



**DENDROS  
GROUP**

2642 University Ave W  
Saint Paul, MN 55114

# Draft Olmstead Plan Public Comment Meeting Report - Transportation/Transit

*April 7, 2026 - 12:00pm - 2:00pm*

## Meeting Summary

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The April 7, 2026, transportation and transit public comment meeting was hosted by Dendros Group virtually via Zoom. The goal of the conversation was to gather public comment on the draft Olmstead Plan transportation and transit goals, focusing on reliability, rural access, flexible funding, and accountability for people with disabilities. There were eight participants.

## Meeting Agenda

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### Facilitation Team:

- Angela Harper (Dendros Inclusion Consultant)
- James Poteet (Dendros Inclusion Consultant)

### Schedule:

- 12:00pm - 12:20pm: Welcome
- 12:20pm - 1:00pm: Presentation on Draft Olmstead Plan and Transportation/Transit Draft Goals
- 1:00pm - 1:50pm: Public Comment in Facilitated Breakout Rooms
- 1:50pm - 2:00pm: Closing, Evaluation and Further Engagement Opportunities

## Registration & Attendance

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Fourteen people registered for the meeting. Eight people attended and participated in public comment.

### The participants identified as follows:

#### Perspectives

- Five are persons with disabilities
- Two are parents/caregivers of someone with a disability
- Seven work in a disability-related field
- One is a county employee
- One is a service provider

#### MN County or Tribal Nation of Residence

- One in Anoka County
- One near Bois Forte Reservation
- One in Olmstead County
- Two in Ramsey County
- One in Renville County
- One in Roseau County
- One in Sibley County

#### Age Group

- Two 35-44
- Two 45-54
- One 55-64
- Two 65+
- One did not disclose

#### Gender

- Eight Women

#### Race and/or Ethnicity

- One Asian
- One Native American
- Six White
- One did not disclose

## Military/Armed Forces Status

- Seven are not a member of the military/armed forces
- One did not disclose

## Experience in the Following Settings

- One in classrooms only (or primarily) for people with disabilities
- Three in employment only (or primarily) for people with disabilities (for example: sub-minimum wage, sheltered workshops, 14c)
- Three in housing only (or primarily) for people with disabilities (for example: group home, long-term care facility)
- Three in day programs only for people with disabilities

## Transportation and Transit Goals Overview

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The following are the draft goals presented to the participants of this public comment meeting.

### Transportation Goal 1: Public Transit will run on time.

- Includes multiple Metropolitan Council transit services: Metro Mobility, Metro Move, Transit Link, Regular route buses, and Light rail

### Transportation Goal 2: People with disabilities will use fixed route public transit more often.

- Measurable goal: In 2026, Metro Mobility users will take at least 109,798 rides on public transit. That would be at least 3,198 more rides, or at least a 3% increase from 2025.

### Transportation Goal 3: More people with disabilities will have flexible transportation funding.

- Measurable goal: By December 31, 2027, two Greater Minnesota counties will be identified to pilot a flexible transportation account program. Starting in 2029, five more Greater Minnesota counties will be identified to pilot the program each year.

### Transportation Goal 4: People with disabilities will have better access to transit services and information.

- Training more caseworkers on transit resources

- Creating a digital statewide trip navigation platform

## Public Comment Summary

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### Overview

The following discussion questions were presented to the participants of this public comment meeting.

1. What would make these goals more effective to improve the lives of Minnesotans with disabilities?
2. What would make these goals more effective to better integrate Minnesotans with disabilities in community life?
3. What's missing from these goals?

Public commenters expressed widespread concern that the draft transit and transportation goals, while ambitious on paper, do not currently address fundamental failures in reliability, accountability, and rural access. Participants shared lived experiences of abandoning Metro Mobility due to hours-long waits, unsafe conditions, and a double standard where riders cannot be late but providers can be.

Rural participants highlighted a near-total absence of infrastructure, including no wheelchair-accessible vehicles in entire regions, unpaid “downtime” that makes service economically impossible for transportation providers, and no transportation for work or socialization.

Across all groups, commenters emphasized that “choice” is not viable without actual, affordable options, and they voiced deep skepticism about follow-through, asking explicitly who will be held accountable and noting decades of feeling tokenized. The single most consistent theme was that without adequate, flexible funding and fundamental changes to reimbursement models the stated goals will not translate into improved lives.

## Findings by Goal

### **Transportation Goal 1: Public transit will run on time.**

The current system's lack of accountability and asymmetric expectations (rider punctuality vs. provider lateness) directly undermines the stated goal and indicates a breakdown in trust and reliability.

A participant shared a lived experience of waiting over an hour for a ride home from an appointment while their child experienced pain. When the ride finally came, the pain had triggered a seizure in the child. The participant stated they stopped using Metro Mobility because "it's nice on paper... but there's no accountability to it from my end." Another participant noted a double standard: "We cannot be late, but they can be late," which forces people to wait in unsafe conditions.

Uniform time standards may penalize rural users who require longer travel distances for essential care.

A participant questioned the feasibility of proposed on-time windows in rural areas, noting that a two-to-three-hour drive to a hospital "would be hindered" by strict time limits. They cautioned against a "hard-nosed" statewide rule.

Poor service reliability directly suppresses ridership.

A participant noted they have stopped using Metro Mobility for years due to unreliability, opting instead to wait hours for family pickup or pay for Uber. Another participant echoed that they avoid the service because "it's nice on paper."

### **Transportation Goal 2: People with disabilities will use fixed-route public transit more often.**

No public comments addressing this goal were given.

### **Transportation Goal 3: More people with disabilities will have flexible transportation funding.**

Current reimbursement models (unpaid travel to pickup, unpaid wait time) make rural service economically impossible. A voucher system as direct, individual-controlled transportation funds could be a good model. More funds are needed.

A participant described a rural wheelchair user who could not access an 8-mile trip to a hospital because the only provider was 60 miles away and "downtime" while the patient was at the clinic was unpaid. They concluded: "If we can't find transportation... we want them to have choice... this will force [the rural wheelchair user mentioned] into an institution."

One participant suggested a voucher system: “There should be a voucher... somebody that cannot drive... would be given a certain amount per fiscal year... use that only for transportation.”

Another participant noted that while flexible funding is needed, “money, money, money” is the core missing element. A participant added that a campaign is needed “to get the buy-in from communities and leaders... to appropriate more funds.”

#### **Transportation Goal 4: People with disabilities will have better access to transit services and information.**

There is support for the digital platform and pilot programs as valuable tools.

One participant said the digital statewide trip navigation platform “excites me” and “I would love to see” it. Another participant echoed they would be “thrilled if my county was one of the ones they chose to pilot” the flexible transportation account program.

### **Additional Themes**

#### **Rural-urban disparity**

The draft goals disproportionately reflect urban assumptions and do not adequately address the near-total absence of infrastructure in rural regions. The transportation disparity in rural areas also affects veterans who have limited choice in location for their medical services.

Multiple participants emphasized that “people don’t just live in cities” and that “the largest barriers” are in rural Minnesota. One participant stated: “There is no transportation in the north. Can’t find transportation if we tried.” A participant summarized: “Transportation services/options vary widely in urban, suburban, rural, and very rural areas—and the issues... will also differ.”

A participant explained issues that veterans seeking medical services face. “My uncle is a VA veteran and he has to travel long distances for his healthcare...once they get brought to the VA, there’s only bus routes twice a day...so they’re stuck at a mall with no place to eat, no place to go... and there’s no transportation for 5 or 6 more hours.” They add, “How are we supporting people in those instances?” and “Hibbing has the only VA hospital around here... Hibbing can’t be the only VA provider.”

## **Choice and viability**

The plan references services but does not guarantee their actual existence or affordability, rendering “choice” theoretical.

A participant argued: “Choice is a missing element in our discussion but choice has to be viable. It’s great to talk about taxis and cabs, but if there are no taxis or cabs that are accessible, it’s hard to call that a choice. And the choice has to be affordable. Most folks cannot afford a \$100 ride to work every day.”

## **Accountability and tokenism**

There is skepticism about follow-through based on past experiences. Participants request explicit accountability mechanisms beyond data collection.

A participant expressed fear that “our voices are not being heard... are they just saying that they created this to check a list off?” They noted 20 years of experience where “voices really went to nothing.” Another participant asked: “Who is going to hold everything accountable?... How do we know that transportation will be reliable?”

## **Transportation as a prerequisite for work and community life**

The current goals, focused on transit performance and information, may be insufficient without addressing transportation as a basic enabler of employment and community participation.

One participant stated: “People can’t work. There is zero transportation for work, let alone socialization.” Another added: “Transportation is the cornerstone to a lot of things.”

## **Funding and driver shortages**

Performance goals cannot be met if the reimbursement structure makes service economically irrational for providers, particularly in rural areas.

Participants repeatedly identified funding as the root issue. One stated: “What’s missing? Money, money, money.” Another noted that without paid wait time and deadhead miles, “providers can’t provide if they don’t get paid for the actual time it takes.”

## **Service animals create unique barriers**

Without driver training and vehicle modifications, longer regional trips remain inaccessible for service animal users.

Participants noted that service animals create unique barriers, especially for longer regional travel. Drivers of para-transit, Uber, and Lyft are not always trained or understanding of the

needs of service animals. Additionally, certain set ups are required in the vehicles so animals and clients can travel comfortably for longer trips.

## External Models as Solutions

Successful local and out-of-state models exist, but they remain isolated. State agencies should document, evaluate, and implement these approaches.

One participant shared about Renville-Sibley County Transit Programs volunteer driver program that was run by Gary Ludwig and offered more affordable transportation options. The program has now closed, but the participant suggested that the Minnesota Department of Transportation reach out to Ludwig to learn more.

A participant shared an example of grassroots work done in Alabama to develop creative rural disability transportation solutions. A foundation worked to incentivise hospitals and other medical providers to work together to build a rural transportation workforce.

Another participant shared about a unique system spearheaded by Ely Bloomenson hospital where the local facilities have a coordinating council to support transportation and coordination between businesses and individuals. The program was stronger before Covid, but the participant wishes every city could do something like this.

A participant also advised that the Olmstead Implementation Office should look at research from University of MN study on rural transportation and healthcare.

## Participant Exit Survey

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Participants were invited to complete an exit survey. Seven out of the eight attendees responded to the survey.

### Evaluation Metric 1: This meeting was a valuable use of my time.

- Four participants strongly agree
- Two participants agree
- One participant neither agrees or disagrees

### Evaluation Metric 2: I was able to participate fully in this meeting.

- Three participants strongly agree
- Two participants agree
- One participant neither agrees or disagrees
- One participant responded "other"

### Evaluation Metric 3: What would have improved your experience today?

- Break out group was great.
- Sharing of participants contact information if they were willing!
- I wish there was more ways to participate in the conversation before the final draft- other transportation options are needed for fringe metro areas- IE Hugo, Forest Lake areas
- Closed captioning was good. Maya was great in leading me on how to expand a video of the person speaking for my lipreading word cues (thanks again, Maya!).