride Share options – work/employment and ride pools • Identify existing options to increase connectivity. • Identify more incentives to recruit volunteer drivers. • Establish or enhance assisted transportation programs for traveling trainers, rider companions, door thru door, and volunteer driver programs. • Public and private coordination for improved ride service options. • Need money to do these things and implement – how to get funding opportunities. • Increase access to translators for language barrier gaps.

<i>Easy to do / Minor Impact Projects</i>	<ul style="list-style-type: none"> • Research scheduling software • Brochures (regional) • Improve website
<i>Easy to do / Major impact projects</i>	<ul style="list-style-type: none"> • Identify scheduling hours needed in region • Identify languages needed for scheduling rides • Identify trends in delayed and denied payments from Medicaid HMO approved rides. • Customer service training for transportation schedulers • Funds needed to implement improvements – identify local and other investment and funding options. • Improve and increase public relations.

Appendix E - Focus Group: Complete List of Challenges/Suggested Improvements

Identified as Top Gaps / Needs

Accessibility (regionally)

- Marketing - easy to understand information
- Languages
- Flexibility
- After hours transportation services for wheel chair accessible needs
- Return rides from emergency room, clinic appointments, etc
- Workforce transportation (some employers currently providing)
- Lack of accessible and 5310 vehicles
- Volunteer drivers
- Improved ride service options
- Hours and days of service
- Routes (for work)
- Event / entertainment destinations
- Access to county seats and medical destinations

Technology (regionally)

- Improve ride scheduling (phone app, phone, online options)
- Integration of scheduling systems
- Software technology for volunteer scheduling

Infrastructure (regionally)

- Scheduling – software, staff, language, hours, STS
- Increase connectivity
- Increase the # of vehicles (public & private)

Funding / Affordability

- Cost effective options (regionally)
- Private provider most costly
- Provider insurance requirements
- Delayed/no payments
- Medicaid insurance transportation reimbursement affordable private pay options (dialysis, chemo)
- Access to \$\$\$ - to implement

Identified Challenges

Region Wide

- Language is a barrier to use & barrier to getting driver's license
- Affordability
- can be costly if you need to use multiple times a week and self-pay on a fixed income
- Consumer awareness of services & how to access
- Return rides for round trips
- drivers do not wait and riders have to schedule ride back (dialysis, same day surgery, emergency room visits)
- Limited STS providers serving Region
- No reimbursement for No Load Miles
- Reimbursement issues with Insurance providers
- Volunteer drivers (hours, number, insurance)
- PCAs can longer drive client's vehicles (SRDC has requested clarification via MN Disability Law Center)
- Senior population is increasing = how to meet demand?

Worthington

- Lack of after school transportation options
- Taxi is too expensive to use frequently
- Service times w/taxi are too limiting
- No route(s) to unsafe hard to walk areas in community
- Longer scheduling hours
- Language options for scheduling
- Difficulty in understanding public transit system (taxi & bus system)
- System "Ease of Use" responses – many do not use system due to these reasons:
 - Very easy = 0 / Easy = 0 / Neutral = 2
 - Hard = 1 (long wait times for taxi)
 - Very Hard = 4 (no one knows the system or how to access it / language barriers)

Marshall

- Expansion of current routes to industrial areas (where the jobs are)
- Service times are too limiting
- Increase Red Route to 9pm M-F / Increase Sat & Sun hours
- Longer scheduling hours
- Language options for telephone scheduling

Suggested Improvements

Out of the Box Ideas

- SW MN Light Rail System
- Bike Share to supplement bus routes in communities
- Partner with daycares providers to use public transit buses
- Partner with employers to cover cost of bus route for employees
- Partner with local businesses to discount ride costs
- Partner with Development Achievement Centers agencies to create companion riders as a job

Regionally

Expansion Wanted:

- City-to City / County-to-County transportation services
- Transportation to work and medical locations
- Increase weekday service hours
- Increase weekends options
- Increase number of vehicles available to meet service needs (wheelchair accessible)
- Funding to expand
- Daily services to Sioux Falls, SD

Improvements suggested:

- Centralized “hub” for transportation w/longer scheduling hours
- Language options for scheduling and riding
- After hours medical transportation options
- Return rides
 - utilize driver in area while waiting for return ride
- Improve regulations
 - (Insurance/medical insurance – does not allow to subcontract)

Additional Service Times Wanted – non-hub towns in the Region

- Times represent inter-city connected & local in-town transportation region wide

<i>Monday - Friday</i>	<i>Weekend</i>
6:00am – 10:00am	6:00am – 10:00am
3:00pm – 8:00pm	Noon time
	5:00pm – 8:00pm

Worthington

- Walmart / HyVee
- Clinics / Hospital
- New movie theatre being built
- JBS USA
- Local Schools
- YMCA / College
- Skating Rink
- Community Center / ALC
- Soccer Fields
- Apartment Buildings
- Downtown area

- Make it affordable – “our children would be using it a lot as our shifts make it difficult for us to get them to their activities.”
- Willing to walk 2-3 blocks from bus stop to location – except for when they would need to cross major traffic areas

Additional Service Times Wanted – included shift worker transportation needs (in order of prioritized need).

<i>Monday - Friday</i>	<i>Weekend</i>
Noon – 6:00pm	Noon – 6:00pm
Midnight – 6:00am	6:00am - Noon
6:00pm - Midnight	6:00pm - Midnight
6:00am - Noon	Midnight – 6:00am

Marshall

Expansion Wanted:

- City-to City / County-to-County transportation services
- Fast food/laundry mats/work locations not currently on the \$1 routes
- Expand route into industrial park
- Increase weekday service hours
- Increase weekends options

Improvements Suggested:

- Longer scheduling hours
- After hours medical transportation options
- Return rides – utilize driver in area while waiting for return ride
- Companion riders to teach people to ride system
 - (especially for non-English speakers, disabled, and elderly)

Additional Service Times Wanted

<i>Monday – Friday</i>	<i>Weekends</i>
Red or Blue route to until 9pm (for shopping)	Expand hours and service options

Appendix F – Glossary of Acronyms

ABE	Adult Basic Education
ACE	A.C.E. of Southwest Minnesota
ACMC	Affiliated Community Medical Centers
ACS	American Community Survey
AL	Assisted Living
ALC	Alternative Learning Center
DAC	Development Achievement Center
DHS	Department of Human Services
DT&H	Day Training & Habilitation
DVHHS	Des Moines Valley Health & Human Services
EDA	Economic Development Authority
EMT	Emergency Medical Transportation
ESL	English as a Second language
FAST Act	Fixing America Surface Transportation Act
GMTIP	Greater Minnesota Transit Investment Plan
HMO	Health Maintenance Organization
HR	Human resources
KOM	Karen Organization of Minnesota
LEP	Limited English Proficiently
MA	Medicaid
MCOTA	Minnesota Council on Transportation Access
MnDOT	Minnesota Department of transportation
MNRAAA	Minnesota River Valley Area Agency on Aging®
MN West	Minnesota West Community and Technical College
NCIC	Nobles County Integration Collaborative
NCHHS	Nobles County Health & Human Services
NH	Nursing home
PCA	Personal Care Attendant
Plan	Local Human Services-Public Transportation Coordination Plan
PMAP	Prepaid Medical Assistance Program
RRC	Regional Ride Council
RTCC	Regional Transportation Coordination Council
SAIPE	Small Area Income and Poverty Estimates

Section 5310	Transportation for Elderly Persons and Persons with Disabilities
SMOC	Southwestern Minnesota Opportunity Council
SMSU	Southwest Minnesota State University
SPCC	Southern Prairie Community Care
SRDC	Southwest regional Development Council
STS	Specialized Transportation Service
SURTC	Small Urban and Rural Transit Center
SWCIL	Southwest Center for Independent Living
SWHHS	Southwest Health & Human Services
TNC	Transportation Network Company
UCAP	United Community Action Partnership
USDA	United States Department of Agriculture
VSO	Veteran Services Officer

Appendix G – Public Comments on Final Draft Plan

The following table shows the comments received during the public comment period referenced earlier in this document. The Plan’s Steering Committee reviewed the public comments and approved the actions taken in response to the comments.

Date	Name & Organization	Public Comment	Action Taken
5/11/17	Rhonda Sievert, Pipestone County Transit	Priester Bus is No longer. As far as Jasper bus service, I’m not sure about that one either.	SRDC verified Priester Bus and Jasper Bus services are no longer operating and removed them from the inventory list.
5/12/17	Annette Fiedler, SRDC, Physical Development Director	Add in Glossary of Acronyms	Added in Glossary of Acronyms
5/12/17	Annette Fiedler, SRDC, Physical Development Director	Grammatical Edits to section: Strategies and Projects.	Corrected grammatical edits
5/12/17	Annette Fiedler, SRDC, Physical Development Director	Page 65 – Strategy 1 – Action 1 – Responsible Entities change Economic Development Agency (EDA) to local regional economic development authorities	Made requested change
5/12/17	Annette Fiedler, SRDC, Physical Development Director	Page 65 – Strategy 1 – Action 4 – Responsible Entities add in “others when identified”	Made requested addition
5/12/17	Annette Fiedler, SRDC, Physical Development Director	Page 67 – Strategy 3 – Action 1 – Change “Provide public education sessions by attending” to “Identify” and add in at end “to provide public education sessions”	Made requested change
5/12/17	Annette Fiedler, SRDC, Physical Development Director	Page 67 – Strategy 3 – Action 2 – Responsible Entities change “Created “ to “Updated”; removed “SRDC” and replace with “maintained by SRDC”; and add the following to <i>Distribute to</i> – “ website, and others as identified”	Made requested change
5/12/17	Annette Fiedler, SRDC, Physical Development Director	Page 67 – Strategy 3 – Action 6 – add at front of “Research for development a”	Made requested change
5/12/17	Annette Fiedler, SRDC, Physical Development Director	Page 68 – Strategy 4 – Action 1 – add in first sentence “and” before service providers and add “Riders” in last bullet between return and home	Made requested change

Date	Name & Organization	Public Comment	Action Taken
5/12/17	Annette Fiedler, SRDC, Physical Development Director	Page 68 – Strategy 4 – Action 4 – add in first sentence “costs for ” between supplement and riders	Made requested change
5/12/17	Annette Fiedler, SRDC, Physical Development Director	Page 69 – Strategy 5 title – change to read as follows “Maintain/increase the fleet of accessible cost effective small and mid-sized vehicles.”	Made requested change
5/12/17	Annette Fiedler, SRDC, Physical Development Director	Page 69 – Strategy 5 – Action 1 –add “with appropriate sized vehicles” at end of sentence.	Made requested change
5/12/17	Annette Fiedler, SRDC, Physical Development Director	Page 69 – Strategy 5 – Action 4 – delete “and enhance” and add “to meet ride demand” at end of first sentence.	Made requested change
5/12/17	Annette Fiedler, SRDC, Physical Development Director	Page 69 – Strategy 5 – Action 5 –change to “Enhance training and education opportunities” and change “and” to “through”	Made requested change
5/12/17	Annette Fiedler, SRDC, Physical Development Director	Page 70 – Strategy 6 – Action 2 – add “geographically” and delete “recruitment” and replace with “capacity thru recruitment”	Made requested change
5/12/17	Annette Fiedler, SRDC, Physical Development Director	Page 71 – Strategy 7 title – change from “Interpreters” to “Increase access to language interpreters.”	Made requested change
5/12/17	Annette Fiedler, SRDC, Physical Development Director	Page 71 – Strategy 7 – Action 1 – add in “language”	Made requested change
5/12/17	Annette Fiedler, SRDC, Physical Development Director	Page 71 – Strategy 7 – Action 2 – add in “language” move Access Coordinator to first position under Responsible Entities	Made requested change
5/12/17	Annette Fiedler, SRDC, Physical Development Director	Page 71 – Strategy 7 – Action 2 – delete Language Line and add Access Coordinator to first position under responsible Entities	Made requested change
5/12/17	Annette Fiedler, SRDC, Physical Development Director	Page 72 – Strategy 8 – Action 2 – delete SRDC; move RRC/RTCC to first position with added wording “with assistance of MnDOT and SRDC” under Responsible Entities	Made requested change

Date	Name & Organization	Public Comment	Action Taken
5/12/17	Annette Fiedler, SRDC, Physical Development Director	Page 74 – Strategy 11 – Action 2 – add MCOTA under Responsible Entities	Made requested change
5/12/17	Annette Fiedler, SRDC, Physical Development Director	Page 75 – Issue #2 – Ripple Effect #4 – add “Potential” and change “?” to “.”	Made requested change
5/12/17	Annette Fiedler, SRDC, Physical Development Director	Page 76 – Issue #4 – Ripple Effect #4 – add “Potential” and change “?” to “.”	Made requested change
5/17/17	Cathleen Amick, Transportation Director, United Community Action Partnership	Is Nan’s Van Service still operating? I thought she went out of business.	SRDC attempted to verify Nan’s Van is still operating. Could not verify, removed the business from the inventory list.
5/18/17	Robin Sterzinger, Lincoln County Financial Accountant / Deputy Auditor	Public transit access – ours is county wide, to say that only Ivanhoe has access seems incorrect. All cities in Lincoln County have equal access.	Changed on page 20, paragraph under: “Distribution of Low Income Workers and Low Wage Jobs” to read: <i>All of the counties in the Region have access to public transit along with the cities of Ivanhoe, Jackson, Luverne, Marshall, Pipestone, Redwood Falls, Slayton, Windom, and Worthington.</i>
5/18/17	Robin Sterzinger, Lincoln County, Financial Accountant/Deputy Auditor	Grammatical Edit	Corrected grammatical edit
5/19/17	Annette Fiedler, SRDC, Physical Development Director	I opened the transit plan pdf and the table of contents will not click to sections....	ADA accessibility - corrected
5/24/17	Karen DeBoer, Director, Prairieland Transit System, Southwestern Minnesota Opportunity Council, Inc.	Worthington Taxi Service did attain their STS certification last year. They could be added to that section.	Added STS status to Worthington Taxi in the Transportation Inventory and in Table 11 on page 32.
5/25/17	Judy Elling Przybilla, SRDC, Development Planner	Planner addition	Added on page 29: Both Marshall and Worthington have licensed taxi services available to the public.