1 - What is the most important barrier for transportation for your organization’s clients and community?

- Longer service hours
- Service for underserved populations
- More affordable options
- Better accommodation of work schedules
- Insurance and other volunteer driver issues
- Funding for capital assets/operations
- Accessibility! While there is a local bus service in the community, it runs on a limited basis and is not available for those working overnight shifts. There is a train that runs through our community, however, it goes to the Twin Cities area in the evening and comes from the metro area in the morning which is the exact opposite of what our clients need. There is no bus service connecting our community to other major communities (Twin Cities, Rochester, Winona, etc.) The taxi service in our community is not available 24/7.

- Lack of affordable, safe and convenient volunteer transportation options for indigent, disabled and other underserved populations.
• Transportation availability and cost as well as knowing options.
• Not enough Dial-a-Ride not enough volunteer drivers- Insurance and 1099 are barriers Cost of services can be a barrier NO Public evening and week-end services available
• Availability and access to accessible transportation is limited and does not accommodate work/job schedules. Individuals are not able to access consistent and dependable transportation to meet the demands of a job. This is especially true of wheelchair transportation. there is simply not enough vehicles and drivers available.
• Difficulties volunteer have due to insurance problems and the 1099 problem.
• Knowledge of what transportation is available and the cost.
• There is NO daily public or private transportation system in Kittson County. Residents are wholly dependent on themselves, family, or friends to get to where they want to be.
• Money for capital assets. Many times services will be allowed with no money for extra busses.
• There simply aren't enough cost-effective options. We are rural. People often have to travel between communities to get what they need. Public transit cannot meet all the need, especially for longer trips; volunteers are getting more scarce and are too costly for many; we do not have very many private providers.
• The perception of use leads to the importance placed on the type of transportation that get priority for funding at a local level.
• Information on existing services
• We are very rural and have very limited public transportation. Lack of transportation providers for special transports, such as assisted transport due to reimbursement rates. No ability to pay unloaded miles for people who live 30 or more miles from medical providers or living wage employment opportunities.
• Volunteer Drivers are a primary way of offering transportation to the rural and super-rural areas. Right now we can't get enough volunteer drivers due to insurance companies denying coverage for volunteer driving. One solution for this is to have a structured organization like MCIT or League of MN Cities work with counties to develop a pool just for volunteer driver trips. I believe that organizations that utilize volunteer drivers would gladly contribute to this pool in order to maintain their volunteer driver programs. Most rural counties rely on volunteer drivers for most if not all of their human services transportation.
• Very rural area and no public transit
• Senior residents are finding it difficult to afford specialized transportation options. Those that are on Medicaid do not get the rides they need because the insurance companies do not have enough transit resources to provide the rides.
• Lack of communication in the rural areas. No volunteer drivers available due to the "no load mile" reimbursements.
• the time the bus is available and being able to get from town to town. Many of our clients live outside of Red Wing and are not able to get to Red Wing for services.
• Access to options that work for older adults.
• Access, # hours available. Limited resources for those in wheel chairs/assisted devices
• Lack of public transportation (funding, infrastructure) Public transportation does not connect between counties
• Rural transportation, outside of city limits. Specific to the senior population. Also we utilize volunteer drivers and there is a fear out there that if they tell their insurance company they are driving as a volunteer their rates will go up. We are at risk of losing volunteer drivers.
• Not enough driver’s in the area. Or clients arrange for driver, but then driver cancels on them at the last moment.
• Finding available volunteer drivers to provide the needed services.
• DHS fully funding their client’s transportation
• safe, affordable, door to door transportation for older adults
• Cost Fear- of strangers who are not vetted, fear of not being able to physically make it to the clinic office without assistance.
• distance to travel for work, shopping, or specialized medical care.
• Lack of transportation resources/drivers. Rural community so services are far distances.
• funding
• Cost of transportation to healthcare related appointments when they are unable or unwell to drive themselves.
• We do not have volunteer drivers. Up until recently we only had 1 taxi available. Transportation to medical appointments outside of our immediate area are burdensome.
• The most important barrier is access and availability of transportation across greater Minnesota.
• We need more transportation options - more buses on the road
• Their is extreme lack of access to transportation options. Living in a rural area, people are often traveling 30-60 mi. to receive healthcare. There is very few, if any, transportation options such as buses or volunteer drivers to assist in traveling this distance if patient does not drive themselves.
• The rural parts of Minnesota are not serviced efficiently. The cost of services for the rural elderly are way too high. Volunteers are needed to fill driving positions in order to get people to and from medical appointments. This need is growing all the time. The other barrier is the insurance companies making changes without notifying the providers and causing claims to be prepossessed and not paying the providers in a timely manor.
• Accessible transportation (for those who use wheelchairs or have other mobility limitations) between rural and urban areas. There are no affordable options.
• Service hours.
• I don’t understand this question
• Transportation to work. Our Paratransit system has a closed wait list for subscription services in a duluth.
• Not enough volunteers. Volunteers are hard to recruit as they put a lot of mileage on their cars and are penalized for mileage reimbursement as it is treated as a wage even though it is not. Now insurance companies are trying to make them pay extra if they drive volunteers so our program will not be around long.
• State regulations effect the ability to make purchases.
• The current interpretation of the definition of a volunteer driver. It is being tied to the "for hire" driver definition which causes personal insurance rates to increase. "Livery conveyance"
• Getting people to Mankato
• Flexibility. Some rides are not able to be planned 5 days in advance or through the MA system.
• Limited schedule and destinations, no point-to-point public transit
• Accessibility - in all senses of the term (financially, physically, geographically, culturally).
• Lack of transportation options for our very rural area
• finding volunteer drivers
• No after hours service. Local buses run only during working hours. Our rural consumers have little to no access to transportation. They must rely on family and friends. Rural Minnesota seems to be forgotten when it comes to public transportation because of the cost ratio to riders.

2 - As you have engaged with the public (customers/riders), what priorities have they indicated they'd like to see?

- Increased accessibility and more options.
- Transportation that allows them to reach work, education, socialization and essential (food, medicine, medical services) destinations.
- some service,
- Door to door transportation.
- Availability Automated booking reasonable cost
- Safe, affordable, dependable and accessible transportation that facilitates independence and opportunity in the community. Evenings, weekends and regularly scheduled work accommodations for transportation needs are not consistently available.
- More transportation options for seniors
- Transportation available for not just medical but for social and shopping also.
- A dependable public transportation system that would meet the needs of the residents of the county.
- More demand response
- More service on the road.
• Transit projects are a priority for transit users but other types of transportation are given priority by the majority of the community.

• Cost of private one on one   Need for regional based information on services

• A more robust volunteer driver program that assists all populations. The loss of the Rural Rides program for 2020 will have a major impact to our most indigent residents from pursuing and keeping living wage employment. Safe and appropriate transportation for the most vulnerable in our society.

• They want access, even in super rural areas. Now some would say they make a choice - they choose to live in a rural area. The thing is that if we pull folks from the rural and super rural area we "sign the death certificate" for those areas. Consumer base is lost, local hospitals and local commerce all on the losing end of a downward cycle.

• Access to Public Transportation

• The riders are wanting more help with getting to and from their place of residence. They want less wait times to be returned from medical appointments.

• more hours available for transportation services

• Being able to carry more than one bag, children up to age 5 ride free, and the times the bus is available.

• On demand, personalized transportation.

• Longer hours, nights and weekends. Need for assistance in getting off the bus and bringing items into home

• More public transportation options in rural areas More connectivity - across counties

• More personalized transportation. With the senior population they often need a helping hand with carrying groceries or bags. Also we utilize volunteer drivers and there is a fear out there that if they tell their insurance company they are driving as a volunteer their rates will go up. We are at risk of losing volunteer drivers.

• Yes - less wait time on the phone

• Drivers available when they need them. Weekends can be a problem.

• More mobility management type rides

• safe, affordable, door to door transportation for older adults

• Keeping the cost down Making sure they have drivers that have been screened and have experience with our client base.

• more flexibility in rides.

• Drivers to be on-time and to decrease "no show" of drivers.

• more transportation services

• better coordination or referral network to transit options. Centralized place to check eligibility for transportation options. Non-emergency medical transportation.

• They haven’t indicated what they’d like to see, just pain points they experience.

• Easier ride scheduling (one point of contact) Accessible Vehicles Greater on-demand rides

• More bus routes/frequency on the road

• increased access

• Local transport to banks, pharmacy, grocery, library, and businesses in the rural communities.

• Accessible options (see above) for when people want/need to attend appointments, events, work, etc. in the community and are not able to plan days ahead of time, or don’t have access to a dial-a-ride service

• Added and more timely service.

• Developing greater awareness of existing services and increasing familiarity and skill sets needed to use existing services through a "one-stop" source of information and support; Increasing the capacity of Transit Link to serve as a more robust safety net; Increasing the number, geographic scope, and service hours of
community circulators that connect passengers to their communities and to other areas of the county; Enhancing the number, scope, and service hours of existing volunteer programs, including those operated by older adult-serving and veterans organizations; Deploying last-mile services to employers, shopping, educational institutions, and other major attractors;
- Transportation to work, and on demand transportation.
- More volunteers to get them rides to medical appointments.
- Longer service times, many people work 2nd or 3rd shifts that have no service for at least one of the trips. More service days curb to curb pickup is wanted Weekend service more evening service more marketing
- Both our seven statewide Area Agencies on Aging and our State Grant partners have indicated that their priority is solving the volunteer driver issue that I described in my answer for question #1.9
- Yes, we have a TAC group and we are just about done with our 5 year plan from AECOM
- Flexibility, timing, assistance with getting off and on a bus
- Options for transportation to further destinations
- Ridesharing services that are accessible to people with disabilities (financially, physically, geographically, and culturally competent).
- More volunteer drivers or bus options
- our seniors are wanting door to door service with help to bring groceries and such inside if needed.
- Yes, in various meetings with Region 6W Counties and stakeholders

3 - Please rate your familiarity with MCOTA.

![Familiarity with MCOTA Chart]

Rate of familiarity with MCOTA (0 = Not Familiar, 10 = Very Familiar)
4 - How closely do the MCOTA legislative duties align with the goals of your organization, on a scale of 0 to 5 (0 = not at all, and 5 = very closely aligned)?

<table>
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<tr>
<th>#</th>
<th>Field</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std Deviation</th>
<th>Variance</th>
<th>Count</th>
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<tbody>
<tr>
<td>4</td>
<td>(4) identify barriers prohibiting coordination and accessibility of public transportation services and aggressively pursue the elimination of those barriers;</td>
<td>0</td>
<td>5</td>
<td>2.82</td>
<td>1.95</td>
<td>3.79</td>
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<tr>
<td>6</td>
<td>(6) identify stakeholders in providing services for the transit public, and seek input from them concerning barriers and appropriate strategies;</td>
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<td>5</td>
<td>2.82</td>
<td>1.97</td>
<td>3.89</td>
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<tr>
<td>10</td>
<td>(10) encourage volunteer driver programs and recommend legislation to address liability and insurance issues;</td>
<td>0</td>
<td>5</td>
<td>2.8</td>
<td>2.15</td>
<td>4.62</td>
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<td>2</td>
<td>(2) identify best practices and strategies that have been successful in Minnesota and in other states for coordination of local, regional, state, and federal funding and services;</td>
<td>0</td>
<td>5</td>
<td>2.52</td>
<td>1.92</td>
<td>3.69</td>
<td>61</td>
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<td>1</td>
<td>(1) compile information on existing transportation alternatives for the transit public, and serve as a clearinghouse for information on services, funding sources, innovations, and coordination efforts;</td>
<td>0</td>
<td>5</td>
<td>2.51</td>
<td>1.84</td>
<td>3.4</td>
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<td>5</td>
<td>(5) recommend policies and procedures for coordinating local, regional, state, and federal funding and services for the transit public;</td>
<td>0</td>
<td>5</td>
<td>2.39</td>
<td>1.85</td>
<td>3.42</td>
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<td>20</td>
<td>(20) advocate aggressively for eliminating barriers to coordination, implementing coordination strategies, enacting necessary legislation, and appropriating resources to achieve the council's objectives.</td>
<td>0</td>
<td>5</td>
<td>2.36</td>
<td>2.04</td>
<td>4.17</td>
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<td>13</td>
<td>(13) develop a standard method for addressing liability insurance requirements</td>
<td>0</td>
<td>5</td>
<td>2.23</td>
<td>1.9</td>
<td>3.62</td>
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<td>for transportation services purchased, provided, or coordinated;</td>
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<td>3</td>
<td>(3) recommend statewide objectives for providing public transportation services for the transit public;</td>
<td>0</td>
<td>5</td>
<td>2.18</td>
<td>1.71</td>
<td>2.93</td>
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<td>7</td>
<td>(7) recommend guidelines for developing transportation coordination plans throughout the state;</td>
<td>0</td>
<td>5</td>
<td>2.03</td>
<td>1.77</td>
<td>3.15</td>
<td>61</td>
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<td>9</td>
<td>(9) facilitate the creation and operation of transportation brokerages to match riders to the appropriate service, promote shared dispatching, compile and disseminate information on transportation options, and promote regional communication;</td>
<td>0</td>
<td>5</td>
<td>2.03</td>
<td>1.94</td>
<td>3.77</td>
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<td>11</td>
<td>(11) recommend minimum performance standards for delivery of services;</td>
<td>0</td>
<td>5</td>
<td>1.98</td>
<td>1.85</td>
<td>3.43</td>
<td>61</td>
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<td>16</td>
<td>(16) encourage the design and development of training programs for coordinated transportation services;</td>
<td>0</td>
<td>5</td>
<td>1.92</td>
<td>1.84</td>
<td>3.39</td>
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<td>18</td>
<td>(18) develop an allocation methodology that equitably distributes transportation funds to compensate units of government and all entities that provide coordinated transportation services;</td>
<td>0</td>
<td>5</td>
<td>1.92</td>
<td>1.84</td>
<td>3.39</td>
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<tr>
<td>19</td>
<td>(19) identify policies and necessary legislation to facilitate vehicle sharing; and</td>
<td>0</td>
<td>5</td>
<td>1.9</td>
<td>1.85</td>
<td>3.43</td>
<td>61</td>
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<tr>
<td>12</td>
<td>(12) identify methods to eliminate fraud and abuse in special transportation services;</td>
<td>0</td>
<td>5</td>
<td>1.78</td>
<td>1.7</td>
<td>2.9</td>
<td>60</td>
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<td>8</td>
<td>(8) encourage all state agencies participating in the council to purchase trips within the coordinated system;</td>
<td>0</td>
<td>5</td>
<td>1.72</td>
<td>1.79</td>
<td>3.22</td>
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<tr>
<td>14</td>
<td>(14) design and develop a contracting template for providing coordinated transportation services;</td>
<td>0</td>
<td>5</td>
<td>1.72</td>
<td>1.72</td>
<td>2.96</td>
<td>61</td>
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<tr>
<td>15</td>
<td>(15) recommend an interagency uniform contracting and billing and accounting</td>
<td>0</td>
<td>5</td>
<td>1.67</td>
<td>1.76</td>
<td>3.11</td>
<td>61</td>
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</tbody>
</table>
system for providing coordinated transportation services;

|   | (17) encourage the use of public school transportation vehicles for the transit public; | 0 | 5 | 1.54 | 1.68 | 2.84 | 61 |
5 - What idea or issue related to coordination should a statewide organization like MCOTA pay most attention to? Please provide recommendations for as many listed outcomes as possible.

<table>
<thead>
<tr>
<th>#</th>
<th>Answer</th>
<th>%</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Rural access</td>
<td>24.55%</td>
<td>27</td>
</tr>
<tr>
<td>1</td>
<td>Improved access to health care</td>
<td>18.18%</td>
<td>20</td>
</tr>
<tr>
<td>4</td>
<td>Improved coordination of services (e.g., sharing vehicles)</td>
<td>18.18%</td>
<td>20</td>
</tr>
<tr>
<td>2</td>
<td>Improved access to community resources and events</td>
<td>16.36%</td>
<td>18</td>
</tr>
<tr>
<td>5</td>
<td>Development of future transportation policies (e.g., autonomous vehicles)</td>
<td>13.64%</td>
<td>15</td>
</tr>
<tr>
<td>6</td>
<td>Other ideas or issues</td>
<td>9.09%</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td>100%</td>
<td>110</td>
</tr>
</tbody>
</table>
Comments on each option:

Rural access

- access within and between rural communities
- 9
- Make more transportation options available
- Have rural transportation
- More options
- Lack of available transportation and hours of transportation
- 24 hour bus and town to town
- Increased resources and include distance traveled in funding mechanism
- In East Central MN, we simply do not have enough providers and volunteer driver programs should NOT be the main focus given the changing expectations and preferences of volunteers.
- Expand rural access to public transportation
- Transportation
- 4
- definitely
• Yes
• volunteers
• More bus routes for rural areas
• This is the area I feel they need to look at the most. There is so much transportation in the cities but very little in the rural areas.
• Rural MN is almost impossible to gain access to.
• empty car miles for billing
• increased options
• options that may be available

**Improved access to health care**

- ability for clients to get to service providers
- Do your job
- 9
- Encourage medical facilities to work with transportation entities
- Pay for unloaded miles with Medical Assistance rides
• Transportation barriers
• Increased involvement of discharge planners
• Transportation to health care is a key barrier for community
• If health care facilities wouldn't continually change times of appointments for those receiving rides with volunteers.
• 2
• Especially for older adults
• Limited providers and inability to arrange rides with little advance notice.
• All the research advancements in the world can't help the person who misses their appointment. Better health outcomes. Some people forgo extensive treatments all together because they can not commit to the transportation schedule (radiation, dialysis) This topic saves lives and ... when caught early... saves people money, tax payers, insurance premium, etc with fewer ER visits. Rural access to quality care
• What's available outstate is very different than what is available in metro area.
• This is covered somewhat but in the rural communities it is harder because of all the miles between services and the public.
• Some people double appointments back to back and not all are medical, so only allowing for medical transportation doesn't always work.
• Yes
• Increased rural transportation options
Improved coordination of services (ie. sharing vehicles)

- Do your job
- 9
- **Work things like insurance issues** - insurance companies and laws are the two biggest deterrents
- **Centralized coordination**
- have large employers coordinate work schedules
- Unless we address liability, low reimbursement rates for miles traveled, insurance barriers and safety concerns, this is not a solution
- We try to share rides, but the length of appointments and vulnerability of clients having to wait makes it difficult most times.
- 4
- larger vehicles for groups
- RTCC
- While this is great, I do think the acceptance (for lack of better word) is harder outstate than it is in metro area or areas where transportation options are much more limited.
- There are many vehicles sitting and not being used but because of the liability the organizations that have them are not willing to share with other organizations. This needs to be looked at as well.
x

Nice idea, but not practical for wheelchair users.

any sharing would be great. We did try this, but the surround county told us they could not come into our region to provide transportation

**Improved access to community resources and events**

- transportation available beyond 9a - 5p
- Do your job
- 9
- Public transists
- 24 hour bus and town to town
- Social isolation is a root cause of mental and physical health
- Isolation is huge. Volunteers seem more willing to transport to medical appt. than social events.
- 3
- definitely
- via shared vehicles
- Our community is heavily populated with elderly & disabled, therefore consideration needs to be kept in mind for that.
• This is very important for the elderly as many want to get out to do their own shopping and are not able to drive. The socialization is important to them as well.
• When you have to schedule a ride a day in advanced, this doesn’t allow for spontaneity. Also not allowing a ride to be schedule further than a week doesn’t allow a person to spend money on concert tickets not knowing if they will or will not get a ride to the concert.
• Point to point rural transit at affordable rates
• Presence at health fair events

Development of future transportation policies (ie. autonomous vehicles)

• Do your job
• 9
• Laws preparing for tomorrow can't inhibit services today. It will take new technology a long time to become standard outside metro areas.
• Low interest loans for low-income workers
• Include Lyft & Uber type services in planning
• Not a viable option for seniors
• This would be awesome even if to just bring to a central site.
• 4
• how can frail individuals utilize this
• No ideas/issues but will be very interested in how this works out.
• Not that much of an issue
• Needs better work.
• share drivers across regional transportation entities

Other ideas or issues

• Volunteer driver programs - get off your duffs and do something
• All of the above
• Legislation for volunteer drivers to be separated from paid drivers
• Focus on rural areas where there is limited transportation options.
• Rideshare training; purchase codes/credits for people
• Please do not rely on the perception that volunteer driver programs are going to solve the transportation crisis in East Central Minnesota. First, our volunteer demographics are changing. The greatest volunteers (the greatest generation) are aging out. The volunteer of today is looking for one time volunteer opportunities, then they move on to the next nonprofit. Volunteer driver programs are cumbersome: 1) cost, 2) infrastructure, 3) staff coordination & management of volunteers, 4) risk to the organization, 5) not most nonprofits' core competency or mission
• Appreciate the work & dedication MCOTA does - can tell genuinely interested.
• Making grant funds available to organizations that want to run a transit in their communities of 3500 or less population.
• Allow for mini vans or cars that can be left in rural areas to cut down on windshield time. Currently, we have our provider drive their big bus about 60 miles 3 x a week to provide transportation and then they drive the bus home each trip. If the small community could have a smaller bus or van to provide transportation, that would alleviate the need to put those extra miles (non-loaded) on that vehicle.
6 - Are there other strategic priorities that you would like MCOTA to address instead or additionally? What would be helpful in the future to meet your organizational goals?

- Please address the lack of rural transportation options for low-income citizens.
- MCOTA has failed (miserably) to help disadvantaged populations secure safe, affordable and convenient transportation. The entire executive group should be fired, and a group of competent individuals brought in, to lead the efforts.
- Legislation development and follow thru
- Since we can't do it all, should there be a prioritization of services?
- Allocation of resources for agencies using 5310 could become public resources if there was adequate transportation for people with disabilities to be picked up and returned to their homes in a timely manner. 5310 vehicles should not use lifts that lift people into the air 4 feet. This is not accessible. It requires special training and it is a frightening experience. Please review and eliminate these options from public transportation vehicle options.
- Introduce legislation to separate volunteer drivers from paid drivers for insurance purposes.
- We are in a rural area. What is being done through MCOTA does not appear to be moving forward to address our area issues of small towns, locations, and transportation options. It would be nice to see movement with the implementation and availability of transit options for all residents.
- Find solutions for public access transportation that MEETS the NEEDS of residents in Frontier Status counties. The we would truly be One MN.
- Maybe advocate for more capital though MnDOT for public transportation. Many times we get added services and are expected to do within our current fleet.
• Protecting our volunteers through work with insurance companies and legislators. We need insurance companies and legislators to understand the difference between volunteers and hired drivers. We also need them to understand their importance. Working with legislators to find ways to encourage private providers to come to (and stay in) rural areas where trip levels are lower.
• None
• The volunteer driver insurance issue is the highest!!!
• To offer more ride sharing ideas and volunteer driver incentives
• Do more to support the creation of private transportation companies in very rural areas. In extreme rural areas, private transportation companies are not getting enough rides to cover expenses and public transit services are not able to meet the current riders per hour standards needed to justify expanded hours of service.
• no
• Coordination across systems. Addressing cultural barriers for non-english speaking populations
• Fund the cities and counties. They should be the entity to work with the state to resolve this crisis. Transportation barriers are impacting access to 1) employment, 2) healthcare, 3) food, etc.... Transportation barriers are perpetuating poverty and illness in east central MN.
• Take a good look at rural Minnesota and how lack of transportation affects the senior population.
• Mobility Management
• ?
• Concern of legislation that would make it too difficult or cost prohibitive for volunteers using their own vehicles to provide transportation.
• No
• Our organization is using this: just an FYI to share  https://outreach-partners.org/2016/10/19/transportation-quality-improvement-toolkit/
• MCOTA should do more with letting programs know about their service
• NA
• I will just say again that shared vehicles would be a plus.
• If MCOTA can align with the requirements of MN's Olmstead Plan to allow people with disability equal access to the community, that would be wonderful.
• Wheelchair user access to scheduled rides for work. These people need to be top priority as they have the right to meaningful and competitive employment.
• We need the volunteer mileage reimbursement raised to meet state mileage reimbursement with no penalties to volunteers. We need to make sure unpaid volunteers do not have to take out additional insurance coverage to volunteer rides to medical appointments.
• Reduction in policies (red tape) that make it difficult or impossible for a provider to serve the people.
• Promote a MN Transportation Awareness Campaign that includes these components: 1. Annual cost to operate a vehicle vs. using transportation 2. Cost to operate/subsidize the various forms of transportation 3. How to use each form of transportation 4. The value of coordination and what that looks like
• As of now under waiver funding if I have a volunteer or staff member take someone to an appointment but they need to drive 20 miles to get the client and then 20 miles to bring them home and 20 miles back to the office the only miles we can bill for is when the client is in the car- this is a huge issue and cost is insane. A ride in rural areas are typically only able to bill 1/2 the cost of mileage - this is an issue who should cover the cost to get the volunteer out to the client or back home?
• We contract all of our transportation to a regional transit company and they are limited on their volunteer drivers. Many times we have to use our spare county car and have clients either drive themselves or another person uses our car for transport. We do not get any reimbursement for this for MA so we leave it as a last resort. We have no taxi service. We have limitations on time as sometimes appointments run over the time the driver is hired for, leaving them to try to find a ride home.
• Not at this time
7 - What mechanisms would you like MCOTA to use to learn about your organization’s successes, challenges, and priorities (select all that apply)?

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**Other**

- None
- Discussion with area officials
- MCOTA members reaching out to providers one-on-one
- more volunteer driver statewide forums
- Come visit with me. I will organize a group of community for decision makers of MCOTA to hear the real experiences of people in East Central MN. Please - come hear from them first hand!
- if you want to get more feedback from older adults then you'll need to develop some new mechanisms
• We share our senior coordinator with a neighboring county, but it would be helpful if she was informed of information, as well. We have the largest population of elderly in our county and we are the smallest county in the state.
8 - What mechanisms would your organization like to use in order to learn about MCOTA’s activities and plans (select all that apply)?

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Other

- Face to face visits
- printed information in the mail
- Webinars or ITVs would be the best due to our rural location
The miserable performance of MCOTA in the most recent legislative session is a disgrace. As mentioned above, the entire leadership team should be thrown out, and replaced with knowledgeable and committed people who actually want to get something done!

Public Transportation does not meet the needs of those with disabilities. Wheelchairs and assistive devices require assistance and support that does not always mean 1:1. Because of the lack of resources on buses and trains it become necessary for individuals to travel with someone to assist them. This increases cost and would not be necessary if support existed; transportation advocate or navigator on the public system. It would decrease the demand for specialized transportation services; STRIDE, METRO MOBILITY, etc. Just having a resource to assist could make general public transportation available to many people.

There are many organizations that appear to be working on the transportation issues in our rural area. It would be nice to include someone from MCOTA's group to hear and bring back to the group the issues we face and incorporate into overall plan.

Again, if you want more feedback from older adults then please consider mechanisms to reach this audience

Not at this time

Yes, I serve as an advocate on the STRIDE (Duluth's Paratransit Service) and we have identified several concerns about STRIDE's compliance with FTA and ADA guidelines. I know that the DTA and STRIDE are going through and audit with the FTA this summer and I would like the contact information for the employee at the FTA so I am able to share my concerns: Zoey Leege zleege@arcnorthland.org

I find many of the questions in this survey confusing.

We appreciate the chance to complete the survey. I did volunteer to be on the committee, however, I am tentatively planning on retiring next year, but I feel lack of transportation is our number one issue that we
are not able to address. The addition of tele-medicine has greatly helped so that we don't have to have our clients travel to see doctors. We are 80 miles from Fargo, 120 miles from St. Cloud, 200 miles from the metro area and 320 miles from Rochester where many specialists are located. Even our regional transit company has volunteers from Alexandria (60 miles away) and they travel here to take someone to Fargo (this happened yesterday) and when the driver got to the client's house, she told him she didn't have an appointment and wasn't going with him. She did have an appointment and we had it verified. That person should probably have a case manager to assist as sometimes she gets confused.