Coordinated Human Services – Public Transportation Plan

Guiding Investment in Enhanced Mobility for Older Adults and Individuals with Disabilities in the Kansas City Region

Produced By:
The Mid-America Regional Council
Spring 2018
Acknowledgements

Mobility Advisory Committee Membership
Sara Davis (Chair)

Regional Transportation Coordinating Council Membership
Brian McKiernan (Co-Chair) ● Daniel Serda (Co-Chair)

Total Transportation Policy Committee Membership
Councilmember Chuck Adams (Co-Chair) ● Mayor Carson Ross (Co-Chair)

The Mid-America Regional Council Board of Directors
Councilmember Carol Suter (Chair)

The Kansas City Area Transit Authority Board of Commissioners
Daniel Serda (Chair)

Mid-America Regional Council Staff
Paul Bushore ● Karen Clawson ● Laura Machala ● Martin Rivarola ● Drew Stiehl

Kansas City Area Transit Authority Staff
Jameson Auten ● Tyler Means ● Lisa Womack

Table of Contents

1. Introduction
2. Existing Conditions
   a. Planning Context/Existing Recommendations
   b. Demographics
   c. Destinations/Areas of Interest
   d. Fixed-Route Services
   e. Human Services Provider Services
3. Public Outreach
   a. Methodology
   b. Survey Results
   c. In-person Engagement Results
4. Needs Analysis
   a. Service Gap Analysis
5. Strategies
   a. Best Practices
   b. 2018 Coordinated Planning Recommendations
   c. Strategy Prioritization
6. Appendix
 Definitions
 For the purposes of this plan, the following terms are defined:

- Older adults: Individuals over the age of 65; in some areas of the region, enhanced mobility service eligibility is extended to those aged 60 to 65 as well.
- Individuals with disabilities: Individuals who have a physical or mental impairment that substantially limits one or more major life activity. This includes individuals who do not have a disability but are regarded as having a disability.
- Low-income populations: Individuals with annual household incomes less than 200% of the Federal Poverty Level, which was $24,120 per year for a one-person household as of 2016.
- Transportation-disadvantaged populations: Older adults, individuals with disabilities and low-income populations.
- Public transportation agencies: Organizations operating scheduled fixed-route transit and paratransit services for the use of the general public.
- Nonprofit providers: Organizations providing smaller-scale, typically on-demand transportation services to a specific clientele and for specific purposes.
- Private-sector providers: Organizations providing transportation services for any purpose, on a for-profit basis.
- Enhanced mobility services: Transportation services provided by public transportation agencies, nonprofit providers, or private-sector providers specifically – although not necessarily exclusively – for transportation-disadvantaged populations.
- Mobility Management: A strategic approach to coordinating services between providers to expand information resources and “right-sized” access to users.
Introduction

A person’s ability to get anywhere they need to go at any time to fulfill the regular demands of everyday life can be referred to as mobility independence. Mobility independence is a critical, if underappreciated, aspect of quality of life.

Older adults, individuals with disabilities and low-income populations all face the potential threat of losing their mobility independence for different reasons. This threatens not only their quality of life, but their employment prospects, their ability to socialize with their community, their access to adequate nutrition and healthcare services, and much more.

For these reasons, local, state, and federal governments, as well as nonprofit agencies and private enterprise have pursued strategies to assist these populations with earning or maintaining mobility independence.

Furthermore, guidance provided through the Americans with Disabilities Act (ADA) requires that, among many other advancements, transit agencies provide complementary paratransit services to those with mobility limitations living within three-quarters of a mile of a fixed-route transit line.

While this is an important step in providing enhanced mobility services for transportation-disadvantaged populations, it does not fully solve the mobility independence problem in this country, and other supplemental services have attempted to fill in those gaps over time.

With so many services operating in the same areas, with roughly the same missions, it can quickly become overwhelming to determine the right option for the right individual. Additionally, a squeeze on funding opportunities has made it difficult for existing organizations to maintain or expand their services, or for new organizations to supplement the existing market.

For these reasons, it is critical to coordinate between these many service providers, and attempt to exploit efficiencies and economies of scale to provide more service at less cost. Additionally, encouraging and nurturing partnerships between enhanced mobility service providers and those who deal more directly with these populations, e.g., nonprofits, medical professionals, residential facilities, etc., can ensure that the right kinds of services are being planned and implemented to meet the needs of transportation-disadvantaged populations.

The Coordinated Plan

This plan serves as the Kansas City region’s Coordinated Human Services – Public Transportation plan (coordinated plan), as stipulated in Federal Transit Administration (FTA) Circular 9070.1G. According to that guidance, this plan must identify the transportation needs of individuals with disabilities, seniors and people with low incomes; provide strategies for meeting those local needs; and prioritize transportation services and projects for funding and implementation.
This document is to be used for two primary purposes: (1) it will guide the programming process for FTA Section 5310 funding, and (2) it will provide guidance to enhanced mobility providers on how to best advance the mobility independence of older adults, individuals with disabilities, low-income populations and veterans within the Kansas City region.

To that end, this plan aims to accomplish four specific objectives:

1. Identify and catalogue existing public, private and nonprofit services.
2. Assess transportation needs for individuals with disabilities and seniors through in-person engagement, surveying and data analysis.
3. Develop strategies to address gaps identified through the Coordinated Planning process.
4. Prioritize the developed list of strategies to guide investment, particularly in relation to FTA Section 5310 funds.

**Existing Conditions**

The Kansas City region is located at the confluence of the Missouri and Kansas Rivers. The region is unique in that it encompasses portions of two states, Missouri and Kansas, and contains a variety of development typologies ranging from very dense urban centers, to farmland and small towns. There is one Large Urban Area in the region, encompassing urban and suburban Kansas City, Missouri and Kansas City, Kansas. Since 2000, Lee’s Summit, Missouri has been the region’s sole Small Urban Area.

**Funding**

FTA Section 5310 funding represents the primary federal funding mechanism for enhanced mobility services in the region. Other options, such as local funding, Medicaid/Medicare and Affordable Care Act funding mechanisms provide other limited support. Funding is a primary challenge for service providers in the region.

**Demographics**

Roughly 12 percent of the region’s population has at least one disability, 13 percent are over the age of 65, 12 percent are below the poverty line (and 22 percent are below 200% of the poverty level), and 9 percent are veterans. Each of these groups are expected to grow during the next 15 years, potentially stressing current service capacity levels.

Urban centers and rural areas at the metropolitan edge tend to have the highest concentrations of transportation-disadvantaged populations, presenting challenges for providing adequate, scalable levels of service across the region.

**Transportation Options**

For those who are incapable of operating a personal vehicle, several options exist, including a fixed-route transit system and human service transportation services. Geographic coverage of these systems is adequate in the denser, urban areas of the region, but are largely bound by the I-435 loop, leaving rural areas with less coverage. Time of day, and day-of-week barriers exist for these services.
Figure 2 — Fixed-Route Transit in the Kansas City Region

Figure 3 — Human Services Transportation in the Kansas City region
Trip Origins and Destinations

Origin/Destination data (OD data) was collected from programs around the region to analyze how enhanced mobility service users travel using current service models. Programs contributing data to this analysis include RideKC Freedom, RideKC Taxi, Shawnee CityRides and Johnson County Catch-a-Ride.

The data shows a majority of rides originated from within the urban core (red), with a decline in program usage at the periphery of the I-435 / I-470 / Mo-291 loop (white), and then an even more substantial decline in rural areas (blue).

Figure 4 — Heat Map of Enhanced Mobility Service Origins

The concentration of destinations in the available data is oriented more centrally, implying that a majority of trip destinations are within the urban core (red). This suggests that riders are wanting to
access services in urban Kansas City, Missouri, Kansas City, Kansas, and northeastern Johnson County. Few trips ended with destinations further out at the periphery of the region (blue/white).

![Heat Map of Enhanced Mobility Service Destinations](image)

**Figure 5 — Heat Map of Enhanced Mobility Service Destinations**

**Public Engagement**

In order to determine how older adults and individuals with disabilities perceive and experience service gaps, opportunities and successes in transportation in their everyday lives, MARC sought to engage these populations directly. Outreach results from previous planning processes, particularly from Transportation Outlook 2040, are included to the extent that they inform the current planning process.

In late fall 2017, MARC distributed electronic and printed versions of a survey to assess current travel behaviors of older adults and individuals with disabilities. It also asked about desires for and perceptions of a growing transportation network geared toward transportation-disadvantaged populations. This survey was provided electronically in both English and Spanish, and in a paper version that was printed in both normal and large-print formats.

Four outreach events were organized in January/February 2018 to further assess the perceptions of these populations, their awareness of existing services, and how they would be best served by new and improved services in the region.

Finally, service providers, local community representatives, and advocates for older adults and individuals with disabilities were engaged primarily through MARC committees. Specifically, MARC staff engaged the Mobility Advisory Committee and the Regional Transit Coordinating Council (RTCC) each three times and the Total Transportation Policy Committee (TTPC) twice.

Some key takeaways from the engagement process include:
1. Providing education and up-to-date information on how to get from place to place can ensure that those who are eligible for certain subsidy programs are able to take advantage of them (e.g., ADA eligibility).
2. Older adults and individuals with disabilities strongly disagree with statements characterizing the current network as ideal, e.g. “I can get where I need to go at any time of day,” indicating that there is still work to be done in creating a functional network for these populations.
3. Personal vehicles and walking/rolling were the most commonly used modes by transportation-disadvantaged populations.
4. Respondents want to see expanded service areas, infrastructure improvements and more diverse trip purposes allowed under existing programs and services.
5. Older adult and disabled participants were less likely to own a smartphone. Those who do own one reported they were not likely to use it for transportation purposes. As more transportation options use this technology, education and potentially providing other ways for these populations to access services should accompany those developments.

**Needs Analysis**

Through the public engagement and existing conditions analysis, MARC identified a series of needs and gaps in the enhanced mobility infrastructure of the Kansas City region.

**Geographic Gaps**

A. Rural areas, particularly in Kansas, have substantially fewer resources than urbanized areas.
B. Wyandotte County has a higher-than-average concentration of transportation-disadvantaged populations, but fewer mobility options than other urban and suburban areas.
C. Fixed-route transit near and beyond the I-435 / I-470 / Mo-291 loop is lacking.
D. There is geographic duplication of services in Johnson and Jackson counties, although services may serve specific populations or levels of service.

**Gaps in Information and Accessibility**

E. Most enhanced mobility services have gaps in service on nights and weekends.
F. Information and education services need to be improved to ensure that users can access available capacity easily
G. Active transportation connections to and from enhanced mobility and fixed-route transit services need to be improved to ensure that transportation-disadvantaged populations can access the transportation network.
H. Older adult and disabled participants were less likely to own a smartphone. Those who do are not likely to use it for transportation purposes.

**Gaps in Capacity**

I. According to service providers, funding is the primary barrier to expanding services.
J. Transportation-disadvantaged populations will grow substantially over the next fifteen years. The region’s enhanced mobility infrastructure will need to adapt and grow to accommodate this increased demand.

**User Satisfaction Gaps**

K. Older adults and individuals with disabilities strongly disagree with statements characterizing the current service network as ideal, e.g. “I can get where I need to go any day of the week,”
indicating that there is still work to be done in creating a functional network for these populations.

L. Users want expanded service, infrastructure improvements and to be allowed to take more diverse types of trips.

**Strategies**

To fill these gaps, and fulfill the needs identified in this plan, MARC developed a series of goals and strategies, which were vetted by the Mobility Advisory Committee, Regional Transportation Coordinating Council, and Total Transportation Policy Committee.

1. **GOAL: Maintain existing service levels for mobility service users in the region**
   a. Replace vehicles past their useful life
   b. Sustain funding levels for subsidized fare programs
   c. Secure sustainable funding partnerships

   Examples of eligible projects: Vehicle replacement, subsidized program continuation

2. **GOAL: Expand service levels for mobility service users in the region**
   a. Expand service hours into nights and early mornings, or increase service frequency and/or responsiveness
   b. Expand days of service, including weekends
   c. Expand level of service from curb-to-curb to door-to-door, door-through-door, or beyond
   d. Expand the types of trips that are eligible for service populations (e.g., work-based trips, recreational trips, utilitarian trips such as grocery stores and pharmacies, etc.)
   e. Leverage partnerships to reduce duplication
   f. Improve administrative efficiency through mobility management and coordination to expand cross-jurisdictional transportation

   Examples of eligible projects: Expand hours, days, or geographic coverage; improve inter-regional travel; enhance levels of service

3. **GOAL: Improve the quality and accessibility of information to the public**
   a. Continue to improve the region's One-Call/One-Click capabilities
   b. Simplify information being conveyed to the public
   c. Publicize changes to existing services, service expansions, and the introduction of new services clearly and in a timely manner
   d. Engage transportation-disadvantaged populations directly to understand their needs
   e. Use data to make informed decisions about enhanced mobility services
      i. Establish regional service standards
      ii. Ensure that all service providers are equipped with data tracking capabilities
      iii. Ensure that service providers are coordinating with MARC staff to map, analyze and publicize service areas, trends and network gaps.
   f. Examples of eligible projects: Marketing materials, mobility management, One-Call/One-Click functionality, data resources
4. GOAL: Bridge gaps in the built environment to improve network accessibility
   a. Construct ADA-accessible infrastructure to improve safety and accessibility of transit facilities
   b. As on-demand services expand, consider accessibility of destinations beyond transit facilities, including integrating universal design principles into local development policies across the region
   c. Support the implementation *Smart Moves 3.0* recommendations, including mobility hubs and active transportation infrastructure.
   d. Examples of eligible projects: ADA sidewalks, curb cuts, crosswalk signals and other improvements to the built environment