

News Letter

THE GOVERNOR'S PLANNING COUNCIL ON DEVELOPMENTAL DISABILITIES & THE DEVELOPMENTAL DISABILITIES PLANNING OFFICE OF THE STATE PLANNING AGENCY

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Transportation for persons with handicaps

Few issues are as important to persons with disabilities as accessible transportation services. Without adequate transportation, many capable persons may be denied employment, shopping trips, education, or social activities. The availability of transportation directly affects the quality of life and because of this, there has been a growing concern for the transportation problems of people with disabilities.

In Minnesota, the transportation-handicapped population (a term referring to elderly and handicapped who are unable to use regular transportation services) has been estimated at about 2.1 percent of the total

population, according to 1972 National Health Survey figures. This segment of the population, about 84,000 people, doesn't include persons in institutions or persons who are confined to their homes because of severe mobility problems. The bulk of the transportation-handicapped

population reside in the state's urban areas. About 70 percent of Minnesotans with limited mobility problems live in the Twin Cities, Duluth, Rochester, and St. Cloud.

The modes of transportation available to persons with handicaps are basically the same as those available to the non-handicapped. Private automobiles seem to be the most popular means of local travel according to a recent Department of Vocational Rehabilitation survey. According to the same survey, two-thirds of all disabled people use public buses. Other transportation modes used by people with disabilities were private buses, accessible vans and taxicabs.

Transportation needs of people with disabilities are many, with business and shopping trips at the top of the list. Transportation to and from work is a pressing need as are trips for medical care, recreation and travel to and from school.

Funding transportation for people with disabilities in Minnesota is accomplished primarily through federal and state governments.

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FEATURED IN THIS ISSUE ARE ARTICLES ON TRANSPORTATION OF PERSONS WITH HANDICAPS:

- An overview of special transportation
- Special transportation efforts in Duluth
- Transporting students to Portland School
- Transit alternatives in Willmar
- Special driver's training
- Metro Mobility (including Project Mobility)
- Amtrak and the airways
- Bus training for persons with mental retardation

Overview from p. 1

The provisions of services is handled more directly by regional and local communities and private providers.

Federal concern for transportation for the elderly and handicapped goes back to 1964 - the Urban Mass Transportation Act (UMAT). Under section 1612(a) the act declared that it is the national policy that elderly and handicapped persons have the same right as others to use mass transportation. It also stated that special efforts were to be made in the planning and design of mass transportation to ensure accessibility to elderly and handicapped persons.

UMTA section 1604 stated furthermore that nothing in the transportation section of the United States Code required charging fares to elderly and handicapped persons and that recipients of mass transportation assistance could not charge disabled or elderly passengers more than one-half of the fare applicable to other persons during non-peak hours.

Under the UMTA 16(b) (2) program, capital assistance grants were provided to private, non-profit corporations and organizations for the purchase of equipment, buses, other vehicles and transportation-related facilities to serve handicapped and elderly persons.

In addition to 16(b) (2), there are several other basic programs administered by UMTA.

The Planning Assistance Program (Section 8) provides 80 percent matching funds to state and local public agencies for planning, engineering, design, and evaluation of urban mass transit programs.

The Capital Assistance Program (Section 3) funds 80 percent of the cost of capital acquisitions, including buses, rail cars, and facilities. The Operating and Construction Assistance Program

(Section 5) provides matching funds, based on population density, to assist in operating costs. Another basic MnDOT program is the Non-Urbanized Area Transit Assistance Program, which provides assistance for towns, cities, and rural places with populations of less than 50,000.

In 1973, the Federal-Aid Highway Act made explicit that mass transit projects funded by the Highway Trust Fund should be planned and designed so that facilities and services could be used by elderly and handicapped persons. In 1974 the Act was amended to say that any project receiving federal mass transit funds *must* be made accessible to every disabled and elderly person, including persons in wheelchairs.

The Amtrak Improvement Act of 1974 provided for a national passenger rail system to supply modern, efficient, inter-city rail passenger service. Section 545 of the Act and amendments in 1976 authorized Amtrak to take all the necessary steps to insure that no passengers were denied transportation as a result of being elderly or handicapped.

Probably the most comprehensive federal legislation calling for special transportation services is Section 504 of the Rehabilitation Act of 1973 and the subsequent Department of Transportation (DOT) regulations. Section 504 states that "no otherwise qualified individual in the United States shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

The DOT regulations which implement Section 504 require that all public transit buses purchased with federal assistance after the rule goes into effect (July 15, 1979) must be wheelchair accessible. The rule requires that

half the buses used during peak hours must be wheelchair accessible and that these buses must be used before inaccessible buses during off-peak hours.

Regulations also require that all new airport terminals and train stations constructed with federal assistance must be made accessible. This accessibility extends to general passenger flow, ticketing areas, baggage check-in and retrieval areas, boarding platforms and gates, telephones, vehicular loading and parking areas, etc.

The Minnesota State Legislature, of course, passes legislation directly impacting upon the transportation needs of people with disabilities. In 1974 the legislature funded a study which lead to *Project Mobility* allowing it to begin demonstration in 1976.

During an extra session in 1979, the Legislature appropriated \$5.5 million for paratransit grant programs for the biennium; two and one half million went to Project Mobility.

The Minnesota Legislature first appropriated funds for a paratransit service demonstration grant program in 1977. The purpose of this MnDOT program is to "plan, promote, demonstrate and evaluate the effectiveness, cost and efficiency of paratransit." Paratransit includes transportation by carpool and commuter van, point deviation and route deviation services, shared-ride taxi service, dial-a-ride service and other similar services.

Since the inception of the Paratransit Grant Program, MnDOT's policy has been to promote services for the handicapped whenever possible.

The Department of Public Safety is also involved in the special transportation issues through their rules and guidelines, such

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DULUTH/SUPERIOR TO MAKE TRANSIT MORE ACCESSIBLE

THE IDEA

The metropolitan planning organization for the Duluth-Superior area - the Metropolitan Interstate Committee (MIC) - is attempting to make transportation for the mobility handicapped more accessible and efficient. MIC is a joint venture of the Arrowhead Development Commission in Minnesota and the Northwest Regional Planning Commission in Wisconsin. Transportation planning is one of several committee functions.

To deal with the complexities of planning for specialized transit services, MIC formed an advisory committee (Duluth-Superior Transportation for Handicapped and Elderly Committee) to act as a task force to help plan for specialized services in the Twin Ports metropolitan area. The committee began its task by defining important terms. "Mobility handicapped" was defined as any handicap which precludes an individual from utilizing regular route transit because of a physical or mental disability. "Specialized transportation service" is any transportation service designed to serve the mobility handicapped. In executing its task, the advisory committee was mindful of two "needs:"

1. Urban transportation plans must recognize the needs of elderly and handicapped persons - especially those in wheelchairs and those with semi-ambulatory capabilities; and
2. Transportation planning must include input from both users and providers of specialized transportation services.

THE NEED

Through two surveys taken in 1976, the advisory committee attempted to identify the demand for transportation and the major barriers to use of existing fixed route transit. User and provider responses showed that there were 13,280 disabled people in the metropolitan area. Of those, 5,312 (about 40%) were mobility handicapped; approximately one-third of their trips required either a wheelchair lift or physical assistance. Only about 292 people out of the 5,312 mobility handicapped population *could* utilize regular route buses if those buses were equipped with lifts.

In February of 1979 the Duluth Transit Authority (DTA) received 45 buses equipped with "kneeling features." This special feature allows the front corner of the bus to be lowered which eliminates the obstacle of having to negotiate a large first step from the pavement to the bus stairway. Last winter's snow and ice created mechanical problems for these buses, however, which limited the effectiveness of the "kneeling features." DTA has parts on order now which should

remedy the situation.

Survey results also indicated that there were twenty-two providers of specialized transportation in Duluth (15) and Superior (7) utilizing 182 volunteers, 13 full-time paid employees, 21 part-time paid employees, and 17 administrative persons. A total of twenty-four vans and buses were being utilized along with numerous volunteer vehicles. Approximately 7,932 individuals were being served yearly by the agencies; combined they accounted for 938 one-way trips.

Based upon the survey results, the committee suggested some policies regarding special transportation services: First, there should be a transportation system for the mobility handicapped in the area. Second, private resources should be utilized. Third, the public sector should augment private resources and insure an adequate transportation system. And finally, the efforts of all agencies and individuals involved with specialized transportation should be coordinated.

The committee developed a pro-

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ESTIMATED BENEFITS OF A COORDINATED SYSTEM

(Based upon 1976 data)

	AS IS	PROPOSED SYSTEM*	CHANGE
WEEKLY ROUND TRIPS	119,595	189,593	+ 58.5%
WEEKEND ROUND TRIPS	24,202	32,143	+ 32.8%
TOTAL ANNUAL TRIPS	143,797	221,736	+ 54.2%
MILES TRAVELED	680,160	878,720	+ 29.2%
COST	\$624,500	\$624,763	+ 2.9%
AVERAGE TRIP COST	\$ 4.34	\$ 2.89	- 33.4%

**Proposed system does not include the contracted service. It does, however, include a 50¢ one-way fare and a volunteer payment of 25¢ per mile.*

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posal for a coordinated, specialized transportation system.

THE SYSTEM

The system will be organized under a new non-profit agency directed by a policy board which consists of representatives from each participating provider agency. The board will be responsible for determining policy, operational and managerial procedures, and for executing contracts. The board will also monitor the system and seek input from governmental and citizen groups. The system will be staffed by a director, four central dispatchers, and a bookkeeper-secretary.

"The basic concept underlying the entire coordination system is that the specialized transportation functions of agencies serving the elderly and handicapped in the Twin Ports will be coordinated through one single agency covering the entire metropolitan area." (MIC, 1978)

The central dispatching function is the key to the system. Users will register either through a participating agency or through the system. Once registered, clients will be able to dial a single number and make a trip request to the central dispatcher. The dispatcher will have three levels to choose from and will match the client to the appropriate service. The first level will be volunteers driving their personal cars. This service is expected to be appropriate for approximately fifty percent of the individuals served by the system. The second level will be a van or bus leased from an agency during those times when an agency is not using it. When neither a volunteer nor an agency vehicle is available the dispatcher will arrange transpor-

— Urban special education students
use many transit modes traveling to:

Portland School

Public Law 94-142 and Minnesota Statutes 120.17 (Handicapped Children) mandate that local school districts provide instruction and services (including transportation) to all handicapped children of appropriate age. Each school district is responsible for arranging the transportation and paying for it, although they are reimbursed by state aids.

Transportation reimbursement formulas have recently been changed by state law, and how much reimbursement each district receives from the state is determined district by district.

Some districts will have total reimbursement; others may have transportation deficits which they must bear and pay for out of general funds. St. Paul Schools, for example, anticipates absorbing a deficit of about half a million dollars.

Costs for the transportation of handicapped students are of great concern to districts which have deficits not reimbursable.

In school year 1977-78, pupil transportation costs authorized by the state for all students totaled nearly \$88 million. Of this total \$7,172,035 was for handicapped students - about 8% of the total.

The \$88 million total cost covered rides for over 800,000 eligible students, about 16,500 of which were categorized as handicapped. The handicapped category approximates two percent of the total eligible students.

Laws protecting the rights of students with disabilities have opened the doors for parents and their children to explore and negotiate the different programs and services the district has to offer. There is a great variety in the nature and scope of special transportation depending upon the school district and its programs offered. Here is an illustration of an urban

Portland to p. 6



Ronald Stearns



Dreux Mavison

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Willmar illustrates special efforts

Willmar, Minnesota, located on U.S. 12 in Kandiyohi County, has a population of some 18,000 people. It provides many services not only to its residents, but to surrounding counties - especially to the west - even into the Dakotas. In this community setting what are the transit alternatives to persons who have transportation handicaps?



WILLMAR TRANSIT SYSTEM (City buses)

Mr. Richard Hamilton is the Director of Community Development for Willmar and this includes the Transit system. Currently the city's three buses, one of which has a wheelchair lift, serves 18 routes. These buses run from 6:00 A.M. to 9:00 A.M. and from 3:15 P.M. to 5:45 P.M. Monday through Friday. On Monday, Wednesday and Friday there is additional service between 9:00 A.M. and 5:30 P.M. for the most demanded route. There is no week-end service.

Hamilton said that many passengers who have mental retardation use the buses daily; some have physical limitations. Special arrangements can be and are made. For example, the driver will divert his regular route to ac-

commodate a rider who cannot easily walk to the bus stop.

Hamilton emphasized that the Willmar Transit System has a Transportation Board with members representing needs of persons with disabilities.

WEST CENTRAL INDUSTRIES (Vocational Rehabilitation Center)

This vocational rehabilitation center currently provides services to about 115 persons from Willmar and surrounding communities. Gary Nielson, Director of the Center (also member of the Willmar Transit Board), explains that of the 115 in their program, 14 use the Willmar city busses; nearly 50 walk right across the street from the Kindelhope residence; another 30 come in daily via accessible and other vans operated by residential facilities and the state hospital. The remaining 20 work out a variety of transportation patterns including car-pooling, family rides and driving themselves.

Nielson pointed out that the Center has an accessible van, recently acquired by private funding, for emergency or temporary use. He stressed that the Willmar Transit system has been a great asset; a very dependable component for successful vocational programming.

TO AND FROM KINDLEHOPE

Kindelhope is a Willmar based residence housing 64 persons with mental retardation. The home is located about one mile from downtown Willmar but near a shopping center.

Kindelhope stresses "community utilization" according to

Betty Ruud, staff person. Each resident is encouraged and trained to be as independent as possible. This includes walking, biking, and using public and other outside transportation.

Of the 64 residents, 46 walk right across the street to West Central Industries where they work or receive vocational services on a daily basis. Another ten residents use the Willmar Transit buses to go to their jobs. If the job requires them to leave or return outside of bus service hours, they walk, bike or get a ride in some fashion.

The remaining eight residents use the Kindelhope van to go to the Atwater DAC.

Part of the independent transportation process is the "graduated buddy" system which seeks to combine the best of two or more persons' abilities. In other words, if one buddy knows how to call the police (if necessary) and the other knows the bus route, that's a good combination.

The buddy system helps alleviate transportation handicaps in Willmar and is less expensive. Taxicabs, after all, can be costly unless a group pools its financial resources. Transportation resourcefulness seems to be the system for residents at Willmar's Kindelhope.

WILLMAR SCHOOLS

Schools in the Willmar area provide special education services as a "Coop" involving 15 districts serving a 30-40 mile radius. Bill Nayloor, Special Education Director, identified different methods of transporting special education students.

district's transportation services.

PORTLAND SECONDARY SCHOOL, located on 7201 4th Avenue South in Richfield, serves 179 students with physical and mental disabilities and illustrates well the kind of extensive special transportation provided by an *urban* based special education program.*

This school is part of Suburban/Hennepin district #287. Portland's students come in from 13 districts in Suburban Hennepin County, from south Minneapolis schools, from Scott and Carver County districts, from Anoka and from Iowa and California. The students are of high-school age. Many have transportation handicaps and either use wheelchairs or other mobility aids.

The person responsible for making transportation arrangements for students attending Portland is usually the Special Education Director in the student's home district. Richard Kaufman, Special Education Director for Richfield Schools is such a person.

Kaufman works closely with Mr. Walt Zobel, administrative assistant at Portland School. Kaufman uses whatever transportation vehicles are available to him, whether they be owned and operated by the school district, public transit or a private company. Sometimes parents are contracted with if that is the best way.

If the student is far away from the program, then long-distance transportation is arranged. For example, one student attending Portland comes in from Anoka via taxicab contracted for by the Anoka School District.

Zobel identified seven different transportation modes currently bringing students to Portland each day:

- School district's regular inaccessible buses;
- School district's buses with hydraulic lift and an aid.
- Accessible school vans;
- Taxicabs;
- Privately owned and operated vans (accessible or not) and station wagons, passenger cars, etc.;
- MTC regular public transportation (the city bus);
- Independent student transport either by bicycle, foot or family car driven by parent or other.

Zobel said there has been only one student in the school's history who was a licensed driver and drove to school. This student is currently enrolled.

The scene at the school's entrance is like the scene at any public school where many buses arrive rapid fire each morning at about the same time. Around 8:00 A.M. the vehicles start rolling in; the students emerge from the vehicles, some with the help of aids and drivers or fellow students, some with reluctance and thus starts another day of school.

At 3:00 P.M. the buses are called out via the loud speaker; the vehicles are lining up and the process is reversed. That's the way it is with special transportation systems serving Portland School in an urban setting.

*See page 5 "Willmar" for discussion of a special education coop's transportation system in a rural oriented setting.

One such method used by a five school district cluster (Hector, Bird Island, Olivia, Danube and Renville - all located in a row from east to west on highway 212) uses two school buses in an efficient manner.

One bus originates in Hector, proceeds through Bird Island and meets up with the other bus in Olivia which started in Renville and came through Danube. Each bus then exchanges students, turns around and takes those students to classes in either of the two school locations from whence the bus came. The process, of course, is reversed in the P.M.

Another special transportation arrangement is the busing of profoundly retarded residents of Willmar State Hospital on state vehicles to several locations within the Willmar schools.

Other alternatives include use of the district's accessible van, contracting with a private bus company in Willmar and making arrangements with parents.

Naylor cited a case where a student with severe/multiple handicapping conditions has been transported as far away as St. Cloud (180 miles roundtrip) and a case in another district within the coop where \$10,000 was spent in one year to transport a student to his program.

Naylor concluded that costs are a big concern to the school districts and that the state Department of Education's transportation reimbursement formula may present a serious squeeze on some local districts. "Hopefully," said Naylor, "this situation will be carefully reviewed by the next legislature to alleviate the local district's burden."

Willmar's transportation services to persons with disabilities are growing and changing all the

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Evaluation and training available for persons with driving handicaps

Self-driven vehicles probably provide the greatest amount of independence for persons with disabilities, yet relatively few take advantage of available technology. Others are restricted because of continuing difficulties of being able to drive any car. Whatever the case may be, the first step toward independent driving often begins with an evaluation of driving potential. This involves assessment of motor coordination and other physical capacities for operating the vehicle.

There seems to be a growing interest in providing such evaluation and subsequent training for people with functional disabilities. This interest is developing in part because of Title VII, "Comprehensive Services for Independent Living", (P.L. 95-602) which encourages the provision of service and training other than purely vocational training. Special driver training programs come under these provisions and technology makes it possible for people to compensate for their driving limitations with special devices.

Public schools are starting to take more people with developmental disabilities into their driver education courses and some private driving schools are offering limited special training.

According to John Schatzlein, Community Resources Coordinator for the University's rehabilitation program,* driving evaluations are best provided by rehabilitation facilities. Schatzlein reasons that staff at such facilities have an extensive understanding of the nature of physical limitations. Not only can they provide the evaluation - they

can make adaptive driver equipment prescriptions and provide some driver's training.

Schatzlein says that a large percentage of physically disabled individuals could be driving a vehicle on their own with the technology that is currently available.

"Driver evaluations do not end with a yes or no decision," Schatzlein said. "They should find out why the person is unable to drive and what can be done to release the ability."

Schatzlein says that evaluations have to look beyond the stereotype, and that "everyone should be entitled to an evaluation on the basis of functional ability, not diagnosis."

Despite the availability of driving evaluations and special devices there are persistent driving related problems faced by persons with disabilities. Cost is a prohibitive factor to many in-

terested disabled drivers. (There is not sufficient volume in the special driving devices market to reduce cost of production.) Initial investment in a vehicle and the subsequent operating costs are too high for most people and would be too expensive for special funding programs to provide for everyone. Yet funds for self-driven transportation are available through vocational rehabilitation programs or from insurance companies so cost shouldn't be an obstacle in every case.

Insurance coverage may be elusive. Automobile insurance for

people with disabilities is sometimes not available or available only at inflated rates. Minnesota law prohibits insurance companies from discriminating or raising insurance rates solely on the basis of a disability. If anyone encounters problems along these lines, they should contact the Insurance Commissioner of the State of Minnesota.

Another issue is equipment availability. Equipment does exist to allow most functionally disabled people to drive but in many cases it isn't used because of cost, lack of information or lack of proper training. In most cases, technology and equipment do not present as much of a problem as do attitudes and much of the negative attitude relates to safety.

Safety depends, for the most part, on a correct evaluation of a person's abilities and appropriate training. The problem in evaluation becomes one of combining a measure of independence with a measure of safety. There are no

"...everyone should be entitled to an evaluation on the basis of functional ability, not diagnosis."

established guidelines for decisions in the area because there is a dearth of research.

Safety, of course, is the primary concern but every individual is unique and there are many factors to consider in assessing a person's ability to be both independent and safe. This issue highlights the need for people to know where to go for a good evaluation and assessment of ability.

Most notable of the driver evaluation and training programs

*The program is part of the Physical Medicine and Rehabilitation Department at the University Hospitals.

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Metro Mobility expands its dimensions to meet demands for door-to-door rides

Metro Mobility, the Twin Cities metropolitan public transit service for eligible persons with transportation handicaps, provided 24,000 rides this past October. In its red, white and blue brochure entitled "Declaration of Independence," Metro Mobility explains:

"Now, through funds provided by the Minnesota Department of Transportation, door-to-door transportation service is available throughout the Twin Cities by way of specially designed vehicles equipped with lifts. Also, a unique shared-ride taxi service is operating in Minneapolis on an experimental basis. This is Metro Mobility, a new concept in transit service. But most important, it's a new independence for handicapped people."

Metro Mobility is coordinated by three agencies: The Metropolitan Transit Commission (MTC), the Minnesota Department of Transportation (MnDOT), and the Metropolitan Council.

MTC administers, manages, and delivers the transportation services which are used not only by those with handicaps but the elderly as well. MTC, in simple terms is the "bus" company.

MnDOT, the state agency charged with overseeing state transportation systems, assists in writing the operational plan, provides funding for parts of Metro Mobility and plays a coordinative and policy-making role by being represented on the "Policy Management Board" (PMB). The PMB consists of five representatives - one each from MTC, MnDOT, Metro Council, the elderly and the handicapped.

The Metropolitan Council plays a planning role and like MTC and MnDOT is represented on the PMB for policy making purposes.

Providing advice and comment to Metro Mobility is the MTC Elderly/Handicapped (E/H) Committee made up of twenty members appointed by MTC commissioners.

New U.S. DOT regulations coming out provide for changes in the arrangements on how this committee will operate.

METRO MOBILITY HISTORY

It is not easy to pinpoint the very beginning for Metro Mobility. Federal Urban Mass Transit Administration (UMTA) regulations back in 1969 required MTC to make special efforts to provide public transportation to persons with disabilities. At first, according to local consumer groups, very little was done within MTC other than to discuss the issue.

The Rehabilitation Act of 1973 with its well known Section 504 pushed further for accessible public transit.

In 1974, an MTC/Disabled Committee was formed and likely it was here that the idea of Project Mobility, forerunner of Metro Mobility, was first considered.

In the same year the state legislature permitted MTC to levy a mill tax increase upon "transit taxing districts" in the Metro area. Such a property tax would raise funds for development of a special transit system.

In 1976 funds were appropriated by the state legislature to the MnDOT to be funneled to MTC for demonstration of Project Mobility.

Along with these events of the mid-seventies, a major issue arose between MTC and the United Handicapped Federation (UHF) over the

planned MTC purchase of 338 inaccessible (inaccessibility) vehicles. This dispute became a major issue (then Executive Director of MTC). With the UHF, MTC retained to handle the lawsuit by UHF.

The suit wanted to halt MTC from purchasing more vehicles. The bigger issue of requiring MTC to provide accessible transportation to the handicapped.

In the spring of 1976, U.S. District Court ruled that MTC could legally complete the purchase of the vehicles. That ruling to the U.S. 8th Circuit Court of Appeals in early spring of 1977 ruled that the suit was not airing in court.

This airing never occurred. MTC's lawsuit was dismissed. On December 21, 1977 passed a resolution that transportation would be provided in 100% of cases using percentage guidelines:

50% by February 1, 1979

75% by February 1, 1980 and

100% by February 1, 1981.

(Project Mobility actually began serving the Twin Cities on a limited, demonstration basis in 1978.)

In March of 1978 a Joint Task Force on the Elderly and Handicapped was established by the Metropolitan Council. Its function was to prepare the Metropolitan Council's policy which was done and adopted by the Council.

In the meantime, Project Mobility was operating on a point where by October 1978 it was operating on a monthly basis.

On July 14, 1979 Project Mobility was no longer just Project Mobility - it was now Metro Mobility. Suburban Transportation Services, Inc. service. Shared-ride which started August 1, 1979.

FUNDING

Monies for Metro Mobility come from



Project Mobility bus making A.M. run

visible AMC (American Motors Corporation) UHF versus Andre (Andre was in Mahlum, St. Paul Attorney, was

as the vehicles and to address by federal law and provide accessi-

Judge Donald Alsop (St. Paul) ruled AMC bus purchase. UHF appealed of Appeals in St. Louis. The 8th Cir- Alsop must reopen the case for full

ttled out of the courtroom and on lution providing that accessible e Metropolitan area with the follow-

ices on November 22, 1976 in Min- basis. This was prior to the MTC

on Transportation for the Elderly MTC and the Metropolitan Council. politan plan for special transporta- the Metro Council in 1979.

new in scope in Minneapolis to the are serving about 6,000 riders per

gan operations in St. Paul. It was no Metro Mobility - with three parts: oject Mobility and Shared-Ride taxi il 2, 1979, is limited to Minneapolis.

three primary sources: Federal ap-



Kurt Strom, St. Paul, gets a lift

propriations through UMTA, State appropriations through MnDOT, and MTC monies acquired from fares, property taxes and bonds.

For example, MTC pays 80% of the cost of Project Mobility vehicles and other capital equipment with UMTA funds and the remaining 20% with its own money.

METRO MOBILITY'S DAY TO DAY OPERATIONS

Metro Mobility's three components are coordinated in the Metro Mobility Transportation Control Center on 1276 University Avenue, St. Paul. (The person who has administrative and management responsibility for Metro Mobility is Judy Hollander, Director of MTC's Special Services Unit.)

The Control Center has two major functions. First is to process applications for certification of eligible riders. Secondly, the center takes the calls and schedules pick-ups. There is no limitation (within reason) as to the purpose for the transportation service, i.e., going to work, shopping, recreation, etc.

Project Mobility in 1976 served only parts of Minneapolis. As of July 14, 1979, it began serving all of St. Paul and as of August 4 all of Minneapolis and some of its first ring suburbs - Golden Valley and St. Louis Park. Twenty-two Project Mobility vehicles are operating at any given time. There are plans now to add a shuttle run between downtown Minneapolis and St. Paul at two-hour intervals.

Operating hours are from 6 A.M. to 1 A.M. on weekdays and from 8 A.M. to 1 A.M. on weekends and holidays.

The vehicles have from three to four tie-down places for those in wheelchairs and from four to six seats for other riders. There are two door openings: one near the driver for walk-on riders and one toward the back for the hydraulic lift. Operators not only drive the vehicle but assist riders as needed.

SHARED-RIDE TAXI

MnDOT has yearly contracts with three Minneapolis based taxi firms to operate services on a "shared-ride" arrangement for certified riders who are able to get in and out of the cab without assistance. Riders call in to the Control Center and their request is routed to the Shared-Ride dispatcher who packages these tours (schedules these rides by pick-up and drop-off points) and sends the information to the taxi dispatchers. Taxicabs sent out on shared-ride runs do not carry other passengers on such runs.

Purpose of the shared-ride service is to transport certified Metro Mobility customers as an alternative to Project Mobility during rush hours.

Another reason for shared-ride contracts is to demonstrate cost effectiveness. For example, in August of 1979 cost per passenger of Project Mobility trips averaged \$13.05 compared with \$4.07 for shared-ride. Both average costs included administrative and operational overhead costs.

As with project mobility, the fare for taxi rides is 35¢ with a travel limit of six miles. Taxi companies under contract bill MnDOT for fares on the basis of the metered rate per trip.

SUBURBAN DEMONSTRATION CONTRACTS

MnDOT has contracted with two private non-profit transportation providers to serve riders in some suburbs adjacent to Minneapolis. Housed in Golden Valley, CENTS (Center for Education for Non-Traditional Students) and the Handicapped and Senior Citizens Transportation Service (Housed

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time and as the information shows there are many modes and strategies used to make it as accessible as possible. In viewing the Willmar community one major problem (besides the cost) stands out. That is the relative unavailability of public transportation in a rural-oriented setting.

**Federal and State laws and regulations require Individualized Education Plans (IEP's) which in turn give students a right to choose from different special education alternatives, thus opening the door for greater travel - also encouraging clusters of schools to better coordinate their transportation strategies.*

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in the Twin Cities are the Driver Evaluation and Training Program at the University of Minnesota Hospitals, the Driver Education program at Courage Center and Sister Kenny Institute's special driver training program.

For more information on driver evaluations and special driver training programs, contact:

Jim Pommerenke
Driver Evaluation & Training
Program
Dept. of Physical Medicine
& Rehabilitation
University of Minnesota
Hospitals
Minneapolis, MN
telephone 612/373-9013

or

Dave Olson
Driver Education
Courage Center
3915 Golden Valley Road
Golden Valley, MN 55422
telephone 612/588-0811

or

Bruce Archambault
Driver Education & Training
Sister Kenny Institute
Chicago and 27th St.
Minneapolis, MN
telephone 612/874-4164

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in Burnsville) have the contracts. The former will serve all of New Hope and parts of Crystal, Golden Valley and Robbinsdale. The latter will serve all of Bloomington and Richfield.

These contracts were signed on October 1 by MnDOT. Operations started on November 1. Both contractors have staff at the Control Center who work directly with all components of Metro Mobility in order to coordinate tour packaging for suburban originated or suburban bound riders. Riders call in just as they would for Project Mobility or Shared-Ride taxi but they must stipulate that they reside in or they have a destination to one of the suburbs. Project Mobility vehicles and Suburban Mobility vans share "buffer zones" where each may travel. Transfer stations have been designated. Transfers for western suburbs served by CENTS are North Memorial Hospital in Robbinsdale and Courage Center in Golden Valley. Transfers in Bloomington and Richfield are made at Fairview Southdale Hospital and at the Veteran's Hospital in Minneapolis near Richfield. In November (first month of operations) 429 rides were provided within Bloomington and Richfield.

The fare for Suburban Mobility service is the same for all certified users - 35¢ a ride. Users call in their orders as they would for any other Metro Mobility service.

METRO MOBILITY CONTROL CENTER

- HOW IT WORKS

The Control Center is located on 1276 University Avenue in St. Paul on the corner of University and Syndicate. Mr. Dave Ferch, assistant to the acting director, is currently in charge of day to day operations there. The two chief functions performed at the Center are processing of applications to certify Metro Mobility users and to arrange the "tours" (rides) for those who call in or have standing orders. To accomplish these tasks the Center has 14 full-time employees supplemented by up to 6 other employees.

CERTIFICATION

Metro Mobility has circulated large quantities of a red, white and blue brochure entitled "Declaration of Independence" which includes the Certification Form. The prospective users complete the form and returns it to the center. Some applicants must have a physician's signature and statement verifying certain information marked on the form. Physical examinations are not required for certification.

Applications are reviewed against a set of qualifications criteria. A decision is then made as to eligibility and each certification is coded in order to identify kind of vehicles and/or special assistance the person needs. For example, a 20 series code tells that the person requires a lift to enter the vehicle. Persons coded with a 21 or 22 index are in wheelchairs. Persons coded 31 and 32 are in wheelchairs but can transfer themselves in and out of the vehicle without a lift. And so on.

Since certification began, only one or two persons out of 7400 have been determined ineligible. A denial can be appealed. At this time it takes about one month from the time the application is received to the time when the certification is granted.

SCHEDULING THE TOURS

The first thing to be done to start off the tour scheduling is for the rider

to call the Control Center by dialing (612) 644-2122. Calls must be placed at least two hours before the planned trip. Requests for pick-up before 8:00 A.M. must be called in the evening before, after 6:00 P.M.

The Information Representative (telephone operator), of which there are three at the time of this writing, will take the call and begin taking essential information or place the caller on hold.

Currently there are about 2000 calls coming in per day. That's an average of approximately 100 per hour with 400 coming in during peak hours: 6-7 P.M. and 8-11 A.M.

During peak hours a caller will likely receive a busy signal on several tries and when his call does connect he will likely be placed on hold for a period of time depending upon traffic.

There are plans to improve the handling of incoming calls. The Center hopes soon to have in-place an "automatic call distributing system." Calls will be handled quicker because of better sorting and distributing and those placed on hold will be connected on first-come, first-serve basis. Additional operators are to be on hand during peak hours.

Operators request basic information, write it on an order card, and place the card in a slot. It descends through a tube to the scheduling room downstairs.

In this room five staffers perform a number of tasks to accomplish as accurate and as efficient tour arranging as possible. Things can get to be hectic especially during peak hours.

Order cards are first sorted according to shared-ride, Project Mobility, or Suburban touring. The cards for Suburban requests are intercommmed upstairs to the Suburban dispatcher.

The Shared-ride orders, after being checked and logged by zone, are entered into a teletype machine by a keyboard operator. Orders appear on a screen for viewing and are transmitted to the three taxi company dispatchers who receive them in a computer-like printout. The taxi dispatcher radios their drivers with pick-up and delivery instructions.

Shared-ride touring arranges multiple pick-ups to economize and make service as efficient as possible.

Order cards sorted for Project Mobility vehicles go to the other side of the room and are slotted on big boards by geographical areas and vehicle numbers. The Project Mobility dispatcher in turn goes back and forth along the boards to radio out the touring instructions to drivers.

When tour arrangements are completed, the sorter calls back the rider

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tation through a private-for-profit provider whose services have been contracted for.

Trips to work, school, or other regularly scheduled trips may be obtained on a subscription basis. By coordinating these trips through a central dispatcher, greater cost savings to everyone should be possible.

Both the mobility handicapped and service providers should benefit from the proposed system. Coordination will improve transportation services for the mobility handicapped. More people will be able to go more places -including those not now affiliated with any organization. Through increased utilization of existing resources provider agencies will realize economic benefits as well. The central dispatching concept will help insure maximum use of vehicles and will eliminate duplication of services.

The system is expected to become operational during the first quarter of 1980. Technical and financial assistance from the Duluth Transit Authority and the City of Superior will supplement the program which will be comparable to the St. Paul-Minneapolis area "Metro Mobility" service system. Participation in the system is on a volunteer basis. Eight to ten area agencies have indicated their willingness to participate.

By implementing the proposed plan for system coordination, the transit systems of Superior and Duluth hope to be better able to provide a more expanded and efficient transportation network for the mobility handicapped population of the Twin Ports metropolitan area.



Phones, clocks, maps and big boards decorate Control Center

The Amtrak Fleet

Amtrak, (National Rail Passenger Corporation) established by an Act of Congress, began service in 1971 and is the intercity passenger train system for the nation. When Amtrak began service, their trains were a collection of antiquated passenger cars certainly not designed for the person with a transportation handicap. Few of their stations were accessible. Since 1971, major changes have occurred.

These changes are summarized in "A Guide to Amtrak Services for Elderly and Handicapped Travelers," published in August of 1979. This Guide reveals the following kind of information about Amtrak services:

1. It has 524 stations nationwide, sixty of which have accessible features. Wheelchairs are available at nearly 400 stations.
2. There are five different types of trains:
 - Amfleet, all coach service for short, medium and a few long-distance routes.
 - Rohr Turboliners, serving New York state and Canada.
 - Metroliners, high speed service between Washington, D.C. and New York City.
 - Superliners (double-deckers) long distance, built by Pullman Standard, for western routes.
 - Some 25-30 year-old conventional cars, inherited by Amtrak from the railroads, are still used.
3. The Superliner is the train especially designed for the transportation handicapped, (more about the

Superliner below)

4. Amfleet, Turboliners and Metroliners all have public address systems for announcing stops and other vital information.
5. Amtrak cannot be responsible for passengers who cannot occupy a train seat, feed themselves, and take care of other personal needs. Travel attendants are recommended and Amtrak can arrange for a professional attendant, but the cost is born by the passenger.
6. Discounts are available to attendants for a passenger whose disability requires one. To purchase a discounted ticket the traveler must present an ID card verifying the necessity. Such cards are available from organizations like the American Foundation for the Blind and some local and state agencies.
7. Amtrak has a teletype reservations system for persons with deafness or hard of hearing. The number is 1-800-523-6590 (toll-free).

8. Seeing eye and hearing ear dogs are permitted to ride in passenger cars at no extra charge.

9. Although most short-distance Amfleet trains are unreserved seats, handicapped travelers may call to reserve seats. Otherwise, seating is first come, first served.

10. To find out what special services Amtrak offers, Minnesota travelers may call toll-free 1-800-621-0317. The operator will either answer questions directly or refer to their special service desk.

Let us turn our attention now to Amtrak trains serving Minnesota.

The Amtrak depot is located at 730 Transfer Road in the Midway Amtrak to p. 15



Swivel type chair



Superliner coach attendant waits for passengers

Air travel can be complex

Air travel presents unique problems to travelers with disabilities. There is no one company or organization which provides all facilities and services for air travelers. The airport terminals, the airlines and the service providers are all separate and most are private companies. Insuring and coordinating accessibility in air travel is a complicated matter.

Accessibility of air transportation depends on both the accessibility of the airport terminals and of the aircraft and services of the air carriers. Accessible terminals are required under Section 504 of the Rehabilitation Act of 1973 and the U.S. Department of Transportation (DOT) has certain standards of accessibility. These regulations generally follow the American National Standards Institute (ANSI) and apply to parking areas, passenger flow inside and outside the terminal, ticket areas, baggage check-in and retrieval areas, boarding ramps, telephones, restrooms, waiting areas and public services. Compliance with these standards is watched closely by the Architectural Barriers and Transportation Compliance Board (ATBCB).

The Metropolitan Airports Commission (MAC) is the agency responsible for the airport grounds and buildings in the Twin Cities area. According to a brochure put out by the U.S. DOT called "Access Travel: Airports," the Minneapolis-St. Paul International Airport complies with the recommendations set up by the ATBCB, except for providing raised letter instructions on telephones, elevators, and vending machines.

According to the Minneapolis-St. Paul International's pamphlet, "Airport Guide for the Handicapped and Elderly," the airport

provides special parking facilities, rampways, elevators, wheelchair, and electric cart services, accessible restrooms and telephones, travelers aid, first aid services, accessible restaurants and other services, including hand operated rental cars and TTY communications.

Airlines are also required to make special efforts to accommodate people with disabilities. The Federal Aviation Administration (FAA) of the U.S. DOT has issued regulations designed to ensure that as many physically handicapped people as possible can enjoy the benefits of commercial air travel. Under these regulations, each airline is required to establish procedures for carrying passengers needing assistance. To assist air carriers in developing appropriate procedures, the FAA has issued advisory circulars containing agency research and recommendations.

According to Brent Baskfield of Northwest Airlines, most airlines comply with the FAA recommendations and some airlines are providing services beyond what the recommendations require. A few airlines have sensitivity training sessions for cabin attendants to help them to serve people with handicaps better. Attendants learn about passenger mobility problems, for example, by experiencing blindfolds and

wheelchairs.

Baskfield said that some airlines, although not all, will transport white canes, crutches, and orthopedic devices in the passenger cabin instead of having these devices checked on as baggage.

Airlines also offer cabin attendants trained in sign language. These attendants are available for special charters or with advance notice. Some airlines have stretcher capabilities on their regularly scheduled flights, and most airlines can make special arrangements for almost any situation when given advance notice.

Both airport and airline personnel are better able to serve travelers with handicaps if reservations are made well in advance and the special needs identified.

For people with disabilities who use commercial airlines or are interested in the issue of accessible air transportation, there are several free publications available. "Access Travel: Airports" is put out by the ATBCB, 330 C Street SW, Washington, D.C. 20201 and contains a listing of 282 airports throughout the world and their special services and facilities. Also, the FAA has an advisory circular called "Air Transportation of Handicapped Persons" and it is available from the Department of Transportation Distribution Unit, TD-443.1 Washington, D.C. 20590. This circular contains research and information on accessibility in airports and on airlines.



Jet taxiing at Mpls.-St. Paul International Airport

TRAVEL TRAINING FOR SPECIAL EDUCATION STUDENTS

(The following article is reprinted in part from *Teaching Exceptional Children*, Vol. 8, No. 4, Summer 1977)

Michael C. Hughes

Ruth B. Smith

Floyd Benitz

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For exceptional children, the inability to travel on their own may increase isolation from community life, prolong dependency, and compound their disability. The burden of transporting them falls heavily on parents and school.

Travel training by volunteers—within the context of special education programs for children with a variety of special needs—provide a solution to this problem. Financial savings result when some of the expense of special transportation is avoided.

The Lesley College Schools for Children are located in Cambridge, Massachusetts, within the greater Boston metropolitan area. Owned and operated by Lesley College, they serve as laboratory schools for students in the field of special education.

Children usually enter the Lesley Schools after failure in the regular classroom. Multiple disabilities are frequent and may include academic, social, emotional, intellectual, and some physical problems as well as maturational delays and family difficulties. The goal of the Lesley Schools is to prepare the child for a successful return to the local school and, when possible, regular classes.

The cost to the Commonwealth for transporting an individual child to and from the Lesley Schools by private taxicab is ap-

TRAVEL TRAINING PROGRAM

The director of the Lesley Schools observed several years ago that a number of children using the taxi service were perfectly able to use public transportation and, in some instances, to walk to school. Discussions with the psychiatric consultant and with others indicated that such private transportation for some children limits opportunities for exploration and travel on their own and prolongs dependency on home and school.

The travel training program was initiated during the 1970-71 school year and has become a regular part of the school curriculum.

Children are selected for travel training at the beginning of each school year by the training director in consultation with teachers and others as necessary. Criteria for selection include chronological age; degree of social, emotional, and cognitive maturity; understanding and cooperation of parents and teachers; and especially the child's clear and expressed desire to participate in the program. Additional factors are the distance to be traveled and the accessibility and quality of public transportation near the child's home. The training director sends a letter to the children's parents to inform them of the program, ask for their questions, and request consent for their child to participate.

Travel trainers are recruited from Lesley College undergraduate students enrolled in courses in child development and the education of exceptional children.

Trainers are expected to meet with their child one day each week, at the conclusion of the child's school day, for about one semester, or longer if necessary. The initial sessions are spent traveling with the child from school to home using public transportation. Additional trips are planned to other sites in the area.

PREPARATIONS FOR TRAVEL

1. Get to know the child.
2. Determine child's knowledge of using the bus to and from the residence.
3. Explain the training plan and obtain the child's reaction.
4. Arrange weekly training sessions.
5. Assess student's change-making skill.
6. Chart a travel route.

TRAVELING TOGETHER

1. Plan a first travel day with student and teacher.
2. Begin traveling and actively explain steps, point out landmarks and procedures.
3. Review trips with trainee and assess their learning.
4. Have student implement your demonstrated initiatives.
5. Monitor the student's independent use of the public transportation.

INDEPENDENT TRAVEL

1. Do not allow the child to begin traveling alone until parent, child, trainer, and supervisor all agree that he or she is ready.

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Travel Training from p. 14

2. Following the child's first trip home alone, call the child's home to see that he or she arrived safely and to share the success with the child and parents.
3. Encourage the child to travel alone on days other than travel training times. Rejoin the child for additional travel together if necessary.
4. Spend several sessions traveling with the child from home to school in the morning. Keep in mind that traveling in one

direction does not guarantee learning how to go round trip.

5. Review and generalize the learning process by having the child select a destination other than home and go through all the steps from charting the route to accomplishing the trip together.

HOME FREE

Through the 1974-75 school year, 78 children had participated in the travel training program and 52 children (67%) had learned to travel to and from school independently by public transportation.

There were 165 children attending the schools; 40 of these children used public transportation, including 24 who participated and "graduated" from travel training. Children in the program ranged in age from 10 to 15 years. Most required about one semester of training, averaging 12 weekly trips with their trainer. Some required additional training to maintain their gains and continued to travel on their own each day. With experience, the rate of success in training children to travel independently continued to rise.

Amtrak from p. 12

district of St. Paul just north of University Avenue and Cleveland. The depot has three accessible parking stalls, a curb cut, accessible lavatories and an elevator to the mezzanine which houses the Amtrak offices and is an observation deck.

Two types of Amtrak trains serve Minnesota. The first is the Amfleet running round trip from St. Paul to Duluth daily. The second is the Superliner train which originates in Chicago and leaves St. Paul on Tuesday, Thursday and Sunday for Seattle.

The Amfleet train, called the "North Star," is unreserved. Passengers take their seats on a first come, first serve basis.

Amfleet cars, which have both an accessible restroom and swivel-type accessible seat, are marked on the outside by the international wheelchair symbol.

Superliner coaches and sleepers were designed with special accommodations for transportation of handicapped travelers. Its accessible features include a portable ramp stored in-

side the car's entrance. (Two train attendants lay the ramp out as needed.) Just inside the car entrance there is a large accessible bathroom for use only by those who need it. These trains are double deckers and passengers cannot move from one car to another because the cars connect from the upper levels reached by stairs.

On the lower level of the cars there is one accessible, swivel-type chair just inside the coach car. This seat locks or moves at will and turns about 50° from facing the window to the aisle. There is considerable space around this seat. The seat has a fold-down armrest and its own tray table. Meals must be brought by an attendant to the coach car.

There is a sleeper coach with special accommodations. A special bedroom spans the width of the sleeping car and has its own restroom. Car attendants prepare beds and bring food, beverages, etc. in response to a call button.

The Superliner runs from Chicago north through Wisconsin, Minnesota, North Dakota, Montana, Idaho and Washington to

Seattle. Minnesota stops are St. Cloud, Staples and then Fargo (North Dakota).

In October the Superliner ran a demonstration tour from St. Paul out through Fargo, North Dakota. A dozen or more Minnesotans with transportation handicaps entered the train along the way and, according to Mr. Duane Johnson, Amtrak District Manager, their reaction was favorable.

Historically, passenger trains, although a very appealing mode of crossing the territory from one state or city to another, have been a difficult vehicle to board and move about inside for persons with disabilities. Now Amtrak has the Superliner and some other trains which offer accessible features. There are many remodeled and new stations giving better access and there are staff who are aware of special needs. Whether or not these kinds of favorable changes in trains will continue and expand will likely depend upon the amount of demand by persons with transportation handicaps.

telling time of pick-up. This completes the cycle as far as tour arrangements are concerned.

STANDING VERSUS ONE SHOT ORDERS

Persons who are employed or have other regular appointments may request standing orders. Currently Project Mobility is booked at 65% for standing orders. It was anticipated that such booking would be held at 50%. The higher standing order usage has created pressures on other use.

The other use is referred to at the Center as "one-shot" usage. This accounts for the remaining 35% of total service available for Project Mobility vehicles.

PROBLEMS

It is the purpose of this article to describe in some detail the origin, organization and workings of Metro Mobility. It is not intended to analyze or criticize the system. Yet certain problems have been identified. There is the difficulty the Center has in taking orders as fast as they come in. There are cases where callers must dial a dozen or more times to get through and then are placed on hold. There is currently no equipment to place such holds in order of call-in.

A second problem involves equipment breakdown. These breakdowns are the usual types faced by MTC in the everyday course of constant and heavy use of its buses.

A third problem is the one month "turn-around" time for processing applications for certification. This is gradually improving.

BEST IN THE NATION?

Despite these kinds of everyday operational problems plus growing pains and the usual headaches of management, Metro Mobility provided rides to over 24,000 persons with transportation handicaps in the month of October. In November service was expanded to several suburbs adjacent to the Twin Cities. It is a system, as its advocates predicted, which would be in great demand and it continues to grow. It may well be the best such system in the nation.

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as the standards for wheelchair securement devices.

Transportation services for the elderly and handicapped in the Metro area are provided through a coordinated effort of the MnDOT, the Metropolitan Council, and Metro Mobility (See Metro Mobility feature on page 8).

Provision of special transportation services for persons with disabilities is the concern of federal, state, and local agencies. These agencies are sometime interdependent and their exact relationships with each other is complex. Improvements have been made in both the private and public sectors, always with the prodding and support of consumers and consumer organizations. As momentum increases, greater effort is being put into programs and legislation to provide interim transportation services and to look to the longer range goal of totally accessible transportation.

DD News Letter is printed in bold type to make it more legible for the visually handicapped readers in our audience.

Portions of *DD News Letter* are read over the Talking Book Radio Network, which serves Minnesotans who are blind or have multiple handicaps.

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Bruce Balow, Ph.D.

DD Council Chairperson

Marylee Fithian

DD Planning Office Director

Frank Thimmesch

Editor

Tim Puffer

Assistant Editor

DD Newsletter welcomes reactions from its readers. (612) 296-4018

TTY (612) 296-9962