COORDINATED PUBLIC TRANSIT — HUMAN SERVICES TRANSPORTATION PLAN

Guiding investment in enhanced mobility for older adults and individuals with disabilities in the Kansas City region

Executive summary

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 businesses 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. Other supplemental services have attempted to fill in gaps in that coverage 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.

A robust public transit and enhanced mobility network is essential to focused regional growth, an increased quality of life for all residents, and a healthy environment and economy. Public transit offers an affordable, equitable means of transportation and an alternative to personal vehicle ownership.

Public transit and enhanced mobility transportation serve many purposes for a range of constituencies — children who ride the bus to school, teens traveling to their first jobs, young adults who are pinching pennies, seniors who can no longer drive safely, people with physical or mental limitations, and those who choose to limit driving to conserve resources. With shifting demographics, the number of people who use public transit and enhanced mobility services is projected to increase.

**Coordinated Plan**

This plan serves as the Kansas City region’s Coordinated Public Transit — Human Services Transportation plan (also known as the 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:

- Identify and catalog existing public, private and nonprofit transportation services.
- Assess transportation needs for individuals with disabilities and seniors through in-person engagement, surveying and data analysis.
- Develop strategies to address gaps identified through the Coordinated Planning process.
- Prioritize the developed list of strategies to guide investment, particularly related 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 percent 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.

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 areas in figure 3), with a decline in program usage at the periphery of the Interstate 435/Interstate 470/Missouri 291 loop (white areas in figure 3), and then an even more substantial decline in rural areas (blue areas in figure 3).

The concentration of destinations in the available data is more central, implying that a majority of trip destinations are within the urban core (red areas in figure 4).

**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 and 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.

**Desired improvements**

Participants were asked to rank, in order of preference, three possible improvements

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**Key engagement takeaways**

- 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).

- Older adults and individuals with disabilities strongly disagree with statements characterizing the current network as ideal (for example, “I can get where I need to go at any time of day”), indicating there is still work to be done to create a functional network for these populations.

- Personal vehicles and walking/rolling were the most commonly used modes by transportation-disadvantaged populations.

- Respondents want to see expanded service areas, infrastructure improvements and more diverse trip purposes allowed under existing programs and services.

- Older adults 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 alternative ways for these populations to access services should accompany those developments.
to transportation network for older adults and individuals with disabilities. These statements were crafted in such a way as to make them mutually exclusive, with the intent of truly distinguishing participant preferences.

Most participants rated the first choice, “service to more places,” as their most desired priority. “Cheaper service” was the most-frequent second priority, but “on-time service” received the second-most ratings as first priority, and “cheaper service” received more than double of the third priority votes as the other two improvements. These patterns were consistent across study groups (i.e. in-group vs. out-group) and income groups.

It can be safely assumed that “cheaper service” is the third ranked priority, “on-time performance” is the second ranked priority, and “service to more places” is the most-desired improvement for this survey’s respondents.

**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**

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

**Level of service gaps**

- Most enhanced mobility services and fixed-route transit routes have gaps in service on nights and weekends.
- There are few services providing assistance beyond curb-to-curb pick up and drop off.

**Gaps in capacity**

- According to service providers, funding is the primary barrier to expanding services.
- Transportation-disadvantaged populations will grow substantially over the next 15 years. The region’s enhanced mobility infrastructure will need to adapt and grow to accommodate this increased demand.

**User Satisfaction Gaps**

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

**Gaps in Information and Accessibility**

- Information and education services need to be improved to ensure that users can access available capacity easily.
- 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.
- Older adult and disabled participants were less likely to own a smartphone. Those who do are not likely to use it for transportation purposes.
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 regional mobility service levels
   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 regional mobility service levels
   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: marketing materials, mobility management, One-Call/One-Click functionality, data resources

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.
   f. Establish regional service standards.
   g. Ensure that all service providers are equipped with data tracking capabilities.
   h. Ensure that service providers are coordinating with MARC staff to map, analyze and publicize service areas, trends and network gaps.

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

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.

Examples of eligible projects: ADA sidewalks, curb cuts, crosswalk signals and other improvements to the built environment
CHAPTER TWO: EXISTING CONDITIONS

This chapter will establish who the target populations for enhanced mobility services are, where they live, where they want to go, and the current options for getting to those destinations. It will also briefly address existing funding frameworks.

The Kansas City Region

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.

The Kansas City Area Transportation Authority (KCATA) is the designated recipient of 5310 funds apportioned to the Kansas City Urbanized Area under MAP-21. A full description of 5310 funds is below. Other neighboring recipients include Lee’s Summit and St. Joseph, Missouri, which, as Small Urbanized Areas, apply for 5310 funds through the State of Missouri. While the competitive selection processes for 5310 funds in these areas do not overlap, many services awarded 5310 funds in these areas do.

As the region’s Metropolitan Planning Organization (MPO), the Mid-America Regional Council (MARC) serves 119 communities in nine-county region, including Platte, Clay, Ray, Jackson, and Cass Counties in Missouri; and Leavenworth, Wyandotte, Johnson, and Miami Counties in Kansas.
Funding

FTA Section 5310

The most significant funding strategy available for enhanced mobility providers is Federal Transit Administration (FTA) Section 5310 funding: Enhanced Mobility of Seniors and Individuals with Disabilities. This program provides federal match funding for public transportation projects planned, designed and carried out to meet the special needs of older adults and individuals with disabilities when public transportation is insufficient, inappropriate or unavailable.

MARC operates under a Memorandum of Understanding (MOU) with KCATA to undertake the competitive selection process for the region’s 5310 funds, provide staffing services for the Mobility Advisory Committee, which programs those funds, and maintain the region’s Coordinated Plan. This document represents that Coordinated Plan for the region, and, among other things, is meant to guide the programming of FTA Section 5310 funds for the Kansas City Urbanized Area.

Other Funding Availability

While the FTA Section 5310 program is the most robust funding opportunity for enhanced mobility services provided by the federal government, it is not the only opportunity to fund enhanced mobility services. And as the aging population grows, demand for enhanced mobility services is expected to grow, further tightening funding for those services.

User-Side Funding

Non-emergency medical transportation (NEMT) is an eligible expense for low-income beneficiaries of Medicaid, and state Medicaid programs must assure that Medicaid beneficiaries have transportation access to all medically necessary services. Separate from emergency ambulance service, NEMT entails transportation to and from doctors’ appointments, dialysis, chemotherapy, etc. Medicare can also be used for medical transportation, but only in the case of emergency, or if the user otherwise requires ambulance transportation.

The Department of Veterans Affairs also provides NEMT services for low-income and disabled veterans.

Provider-side Funding

Under the Patient Protection and Affordable Care Act of 2010 (ACA), the Community-Based Care Transitions Program, Community-Based Collaborative Care Network Program, and Balancing Incentive Payments Program provide funds to community-based organizations together with hospitals to reduce readmission rates, improve the transition process for patients, and facilitate aging in place, respectively. Providing transportation is an eligible expense under these programs.

In Missouri, Senate Bill 40 is a state tax levy that provides funding for residential, vocational and other programs and services through boards throughout the state. Once formed, a board may create sheltered workshops, residential facilities, or related services for the care or employment of handicapped persons. These funds may be used in part to fund transportation services for these populations.

Title III-B of the Older Americans Act (OAA) provides funding for transportation services as well. These funds, distributed to state agencies, have many uses, including case management and home assistance services in addition to transportation. These funds are used by Area Agencies on Aging to fund essential service transportation (e.g. NEMTs, grocery trips), and site transportation (e.g. congregate meals).

There is also general revenue funds available from states. In Missouri, the Missouri Elderly and Handicapped Transportation Assistance Program (MEHTAP) reimburses eligible not-for-profit organizations for operating expenses for approved transportation projects.
Demographics

According to the 2012-2016 American Community Survey 5-year estimates, roughly 12 percent of the area’s 1.9 million people over the age of five in MARC’s nine-county service area reported having at least one disability. Of those, 37 percent were over the age of 65.

By far, the most prevalent disabilities in the Kansas City region are ambulatory disabilities, especially among groups 35 years and older. Cognitive disabilities are the most prevalent for younger age groups. In either case, transportation is likely to be a challenge for these groups. Of particular note is that the 35 to 64 year age group has significantly higher incidences of ambulatory disabilities than older cohorts, and as that group ages into the 65 years and older age groups, it will potentially stress the existing service infrastructure.

Older Adults

Thirteen percent of the region is currently 65 years of age or older. The share of the regional population aged 65 years and older is expected to grow substantially over the next 15 years, as 20 percent of the region’s population, currently aged 50-64 years old, is expected to age into that group during that time. The largest growth is expected in Platte County, Missouri (7.8 percent), and Wyandotte and Johnson Counties in Kansas (6.8 percent).
Veterans

In the Kansas City region, 9 percent of the 18-and-older population are veterans. Nineteen percent of that population has a disability, and 5 percent are below the poverty line. Of those veterans that are below the poverty line, 74 percent also have a disability.
Low-income households

Transportation is also a challenge for households with low-incomes and households without access to personal vehicles. Twelve percent of the region’s households reported income below the federal poverty line, and 28 percent reported income below twice the federal poverty level. Wyandotte County has the highest concentration of poverty in the region, with 22 percent of households below the federal poverty level, and 49 percent below twice the federal level. Ray, Jackson and Wyandotte Counties all have populations with incomes below the poverty line higher than the regional average.

Vehicle ownership also effects a household’s transportation options. Households with no vehicles available rely on other modes of transportation to get around, which can restrict employment options and make day-to-day life more difficult, especially for households with older adults or individuals with disabilities. Six percent of the region’s households are without a vehicle available, with higher concentrations in Ray, Jackson, and Wyandotte counties. These are the same counties with higher-than-average instances of poverty. Households in more rural counties (e.g. Cass, Ray and Miami) are more likely to report owning more than one car.
Transportation-Disadvantaged Populations

Analysis was conducted for each census tract in the Kansas City region with service-dependent populations (older adults, individuals with disabilities, low-income populations and veterans), and data was normalized for each category as a proportion of the total population in each census tract. Quartiles for each demographic category were calculated regionally, and each census tract was scored based on which quartile its score fell in. Census tracts with higher scores represent the presence of transit-dependent populations in proportionally higher shares than other parts of the region.

For example, a census tract with the highest demographic score is likely to have older adults, individuals with disabilities, low-income populations, and veterans, all in the top quartile for the region. Conversely, a census tract with the lowest demographic score will have representation from those populations in the lowest quartiles for the region.

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

After understanding where target populations reside, it is important to understand where they want or need to go. Based on results from the public survey, regional hospitals, clinics, dialysis centers, senior centers, the Truman Sports Complex, the KCI Airport, and the Plaza shopping center were mapped. In the region, 73 percent of colleges, 62 percent of senior centers, and 77 percent of hospitals and other healthcare facilities are accessible by transit. Accessibility is defined in this case as being within a quarter-mile of a transit stop. Additionally, the Plaza, KCI Airport, and the Truman Sports Complex are all accessible by transit services as well.

Time-of-day and day-of-week barriers for transportation services make some of these destinations more difficult to access, but in general, fixed-route transit services provide coverage for a majority of these destinations. As on-demand services expand throughout the region, these gaps will continue to shrink.
Fixed-Route Transit

The region’s transit system is a network of services provided by five area transit agencies: the Kansas City Area Transportation Authority (KCATA), Johnson County Transit, Unified Government Transit, City of Independence Transit and the Kansas City Streetcar Authority. In the last two years, elements of Johnson County Transit, Unified Government Transit, and Independence Transit have been taken over by the KCATA to increase regional coordination, build economies of scale, and provide better service for end-users.

The KCATA and its partners currently operate 87 bus routes throughout the region, including six fast-and-frequent routes, fifteen 30-minute routes, nine express routes, and fifteen locally-operated routes. In accordance with ADA regulations, all of these routes are coupled with complementary paratransit service for qualified residents within three-quarters of a mile of a transit route, excluding commuter services.

Nearly all of the census tracts within the urban core with high concentrations of transportation-disadvantaged populations have fixed-route transit coverage of some variety. However, beyond the I-435 / I-470 / Mo-291 loop, transit access is mostly non-existent, with the exception of southwestern Johnson County. Due to the nature of these areas, traditional fixed-route transit may or may not be the most appropriate transportation solution.
**Service Times**

Limitations on the time and day of service for fixed-route transit in the Kansas City region affects the mobility independence of transportation-disadvantaged populations. ADA paratransit services are only required to operate at the same times as fixed-route transit services, and so services that end early, start late, or operate only on weekdays can restrict the transportation disadvantaged from traveling at-will.

Additionally, restrictions on booking trips can affect mobility independence as well. Twelve enhanced mobility services in the Kansas City region require trip scheduling at least 24-hours in advance. This is a commonly cited complaint by service users. However, with RideKC Freedom On-Demand and other on-demand options growing throughout the region, trips may be scheduled on the same day, with as little as 45 minutes notice, 24 hours a day, 365 days a year. These developments greatly increase accessibility for transportation-disadvantaged populations.

**Peak-hour transit service**

Nearly all routes in the regional transit network offer service during peak travel times. Peak hours, commonly known as rush hours, are the times of day where traffic volumes are at their highest, which usually occur twice each weekday and correspond with travel to and from work.

Nine transit routes only provide service during peak hours, catering primarily to work trips. Most of these routes are express routes that carry riders from suburban locations in to the central business district with few stops in between.

**Midday transit service**

Midday transit service primarily provides service between peak travel times. The majority of service falls in the 31–60 minute frequency range and is concentrated in Kansas City, Missouri, Kansas City, Kansas, and areas just north of the Missouri River. Higher frequency service, including both the 10–20 and the 21–30 minute ranges, are concentrated in the urban core of Kansas City, Missouri, and are fewer in number. By nature of frequency, these services are more convenient for riders and afford more local trips for a multitude of purposes.

The most frequent transit network – routes with 20-minute service or less during midday – include the following routes:

- Main Street Metro Area Express (MAX)
- Troost Avenue Metro Area Express (MAX)
- The Kansas City Streetcar
- Prospect Avenue
Of all routes in the current transit system, only 25 provide service seven days per week, and 39 provide Saturday service in addition to weekday travel. This is a significant limitation, especially for using transit to access employment in suburban areas or for jobs that do not have traditional Monday-through-Friday shifts.

**Night time service**

The current network of nighttime transit service is also limited. Night transit service includes routes that operate after the last peak travel period ends, usually around 7 p.m. Thirty-five routes currently provide service after 7pm. There are additionally nine routes that provide service after midnight.

**Free and Reduced Fare Programs**

On Veterans Day, 2017, the KCATA announced a free fare program for all veterans in the Kansas City utilizing fixed-route transit services. This program aims to eliminate the cost barrier to transportation, and to empower area veterans to seek and maintain employment, as well as living their day-to-day lives.

Transit users who are qualified for ADA paratransit service are also able to use any fixed-route transit service for free as well. Additionally, students at four colleges and universities in the area also receive transit passes through student fees.

The KCATA continues to investigate other free or reduced fare programs, including those for older adults.
### ADA and ADA-Complementary Paratransit Services

Below is a list of transit agency-sponsored ADA complementary and non-ADA paratransit services in the Kansas City region, their eligibility requirements, service areas and operating characteristics.

<table>
<thead>
<tr>
<th>Service Name</th>
<th>Eligible Users</th>
<th>Service Area</th>
<th>Operating Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>RideKC Freedom</td>
<td>Must be approved through eligibility process. Criteria is specific to ADA.</td>
<td>ADA Paratransit – Operated within ¾ miles of local bus routes.</td>
<td>Operating hours are the same as the hours of operation of fixed route adjacent to the trip.</td>
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<td></td>
<td>Must meet one of the following criteria:</td>
<td>Non-ADA Paratransit – Service is provided anywhere within Kansas City, Missouri, city limits.</td>
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<td></td>
<td>1. Age 16-65, with a disability</td>
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<td></td>
<td>2. Age 65 or older with an annual income of no more than 150% of the US poverty level</td>
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<tr>
<td>Unified Government Transit Dial-A-Ride</td>
<td>Must be approved through eligibility process. Criteria is specific to ADA.</td>
<td>ADA Paratransit – Operated within ¾ miles of local bus routes.</td>
<td>Operating hours are the same as the hours of operation of fixed route adjacent to the trip.</td>
</tr>
<tr>
<td>City of Independence IndeAccess</td>
<td>Must be approved through eligibility process. Criteria is specific to ADA.</td>
<td>ADA Paratransit – Operated within ¾ miles of local bus routes.</td>
<td>Operating hours are the same as the hours of operation as the fixed route adjacent to the trip.</td>
</tr>
<tr>
<td>City of Independence IndeAccess+</td>
<td>Must be approved through eligibility process.</td>
<td>Covers all of the city of Independence.</td>
<td>Operating hours are the same as the rest of the City of Independence transit system.</td>
</tr>
<tr>
<td>Johnson County Special Edition</td>
<td>Must be approved through eligibility process and meet one of the following criteria:</td>
<td>One leg of the trip must be in Johnson County, but the other leg can be in Kansas City, Kansas, or Kansas City, Missouri.</td>
<td>Operating hours are Monday through Friday, 6 a.m.-6 p.m.</td>
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<tr>
<td></td>
<td>1. Age 65 or older.</td>
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<td></td>
<td>2. Have a documented disability.</td>
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<td></td>
<td>3. Have a monthly family income within low-income guidelines.</td>
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<tr>
<td>Johnson County SWIFT</td>
<td>Only available to Johnson County Development Support clients.</td>
<td>Johnson County.</td>
<td>Provides services for Johnson County Development Support clients to sheltered workshops.</td>
</tr>
</tbody>
</table>
Human Service Transportation Services

In addition to fixed-route transit and ADA paratransit services, enhanced mobility service users have several human service transportation (HSP) options for getting around throughout the metro area. Fifteen aging agency, county, municipal, or transit agency transportation HSPs exist within the region, along with other smaller-scale and private services.

Geographically, Jackson and Johnson County have the highest levels of coverage, especially in the urbanized areas. Leavenworth, Wyandotte, Miami, Cass, and Ray Counties have no more than one HSP option, and Leavenworth and Miami have none.
County and Municipal Programs

Programs of various sizes and service models also provide rides to older adults and individuals with disabilities in the Kansas City region. Three taxi voucher programs exist in Olathe and Shawnee, KS, and Pleasant Hill, MO. A fourth taxi voucher program existed in Lenexa, KS, but on January 1, 2018, the administration of that program was taken over by KCATA, and integrated into the RideKC Taxi program.

Transit Agency Programs

Aging residents in Clay and Platte Counties are served by Senior Services boards, which provide transportation, housing, nutrition, and other services.

Aging Agency Programs

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<table>
<thead>
<tr>
<th>Provider</th>
<th>Ridership</th>
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<tbody>
<tr>
<td>County and Municipal Programs</td>
<td></td>
</tr>
<tr>
<td>Olathe Taxi Voucher Program</td>
<td>4,128</td>
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<td>Shawnee CityRides</td>
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<tr>
<td>Pleasant Hill Community Bus Program</td>
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<td>OATS</td>
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<td>• Blue Springs</td>
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<td>• Lee’s Summit</td>
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<td>Liberty Access</td>
<td>219</td>
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<tr>
<td>Excelsior Springs Omni Bus</td>
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<tr>
<td>Johnson County Catch-a-Ride</td>
<td>5,717</td>
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<td>EITAS</td>
<td>12,816</td>
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<td>Transit Agency Programs</td>
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<tr>
<td>RideKC Freedom</td>
<td>25,657</td>
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<tr>
<td>RideKC Freedom On-Demand</td>
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<tr>
<td>RideKC Taxi</td>
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<tr>
<td>IndeAccess</td>
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<td>IndeAccess +</td>
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<td>UG Transit</td>
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<tr>
<td>Aging Agency Programs</td>
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<tr>
<td>Johnson County Catch-a-Ride</td>
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<td>JET Express</td>
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</table>
Human Service Transportation Service
Origin-Destination Data

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

Origin Data

Similar to the demographic distribution of transportation-disadvantaged populations in the region, described above, the data shows a majority of rides originated from within the urban core, with a decline in program usage at the periphery of the I-435 / I-470 / Mo-291 loop, and then an even more substantial decline in rural areas. However, participation “bleeds” beyond the I-435 / I-470 / Mo-291 loop more than the demographic profile of the region might suggest.

Additionally, with the advent of the RideKC Freedom and RideKC Taxi programs, both piloted in the Northland, the concentration of ride origins appears to be increasing northward.
Destination Data

In terms of geographic distribution, the concentration of destinations in the available data is oriented more centrally, implying that a majority of trip destinations are within the urban core. This is especially relevant for Johnson County, whose trip origins extend further south along the I-35 corridor. 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.
Mobility Management

Service providers throughout the region have been collaborating to advance mobility management objectives in the region. Mobility management is a strategic approach to coordinating services between providers to expand information resources and “right-sized” access to users.

The RideKC Coordination Plan, published by MARC in July 2015, identifies and prioritizes mobility management objectives for the region. The three priority options identified through the plan are:

- Coordinate ADA paratransit services between Wyandotte County, Johnson County, the City of Independence, and the KCATA through a centralized reservation/dispatch.
- Create a single, regional service eligibility determination process.
- Expand information and referral services through a One-Call/One-Click service.

Since the RideKC Coordination Plan’s publication, the KCATA has assumed administration duties in various capacities for Wyandotte County, Johnson County, and the City of Independence, enabling closer coordination of those services. Additionally, in 2017, the KCATA also finalized work on creating a single, unified eligibility determination process for those services. Finally, Link-For-Care and the KCATA Call Center continue to expand functionality and improve referral efficiency.

As the region’s service continues to improve mobility management functionality, other objectives contained within the RideKC Coordination Plan should be pursued, including:

- Coordination of other non-ADA demand responsive services;
- Coordination of agency-specific services;
- Expanded volunteer driver programs;
- Expanded travel training;
- Improved public information;
- Implementation of advanced technology; and
- Regional electronic fare payment.
CHAPTER 3: PUBLIC OUTREACH

Methodology

In order to determine how older adults and individuals with disabilities perceive and experience 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 tabling 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 improving 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.

Transportation Outlook 2040:
The public engagement process of Transportation Outlook 2040, as detailed in Appendix G, was divided into three phases:

Phase 1 focused on reviewing and refining the policy direction of the previously adopted plan. It consisted of a survey (322 responses), one public meeting (51 attendees), and one discussion forum with a Community Pulse panel (97 attendees). A few comments from these activities mentioned transportation issues specific to disabled populations. Other comments expressed concern for older adults. MARC also presented at 12 internal committees. The internal committees expressed concern for the need to plan for the transportation of older adults. The feedback resulted in updates to the Policy Framework of the plan, including the addition of the Equity policy goal.

Phase 2 concentrated on how to prioritize transportation goals given limited funding. This phase included two public meetings (with over 152 attendees combined), a panel survey (388 responses), and a breakout workshop focused on equity issues. Respondents emphasized maintenance of the existing transportation system and the diversification of transportation options. Finally, Phase 3 collected feedback on the final draft of the TO 2040 plan before its submission for adoption.
**In- Person Engagement**

The goal of in-person engagement for the update of the Coordinated Plan was to reach older adults and individuals with disabilities where they normally spend time, as opposed to holding centralized meetings for them to attend at unfamiliar locations. MARC staff engaged with these populations on four different occasions, reaching at least 60 participants.

Participants at these events shared their thoughts with MARC staff in one-on-one conversations and through completed surveys. Conversations centered on many issues, such as the costs of transportation, and difficulty reaching desired locations, interpreting schedules and services, and booking rides.

**User Survey**

A fifteen-question survey was created and distributed 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 towards their service. The survey was distributed online as well as in a paper version.

**Location and Demographics**

Two-hundred and seventy-four (274) surveys were completed with substantial representation from respondents in Kansas City, Missouri; Roeland Park; Independence; and Lee’s Summit.

Of the 274 respondents in this survey, 50 identified as 65 years or older and 77 identified as having a disability. The survey did not provide a formal definition or threshold for having a disability, and severity of disability was not assessed. This combined group of 127 respondents comprised a post-hoc group whose responses to the rest of the survey were measured in relation to the remaining 147 respondents. These groups are referred to as the “in-group” and “out-group,” respectively, for the remainder of this analysis.
Income Disparities
In-group participants reported lower incomes more frequently than out-group participants, with over 55% (n=89) of in-group participants reporting an annual household income of less than $25,000.

ADA Awareness
In-group participants were far more likely to report that they were unaware of their eligibility for ADA programs than definitive knowledge one way or another. Out-group participants were typically aware that they were not eligible for ADA programs, and exhibited a lower degree of uncertainty.

High Quality Service Agreement
Participants were provided with a list of nine statements that could describe an ideal transportation network, and were asked to provide their level of agreement with each statement on a four-point scale (Strongly Agree to Strongly Disagree).

In-group participants were roughly twice as likely to “Strongly Disagree” with “high-quality service statements” as out-group participants.
Mode Usage

Participants were asked to identify how frequently they used nine transportation mode categories: bus/streetcar, paratransit, volunteer services, personal vehicles, taxis, TNCs (i.e. Uber/Lyft), private van services, walking/rolling and bicycling.

For both in-group and out-group participants, only two modes were represented substantially as being used every day: personal vehicles and walking/rolling. In-group participants reported more-frequent usage (at least once a week and at least once a month) of bus/streetcar and, perhaps unsurprisingly, paratransit than out-group participants. In-group participants were more than three times as likely to report not using a personal vehicle at all compared to the out-group. Neither group made substantial, frequent usage of taxis, TNCs, bicycling or private van services.

<table>
<thead>
<tr>
<th>Mode</th>
<th>At Least Once a Month</th>
<th>At Least Once a Week</th>
<th>Every Day</th>
<th>Every Now and Then</th>
<th>Not at All</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In</td>
<td>Out</td>
<td>In</td>
<td>Out</td>
<td>In</td>
</tr>
<tr>
<td>Bus/Streetcar</td>
<td>3</td>
<td>3</td>
<td>11</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Paratransit</td>
<td>10</td>
<td>2</td>
<td>8</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Volunteer</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Personal Vehicle</td>
<td>4</td>
<td>1</td>
<td>24</td>
<td>7</td>
<td>57</td>
</tr>
<tr>
<td>Taxis</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>TNCS</td>
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<td>5</td>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Private Van</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Walking/Rolling</td>
<td>6</td>
<td>12</td>
<td>18</td>
<td>11</td>
<td>24</td>
</tr>
<tr>
<td>Biking</td>
<td>1</td>
<td>7</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
**Desired Destinations**

Participants were asked to provide three locations they would like to go, but could not because of transportation barriers. Additionally, participants were asked to provide any locations in the Kansas City region where transportation services should be expanded. These responses were compiled together to create a list of where survey respondents would like to go, but currently cannot.

**Desired Improvements**

<table>
<thead>
<tr>
<th></th>
<th>Service to more places</th>
<th>More reliable on-time performance</th>
<th>Cheaper service</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 rankings</td>
<td>75</td>
<td>53</td>
<td>18</td>
</tr>
<tr>
<td>#2 rankings</td>
<td>30</td>
<td>41</td>
<td>43</td>
</tr>
<tr>
<td>#3 rankings</td>
<td>23</td>
<td>27</td>
<td>61</td>
</tr>
</tbody>
</table>

**Frequently Cited Locations**

<table>
<thead>
<tr>
<th>Location</th>
<th>Count</th>
<th>Location</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kansas City, Missouri</td>
<td>15</td>
<td>South Kansas City, Missouri</td>
<td>5</td>
</tr>
<tr>
<td>Independence</td>
<td>13</td>
<td>Johnson County</td>
<td>4</td>
</tr>
<tr>
<td>Raymore</td>
<td>8</td>
<td>Longview Community College</td>
<td>4</td>
</tr>
<tr>
<td>Lee’s Summit</td>
<td>7</td>
<td>Blue Springs</td>
<td>3</td>
</tr>
<tr>
<td>KCI Airport</td>
<td>5</td>
<td>Lenexa</td>
<td>3</td>
</tr>
<tr>
<td>Kauffman Stadium</td>
<td>5</td>
<td>North Kansas City, Missouri</td>
<td>3</td>
</tr>
<tr>
<td>Liberty</td>
<td>5</td>
<td>Parkville</td>
<td>3</td>
</tr>
<tr>
<td>Overland Park</td>
<td>5</td>
<td>Country Club Plaza</td>
<td>3</td>
</tr>
</tbody>
</table>

**Locations with two or fewer responses:**

Bonner Springs
Edwardsville
Crown Center
Excelsior Springs
Johnson County Community College
Kansas City VA Medical Center
Lawrence, KS
North Kansas City Hospital
Overland Park Arboretum
Penn Valley
Platte City
Powell Gardens
The Legends
UMKC
Avila University
Belton
Braymer, MO
Clay County
Eastern Johnson County
Edgerton, MO
Gladstone
Grandview
Kansas City, Kansas
Kearney
KU Medical Center
Leavenworth
Leawood
Oak Grove, MO
Olathe
Paola, KS
Platte County
Pleasant Valley
Prairie Village
Smithville
Southern Johnson County
Sprint Center
St. Luke’s Hospital
Sugar Creek
The Truman Library
Union Station
Ward Parkway Shopping Center
West Johnson County
Westport
Zona Rosa
**Smartphone Ownership and Usage**

Participants were asked to report whether or not they owned a smartphone, and, if so, how frequently they used it for transportation services (transportation information, trip planning, and/or way-finding).

Older adults and individuals with disabilities were substantially more likely to report no smartphone ownership, and less frequent smartphone usage for transportation purposes. Nearly two-thirds of in-group participants reported no smartphone usage for transportation purposes at all.

**Open-Ended Responses**

Participants were offered an opportunity to provide their thoughts on how to improve transportation services in the Kansas City region in an open-ended question designed to account for any “blind spots” in the survey’s design. Responses were coded into various response categories.

---

<table>
<thead>
<tr>
<th>Improvements (Coded)</th>
<th>Count</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bus/Streetcar</td>
<td>23</td>
<td>Responses falling in this category typically spoke to a desire to be able to reach more destinations around the region, or to reach areas accessible by transit more easily/directly.</td>
</tr>
<tr>
<td>Infrastructure</td>
<td>14</td>
<td>Respondents wanted to see improvements in the built environment which would make transit and transportation services easier or more convenient to use.</td>
</tr>
<tr>
<td>Trip Types</td>
<td>12</td>
<td>Respondents want to be able to use transportation services for more than just visits to the doctor’s office.</td>
</tr>
<tr>
<td>Cost</td>
<td>9</td>
<td>Cheaper service, or variable pricing for low-income users was a concern for some users.</td>
</tr>
<tr>
<td>Commendations</td>
<td>8</td>
<td>Respondents passed along thanks and gratitude for specific drivers, services, and individuals.</td>
</tr>
<tr>
<td>Rail</td>
<td>7</td>
<td>Respondents were in favor of LRT or streetcar improvements, often region-wide.</td>
</tr>
</tbody>
</table>
Survey Summary

At first glance, some of the results of this survey appear contradictory. The in-group participants reported disproportionately low-incomes, but prioritized cheaper service behind service expansion and on-time performance, and referred to cost concerns nine times in the open-ended portion of the survey. Additionally, participants reported very low awareness of ADA eligibility, but felt that “high-quality service statements” regarding information accessibility weren’t particularly relevant to them, and didn’t report high levels of smartphone usage while many service providers are moving headlong towards that method of communication.

One participant noted “I find the transportation information available confusing as an educated adult, let alone for someone with intellectual disabilities.” In part, the discrepancies between what participants in this survey told us may be attributable to that very fact: the existing transportation network is complicated, ever-changing, and mostly invisible to people until they need to use it.

A few key takeaways emerge from the survey material, regardless.

- Providing education and up-to-date information on how to get from place to place, while not identified as a priority through this survey, may help users to better articulate their needs. It can also ensure that those who are eligible for certain subsidy programs are able to take advantage of those (e.g. ADA eligibility).
- Older adults and individuals with disabilities strongly disagree with statements characterizing an ideal service network, indicating that there is still work to be done in creating a functional network for these populations.
- Personal vehicles and walking/rolling were the most commonly used modes by a substantial margins. If these results are representative, facilitating better active transportation connections to transit and paratransit services should be considered.
- Expanding service, making infrastructure improvements, and allowing for more diverse trip purposes were the most frequently mentioned concerns in the open-ended response questions.
- Older adult and disabled participants were less likely to own a smartphone, and, for those that did, less likely to report using it for transportation purposes. As more transportation options utilize this technology, education and potentially providing other resources to these populations should accompany those developments.
Committee Engagement

Mobility Advisory Committee

The Mobility Advisory Committee (MAC) is a 21-person committee which advises the Regional Transportation Transit Coordinating Council (RTCC) on matters relating to enhanced mobility services, especially as it relates to older adults and individuals with disabilities. The twenty-one members include representatives from five main groups: transportation providers, local government authorities, underserved populations, funders, and other service providers.

MAC’s responsibilities include making recommendations for the programming of FTA Section 5310 appropriations to the RTCC. As such, their involvement in the Coordinated Planning process was seen as vital.

MAC was directly engaged in the Coordinated Planning process three times. Their input was solicited for the outreach process, data interpretation, and strategy development/prioritization.

In the December 13th, 2017 meeting, MAC members were presented with preliminary survey results, and an analysis of transportation data from around the region. They were also presented with best practices from around the country in strategy development for Coordinated Planning. Members were then asked to prioritize a list of strategies, or to propose new strategies to the group.

This ranking was significant in that it varied slightly from the direction provided by users in the public survey. In particular, MAC felt that sustaining existing services was more important than expanding services, whereas survey respondents overwhelmingly requested more geographic coverage and a general growth in connections throughout the region. Additionally, MAC ranked bridging infrastructure gaps substantially below other strategies, while survey respondents indicated both that active modes of transportation were frequently used, and that infrastructure amenities were a greatly needed improvement.

Further guidance was sought from the Regional Transit Coordinating Council.

Regional Transit Coordinating Council

The Regional Transit Coordinating Council (RTCC) is a 14-member committee whose objective is to address regional transit planning, coordination and implementation of transit priorities. Members include representatives from regional transit agencies, major community partners, state transportation departments, and the chairs of MAC.

The RTCC formally adopts the program of projects for 5310 funds recommended to it by MAC, and the two committees work closely together.

This committee was engaged in the Coordinated Planning process three times. In particular, they were asked to respond to the strategy

<table>
<thead>
<tr>
<th>Strategy (MAC Rank)</th>
<th>Rank</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sustain Existing Services</td>
<td>1</td>
<td>2.4</td>
</tr>
<tr>
<td>Mobility Management</td>
<td>2</td>
<td>2.1</td>
</tr>
<tr>
<td>Expand Services</td>
<td>3</td>
<td>2.1</td>
</tr>
<tr>
<td>Bridging Infrastructure Gaps</td>
<td>5</td>
<td>1.3</td>
</tr>
<tr>
<td>Communicate More Effectively</td>
<td>4</td>
<td>2.0</td>
</tr>
</tbody>
</table>
priorities formulated by MAC, and to rank them on their own as a committee.

These rankings varied from MAC’s in several important ways.

“Sustain existing services” was the first priority for both committees.

Relative to the other strategies, “mobility management” was seen as a higher priority by RTCC than by MAC.

“Bridging infrastructure gaps” was seen as a higher priority by RTCC than by MAC, but mainly due to the major difference in perceptions of “communicating more effectively”

The RTCC saw communications as being a substantially lower priority than MAC.

<table>
<thead>
<tr>
<th>Strategy (RTCC Rank)</th>
<th>Rank</th>
<th>Score</th>
<th>Difference from MAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sustain Existing Services</td>
<td>1</td>
<td>2.4</td>
<td>+ 0.3</td>
</tr>
<tr>
<td>Mobility Management</td>
<td>2</td>
<td>2.1</td>
<td>+ 0.3</td>
</tr>
<tr>
<td>Expand Services</td>
<td>3</td>
<td>2.1</td>
<td>- 0.2</td>
</tr>
<tr>
<td>Bridge Infrastructure Gaps</td>
<td>5</td>
<td>1.3</td>
<td>+ 0.3</td>
</tr>
<tr>
<td>Communicate More Effectively</td>
<td>4</td>
<td>2.0</td>
<td>- 0.6</td>
</tr>
</tbody>
</table>

Total Transportation Policy Committee

The Total Transportation Policy Committee is the local decision-making and policy development body related to multimodal transportation in the Kansas City region. On January 16th, 2018, MARC staff informed the group of findings from the public outreach and data analysis portions of the Coordinated Plan, as well as the discussions held at MAC and RTCC.
CHAPTER 4: NEEDS ANALYSIS

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

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

Level of Service Gaps

• Most enhanced mobility services and fixed route transit routes have gaps in service on nights and weekends.
• There are few services providing assistance beyond “curb-to-curb” pick-up and drop-off.

Gaps in Capacity

• According to service providers, funding is the primary barrier to expanding services.
• 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

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

Gaps in Information and Accessibility

• Information and education services need to be improved to ensure that users can access available capacity easily.
• 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.
• Older adult and disabled participants were less likely to own a smartphone. Those who do are not likely to use it for transportation purposes.
CHAPTER 5: STRATEGIES

Planning Context

The Mid-America Regional Council has included considerations for older adults and individuals with disabilities in its major planning documents. This section consolidates all of the recommendations, considerations, and key takeaways from those plans in one place to provide the policy background of enhanced mobility in the Kansas City region.

Four official documents produced by MARC currently contain recommendations on how to improve mobility for older adults and/or individuals with disabilities in the Kansas City region, and currently govern how MARC and its partners approach solving gaps in the transportation network for those populations:

- Transportation Outlook 2040, the region’s Metropolitan Transportation Plan
- Smart Moves 3.0, the region’s regional transit vision
- RideKC Coordination Plan
- Moving Forward: Older Adult Transportation and Mobility Action Plan

For details on specific recommendations contained in those plans, find them at www.marc.org. For the purposes of establishing the existing planning landscape within MARC for this plan, however, we have categorized each strategy from those plans into strategy categories.

Strategies for improving information availability, marketing/messaging, and regional coordination across a range of partners appeared most frequently across MARC’s planning documents. While this should not be construed as implying the relative importance of the listed strategy categories, clearly MARC has observed opportunities for improvement and formulated strategies to pursue them.

In general, the strategies at the top of the list do not deal with service delivery itself as much as they deal with improving how decisions are made about delivery of service. These strategies would (rightfully) suggest that MARC is seeking to establish a well-informed public that is empowered to utilize mobility services, and partners who closely coordinate with each other using the best available information and according to plans and standards vetted by stakeholders.

<table>
<thead>
<tr>
<th>Strategy Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve information and messaging</td>
<td>13</td>
</tr>
<tr>
<td>Facilitate coordination among partners</td>
<td>11</td>
</tr>
<tr>
<td>Implement a One-Call / One-Click Center</td>
<td>6</td>
</tr>
<tr>
<td>Develop financing options</td>
<td>5</td>
</tr>
<tr>
<td>Encourage active transportation connections (infrastructure)</td>
<td>5</td>
</tr>
<tr>
<td>Improve data supports</td>
<td>5</td>
</tr>
<tr>
<td>Regionalize services</td>
<td>5</td>
</tr>
<tr>
<td>Encourage improvements to the built environment</td>
<td>4</td>
</tr>
<tr>
<td>Support maintenance and operations of existing services</td>
<td>4</td>
</tr>
<tr>
<td>Enforce existing policies</td>
<td>3</td>
</tr>
<tr>
<td>Expand services</td>
<td>3</td>
</tr>
<tr>
<td>Allow for new services to fill gaps</td>
<td>2</td>
</tr>
<tr>
<td>Get directly involved in policy making</td>
<td>1</td>
</tr>
<tr>
<td>Integrate new considerations into existing policies</td>
<td>1</td>
</tr>
<tr>
<td>Integrate new technologies</td>
<td>1</td>
</tr>
</tbody>
</table>
**Best Practices**

Prior to the FAST Act, programming 5310 funds was relegated entirely to state-level DOTs or other state-level designated recipients, but as the FAST Act sought to enable more local control of federal transportation monies in large metropolitan areas, so too did the responsibilities associated with these grants trickle down to local designated recipients.

Unsurprisingly, the local control that came through the FAST Act enabled many different approaches, and each large metro that programs 5310 dollars approaches that process in a way that is at least slightly unique from the next. This has led to many different conclusions about how to enhance mobility for older adults and individuals with disabilities, and even more diverse strategies are developed in order to reach that goal.

As the authors of the Kansas City Metropolitan area’s Coordinated Plan and facilitator of its competitive selection process for the 5310 program of projects, it is incumbent on MARC to observe these various perspectives and approaches, and to integrate them into our own planning efforts where appropriate.

The peer regions we observed were selected on the basis of their similarity to our own region, or their reputation as leaders in special population transportation. We paid specific attention to regions with similar demographic profiles (e.g. population size) and geographic situations (e.g. bi- or tristate, non-coastal regions). Each regions’ Coordinated Plan was read and observed for best practices, particularly relating to strategies, engagement, and data.

The metropolitan areas observed were:

- Cincinnati, OH
- Milwaukee, OH
- Seattle, WA
- Atlanta, GA
- Indianapolis, IN
- Memphis, TN
- Pittsburgh, PA
- Dallas, TX

**Common Themes Across Plans**

Additionally, four major themes emerged across nearly all plans, placing an emphasis on:

- Establishing meaningful, practical partnerships and opportunities for coordination;
- Establishing a forum for regional stakeholders to talk through problems together, coordinate services with each other, and stay apprised of best practices;
- Expanding local funding sustainability to ensure stability and pursue growth; and
- Create a staffed call center to coordinate and broker between services.

These themes are, in a broad sense, all aimed at accomplishing the same goal: doing more by working together. With ever-increasing demand, and either stagnating or decreasing budgets, the general consensus among enhanced mobility planning organizations is that service providers must work together, and bring new partners to the table, in order to be successful.
2018 Coordinated Plan Recommendations

So far, this plan has established the existing conditions of the Kansas City region pertaining to demographics and travel behaviors. It has reviewed the results from public outreach efforts associated with this plan update. It has detailed needs and gaps, and provided a brief overview of how MARC and other peer regions across the country have dealt with similar needs and gaps.

Given the needs and gaps in the region, the following goals and strategies will guide improvements to the region’s public transit and enhanced mobility services. These goals and strategies were crafted with the intention of leaving the door open to innovation, and while the strategies listed here have been prioritized and approved by the Mobility Advisory Committee (MAC), Regional Transit Coordinating Council (RTCC), and the Total Transportation Policy Committee (TTPC), the list should not be seen as exhaustive. Strategies not listed here which compellingly accomplish the listed goals should be considered valid.

These strategies are to be considered global in scope, i.e. while they are most likely to be applied to the programming of FTA Section 5310 funds, they are meant to apply to enhanced mobility in the Kansas City region generally.

Finally, the following goals are presented in prioritized order, as determined by MAC and RTCC stakeholders.

1. **Goal — Maintain existing service levels for mobility service users in the region**
   - a. Ensure that existing service levels are maintained by replacing vehicles past their useful life.
   - b. Ensure that existing service levels are maintained by sustaining funding levels for subsidized fare programs
   - c. Secure sustainable funding partnerships
   Eligible Project Examples: Vehicle Replacement, subsidized program continuation

2. **Goal — Expand service levels for mobility service users in the region**
   - a. Expand service hours into nights, 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 improve cross-jurisdictional transportation
   Eligible Project Examples: Expanding hours, days, or geographic coverage; improving inter-regional travel; enhancing 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. Improve administrative efficiency through mobility
management to reduce the complexity of information being conveyed to the public

c. Publicize and market changes to existing services, service expansions, and/or the introduction of new services
d. Engage transportation-disadvantaged populations directly to improve our knowledge of what they need
e. Utilize data to make informed decisions about enhanced mobility services
f. Establish regional service standards
g. Ensure that all service providers are equipped with data tracking capabilities
h. Ensure that service providers are coordinating with MARC staff to map, analyze, and publicize service areas, trends, and network gaps.

Eligible Project Examples: 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 propagate, it will be important to consider how destinations beyond transit facilities are made accessible, 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

Eligible project examples: ADA sidewalks, curb cuts, crosswalk signals, other built environment improvements

**Scoring Criteria**

In addition to being asked to demonstrate how they are helping to accomplish the goals listed above, applicants for 5310 funds will be asked to demonstrate compliance with other MARC objectives. These objectives will take the form of scoring criteria, and regardless of which project type they are proposing to undertake, these applicants will be expected to demonstrate how they are meeting these criteria.

- Use data to demonstrate need
- Engage with service populations
- Demonstrate cost effectiveness
- Establish partnerships
- Communicate services effectively

Other expectations:

- Demonstrate technical, legal and financial capacity to perform the project fully, comply with federal regulations and provide the project match funding.
- Demonstrate a reduction in greenhouse gas and carbon-based fuel usage as a result of the project.
- Demonstrate service to Environmental Justice areas or populations.
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 percent 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.