



## **M4A Summer Engagement Summary**

**Mobility 4 All Plan**

**Regional Transit Authority of Southeast Michigan**

**September 2025**



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If you need help accessing or understanding any of the information in this technical memorandum, please contact us at [info@rtamichigan.org](mailto:info@rtamichigan.org).

## Acronyms and Abbreviations

ADA	Americans with Disability Act
CHSTP	Coordinated Human Service Transportation Plan
M4A	Mobility 4 All
RTA	Regional Transit Authority of Southeast Michigan
SMART	Suburban Mobility Authority for Regional Transportation

# 1. Mobility 4 All (M4A) Engagement Overview

Mobility 4 All (M4A) is the name chosen this year by the RTA for the region's Coordinated Human Services Transportation Plan (CHSTP). The purpose of M4A is to find transit solutions for people in Oakland, Macomb, Wayne and Washtenaw counties with a particular focus on assisting people with disabilities, older adults and individuals with limited incomes.

To ensure that input from these stakeholders was considered in developing the CHSTP, the RTA launched a public engagement effort designed to capture their input. The first round of engagement was held in late summer/fall 2024. (The separate fall engagement report precedes this section.)

Feedback was used to help draft a series of five proposed transit improvement goals, each with four to six recommendations for achieving it.

During Round 2 engagement, held in spring/summer 2025, stakeholders were asked to review each of these goals and rank the corresponding recommendations in order of importance to them. This feedback was used to finalize the draft goals and recommendations that will be the core of the 2025 CHSTP. This document will guide the development of human services transportation-oriented policies, investments and services across the region for the next four or more years.

## 2. M4A Stakeholder Survey

### 2.1 Survey Goals

The primary goal of the spring/summer survey was to capture stakeholder feedback about a series of draft recommendations for improving transit services for people with disabilities, older adults and individuals with limited incomes. The secondary purpose was to receive any additional feedback, questions and/or concerns that stakeholders wished to share.

### 2.2 Survey Format

A stakeholder survey was the key tool for capturing feedback during spring/summer engagement. The survey could be taken on paper or online at [rtamichigan.com/M4A](http://rtamichigan.com/M4A).

The survey was distributed on paper at a series of public events in all five RTA jurisdictions – Macomb, Oakland, Washtenaw and Wayne counties and the city of Detroit. In most cases, a project team member was on site to explain the goals and recommendations and answer questions as participants took the survey. See Appendix E2.1 for details on where we engaged the public for this effort.

The document opened with an introductory page detailing how to complete the survey. Instructions were repeated at the top of the second page followed by the five goals and corresponding recommendations on pages two and three. The document concluded on page three with a space for open-ended stakeholders comments. The paper and online surveys were identical. View the full survey document in Appendix E2.2.

## 2.3 Survey Methodology

Participants were asked to rank the recommendations under each of the five goals listed in the survey according to what was important to them. For each goal, they were given four to six recommendations. For example, if offered 6 recommendations to choose from, they were asked to put a 1 to indicate the recommendation most important and impactful to them, down to a 6 indicating the least impactful.

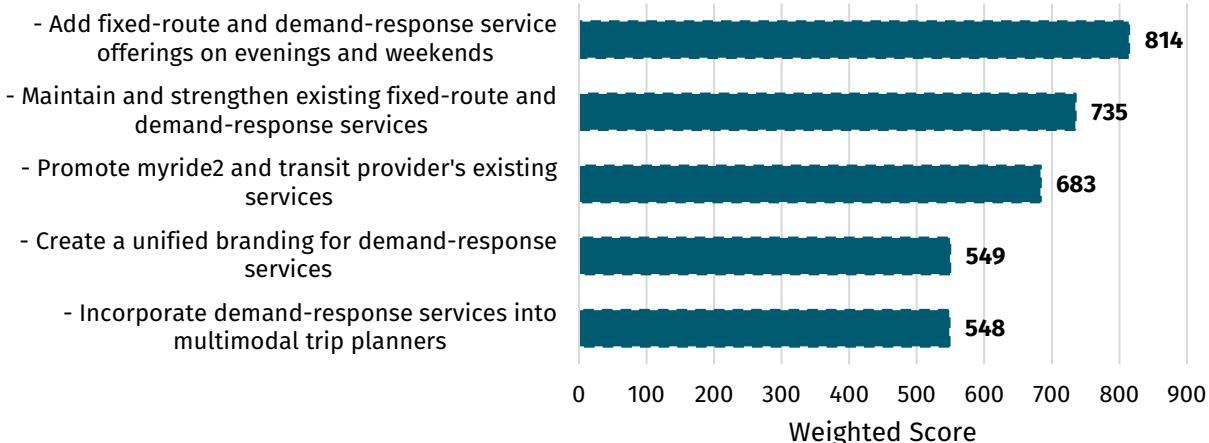
In all, we received 232 responses, over 200 targeted total, to the spring survey. To evaluate the results, a weighted score was derived for each answer. For example, in a question with six possible answers, we assigned a weight of 6 to all the first-place votes, 5 to the 2<sup>nd</sup>-place votes, 4 to the 3<sup>rd</sup>-place votes, 3 to the 4<sup>th</sup>-place votes, 2 to the 5<sup>th</sup>-place votes, and 1 to the 6<sup>th</sup>-place votes. By this method, we produced a total for each response, with the largest weighted total denoting the recommendation drawing the highest-priority votes. Space was allotted at the end of the survey document with a prompt inviting stakeholders to write in their own questions, concerns or comments.

## 2.4 Broad-Brush Findings

By the above methodology, we were able to better understand which recommendations resonated most with respondents. Here are the weighted results – these bars represent not people, but weighted numbers based on how respondents ranked their preferences. Longest bars denote the most-favored recommendations.

Under the first goal to Improve Current Services (Figure 1), riders want more frequent service (minimum hourly), extended evening/weekend hours (especially past 10 PM), better maintained infrastructure (paved stops, snow removal), larger buses, cleaner vehicles, improved driver training for cognitive disabilities, and more bike racks. The emphasis is on reliability, safety, and dignity in existing transit options.

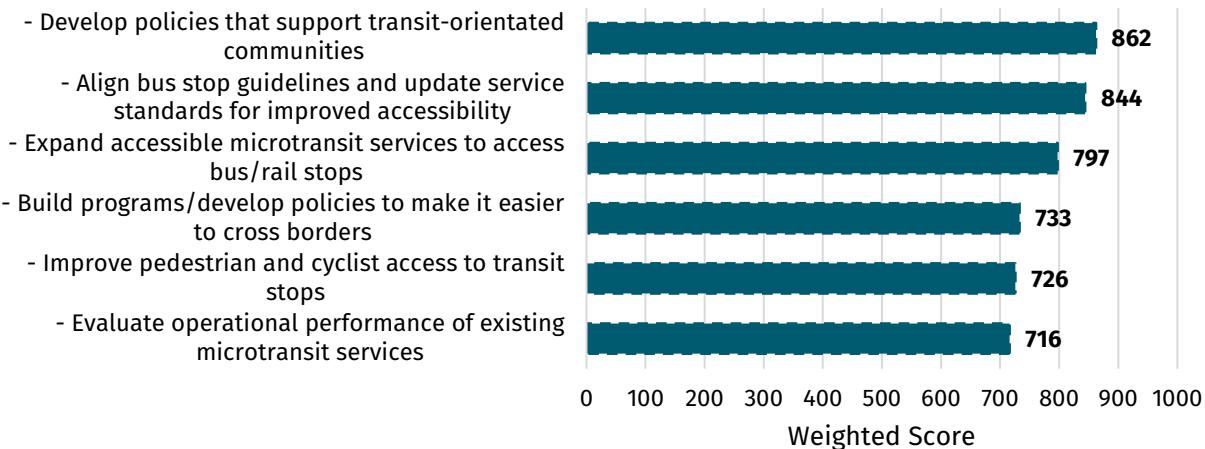
### Goal 1: Improve Current Services



**Figure 1. Weighted Recommendation Results for the Improve Current Services Goal**

Under the second goal to Increase Connectivity (Figure 2), the fragmented county-line system is noted as a critical barrier. Riders need to cross jurisdictional boundaries for healthcare, work, and daily life but face gaps in opt-out communities and long waits at locations served by different providers. There is strong, ongoing demand for regional integration with standardized eligibility and unified transit across Southeast Michigan.

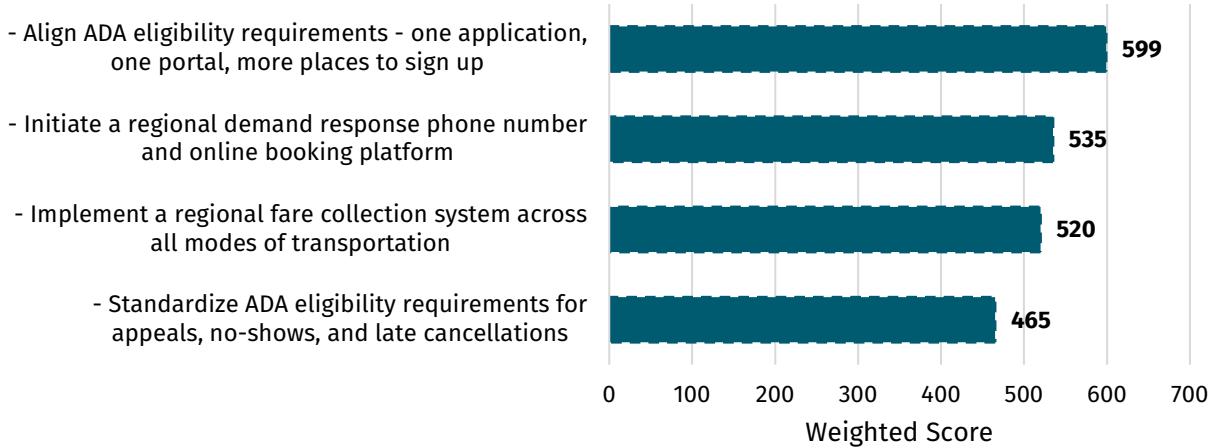
## Goal 2: Increase Connectivity



**Figure 2. Weighted Recommendation Results for the Increase Connectivity Goal**

Under the third goal to Simplify Transit Use (Figure 3), the current system is found to be complicated for older adults and people with cognitive disabilities. Riders want simpler booking (phone lines for seniors, online options easier to understand/access), clearer communication (unified branding, easy-to-read materials with bullet points), better wayfinding (landmarks not just street names), and removal of barriers like advance scheduling requirements. Many don't understand terms like "microtransit."

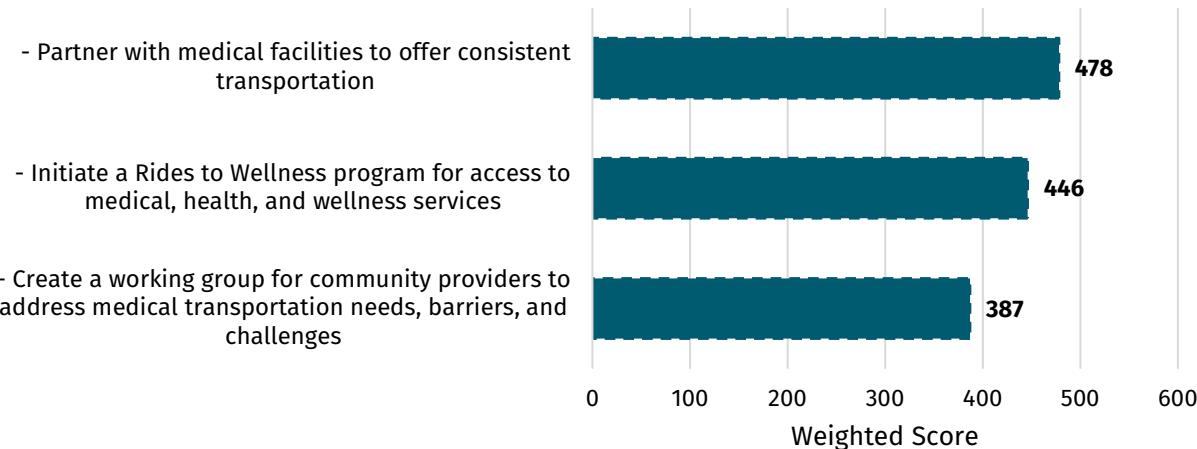
## Goal 3: Simplify Transit Use



**Figure 3. Weighted Recommendation Results for the Simplify Transit Use Goal**

Under the fourth goal to Grow Healthcare Transit (Figure 4), medical appointments were noted to be essential but often inaccessible. Riders need access to major hospitals and Medicaid clinics, with drivers who can wait or shop with seniors. Healthcare destinations frequently require crossing county lines. However, riders emphasize their lives aren't limited to medical trips—they also need access to groceries, social activities, and recreation.

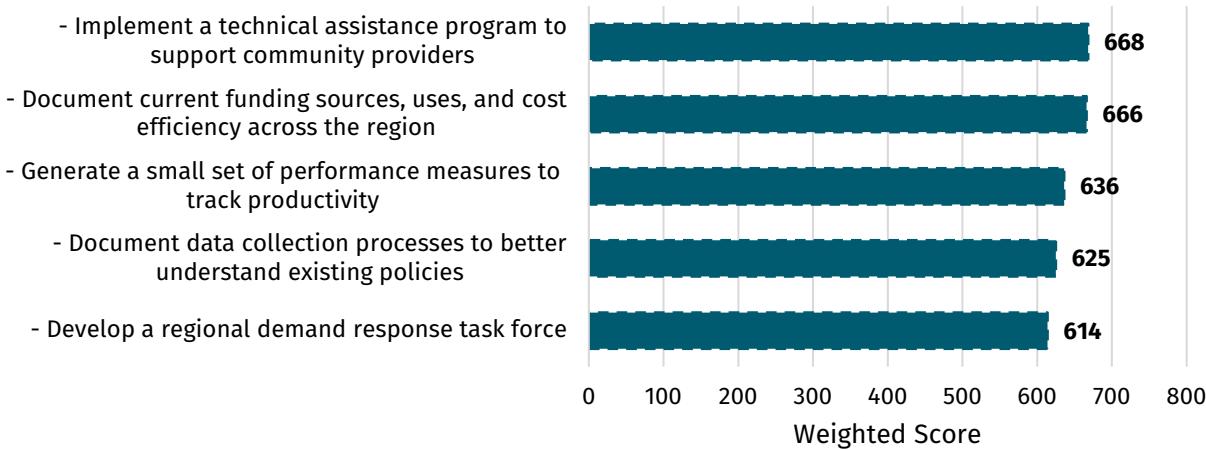
## Goal 4: Grow Healthcare Transit



**Figure 4. Weighted Recommendation Results for the Grow Healthcare Transit Goal**

Under the fifth and final goal to Prepare Future Resources (Figure 5), riders want sustainable funding solutions including fare subsidies or free service for low-income populations, partnerships with major events as rideshare alternatives and a unified fare system ("1 fare anywhere").

## Goal 5: Prepare Future Resources



**Figure 5. Weighted Recommendation Results for the Prepare Future Resources Goal**

## 2.5 The Write-In Responses

Dozens of respondents took the opportunity to write in comments at the end of both the paper and online survey. A total of 67 written comments were received, revealing transit users calling out gaps in service and calling for a more integrated regional system. The feedback ranges from immediate operational concerns—buses that don't run after 10 PM, stops buried in snow—to critiques of a fragmented network that some say fails at county boundaries. See Appendix E2.3 for the full list of comments.

Here are some major themes distilled from the comments, with some quotes edited for clarity:

### 2.5.1 Regional Integration (18 comments)

The most common concern is Southeast Michigan's disjointed transit landscape. Commenters repeatedly identify county boundaries as artificial barriers to necessary travel, particularly for medical services. And the absence of service in opt-out communities creates gaps in coverage that strand vulnerable populations. Key examples:

*"Many folks need to cross city or country lines in order to access necessary health and wellness services, but existing infrastructure doesn't always support this need."*

*"Paratransit call center (at least for Oakland Co.) was terrible because they couldn't hear well... I was often crossing county lines and it could lead to extremely long waits at hand-off points."*

*"Regional Transit is very important. I hope this survey leads to ... mass transit across county lines."*

*"Gaps in coverage (e.g. from opt-out communities) make it very difficult to transport those with special needs. We need more transit options!"*

### 2.5.2 Accessibility and Disability Services (14 comments)

A significant number of comments focus on ADA compliance and services for riders with disabilities, but these go beyond mere compliance to address dignity and independence.

*"One of my biggest concerns is persons with disabilities. Specifically those with cognitive impairments. Travel training for these individuals is HUGE! Repetition is important (taking the same route more than 5 times is important)."*

*"Many of my destinations were not healthcare-related--date nights, rock concerts, etc. Don't assume people only use paratransit for medical and groceries."*

*"Remove as many requirements and barriers as possible for riders with disabilities (framed as 'Day 1 accessibility')"*

### 2.5.3 Service Frequency and Hours (11 comments)

Multiple commenters cite the need for evening service past 10 PM, hourly minimum frequencies, and weekend coverage.

*"Need a bare minimum of hourly service on some routes - especially SMART service, which is really sparse in certain areas."*

*"Need more late-night bus service city-wide."*

### 2.5.4 Infrastructure and Physical Access (8 comments)

Comments about physical infrastructure focus on basic maintenance and weather resilience. Unpaved stops, snow-covered boarding areas, and inadequate bike infrastructure are cited.

*"Stops need to be paved, all of them and accessible in winter (cleared of snow and ice)"*

*"More bike access, racks on buses"*

*"More comfortable seating areas."*

### 2.5.5 Technology and Booking Systems (7 comments)

While some call for digitization and online booking, others specifically note that "technology can make it difficult for older adults to book transportation." The comments suggest a need for parallel systems—both high-tech and high-touch.

*"Technology can make it difficult for older adults to book transportation. It would be helpful to have a phone line available to assist older adults with scheduling transportation."*

*"Digitize more services"*

*"Initiate a regional demand response phone number and online booking platform"*

### **2.5.6 Communication and Branding (6 comments)**

Several comments call for unified branding and clearer communication about available services.

*"Work to better communicate available services across the region. A singular brand strategy for all M4A services would be ideal, though difficult to implement."*

*"We need all information about transportation options, eligibility & cost for seniors, disabled and low-income persons in easy to find and accessible locations, available in online and print formats."*

*"When you evaluate the responses, please create an 'Easy Read' flyer with bullet points of important names, numbers, routes, etc."*

### **2.5.7 Financial Concerns (5 comments)**

*"Lower cost. More access for disabled and seniors. Take people where they request. Major hospital and Medicaid clinic. Meijers, Walmart and Krogers."*

*"Buses should be free for low-income people."*

### **2.5.8 The Survey Itself (4 comments)**

Many commented on the survey itself, some with criticism, others with praise.

*"This is confusing. Is this for the community?"*

*"Need to allow for write-in priorities. Our priorities might not be on the list. We should also be allowed to state that NONE of the priorities you listed were worth spending time on. No value to us."*

*"Great effort! Keep it up!"*

## **2.6 Conclusion**

In summary, many comments directly aligned with the survey draft recommendations. For instance, the recommendation to "[b]uild programs/develop policies to make it easier to cross borders" resonates throughout the comments. "Align ADA eligibility requirements" connects directly to frustrations about fragmented disability services. And "[a]dd fixed-route and demand-response service offerings on evenings and weekends" matches urgent service hour concerns expressed in the comments.

# **3. Supplemental Engagement**

To support the Round 2 engagement effort, several supplemental engagement initiatives were conducted.

## **3.1 Engagement with Freedom Road Transportation Riders**

As one example of a community transit provider, Freedom Road Transportation Authority (FRTA) is a nonprofit organization that provides transportation assistance for adults 18 and older, including individuals with disabilities, seniors (60+), veterans, and people with an annual income of \$22,000 or less. It offers no-cost mileage reimbursement for riders who have their own drivers.

FRTA riders – eager to have their voices heard as part of the spring engagement – found the spring survey complex. So, they were given the option to use the questionnaire from the fall M4A effort instead. Questionnaires were mailed out by FRTA, and 16 were returned to the RTA. Here's what they showed.

### 3.1.1 Overall Demographics Summary

The questionnaire utilized in the fall did collect information on demographics. For the 15 surveys returned by the FRTA riders, the following was observed:

- 80% identify as having a disability (12 of 15 respondents)
- 87% are low-income, with household incomes under \$20,000
- Age distribution spans working age to elderly: 35-49 (33%), 50-64 (33%), 65-79 (27%), 80+ (7%)
- Most are regular transit users: 53% take 5-10 trips per week, 27% take fewer than 5, 20% take more than 10

### 3.1.2 Key Barriers Identified

Respondents face multiple, overlapping challenges accessing transportation:

- **Evening/weekend service gaps** - checked by 60% as a major difficulty
- **Cost barriers** - both ride costs and scheduling difficulties noted by majority
- **Communication challenges** - particularly with drivers and dispatch
- **Safety concerns** - especially traveling alone without supervision
- **Complex booking systems** - advance scheduling requirements create barriers

This further emphasizes the need for raising greater awareness of RTA's myride2 one-call/click mobility management, regional trip planning, and travel training program/partnerships.

### 3.1.3 Major Themes from Written Comments

#### Dependence on Family and Caregivers

The surveys reveal strong reliance on informal support networks. Comments like "My parent drives me almost everywhere" and praise for Freedom Road Transportation's family mileage reimbursement program highlight how essential family support is for this population.

#### Safety and Supervision Needs

Multiple respondents express fear about traveling alone. One writes: "I don't have the ability to ride the bus without supervision/guidance," while another states, "I am concerned for my safety when I am alone."

#### Economic Concerns

Financial constraints are top of mind. "Private companies are too expensive for my OCHA budget" captures the impossible math many face. With 87% earning under \$20,000 annually, even small fare increases can eliminate travel options. Gas costs for family drivers are repeatedly mentioned as a burden.

#### System Complexity as Barrier

One respondent's wish—"It would be very nice if you could just call someone and get a ride without a lot of hassle"—encapsulates the exhaustion of navigating multiple agencies, eligibility requirements, and booking systems. Another notes the impossibility of same-day or next-day reservations in their area.

## The Value of Relationship and Consistency

Many describe transportation in relational terms. "It is difficult to explain the value of relationship for a person with a disability," one writes. Another praises their FRTA driver: "Takes all my worries away. Waits at no added cost." These aren't just rides—they're lifelines provided by trusted individuals.

### 3.2 Engagement with PEAC Riders

As another instance of community transit provider engagement, PEAC is non-profit based in Ypsilanti, Michigan that advocates for transportation equity for teen Michiganders with disabilities. Its travel training programs teach intermediate school district students how to ride bikes and public transit safely and independently. Its name goes back to its beginnings as Programs to Educate all Cyclists.

On May 17, 2025, PEAC members attended a M4A public meeting at Wayne County Community College's Downriver Campus in Taylor. When young people with disabilities were asked who understood the RTA presentation, not a single hand was raised. When invited to share their stories, ten hands shot up. That drove home the need for qualitative incorporation of comments and strengthening accessibility initiatives.

Youth riders indicated that they learn through landmarks rather than street names, trust comes through driver familiarity and special IDs, and their peers make the best travel trainers because "they can communicate to each other better than a regular instructor." Without transit, "their life becomes very small."

Parents articulated fears: loved ones falling asleep and missing stops, getting off at wrong locations, being dropped at incorrect addresses by Uber drivers. Who helps the nonverbal person with limited mobility enter a building?

### 3.3 Conclusion

Both the FRTA questionnaires and the PEAC meeting notes reveal a population for whom transit isn't just transportation—it's the infrastructure of dignity and participation. The abiding theme of both sets of feedback: achieving independence requires consistent, trusted support from family, drivers and peers. Policy that ignores these relationships will fail.

## Appendix E2.1: Where We Engaged

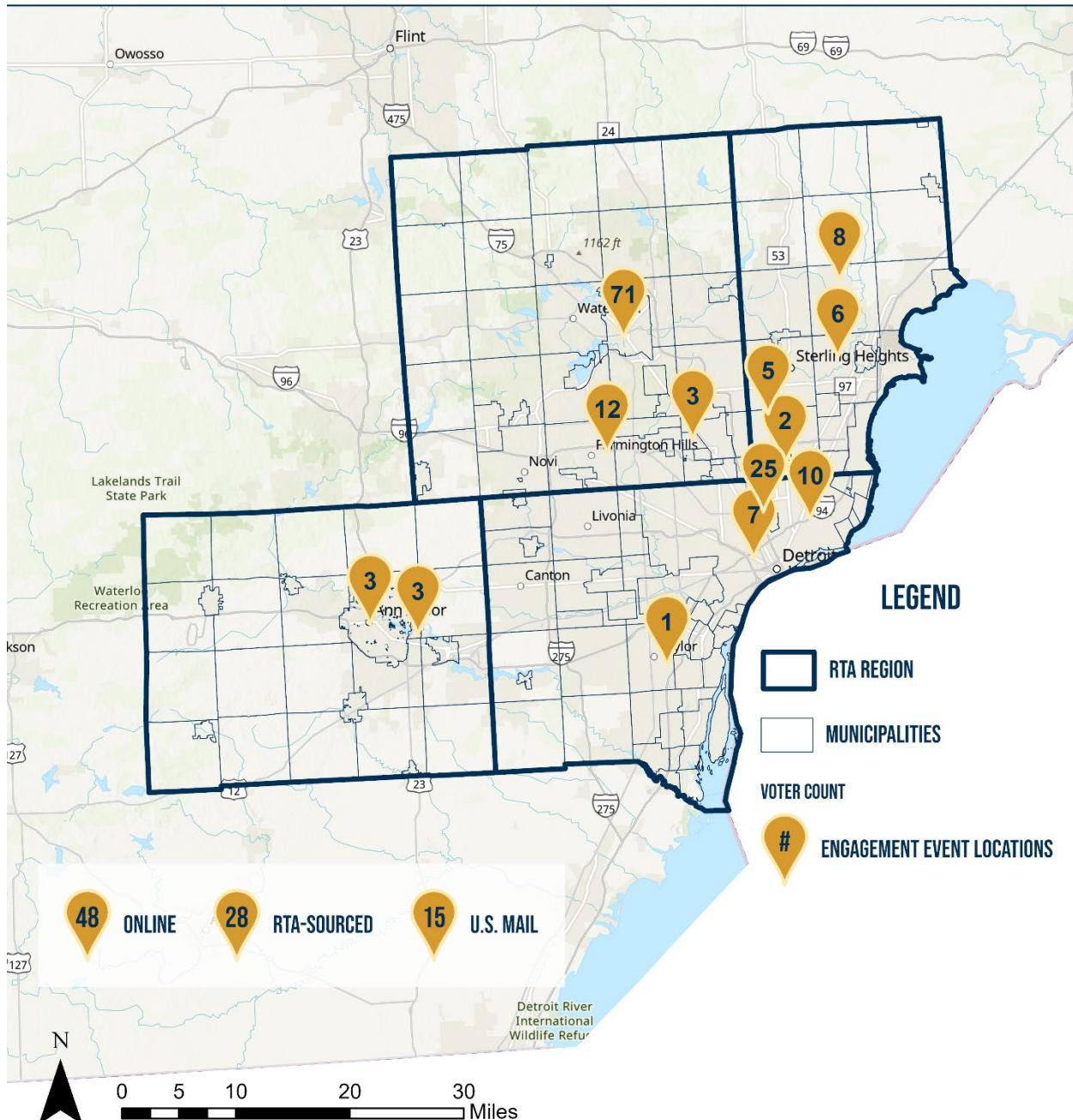
Date	Location	City	County	Voters
4/29/2025	Maybelle Barnett Branch Library	Warren	Macomb	2
5/13/2025	Berkley Public Library	Berkley	Oakland	3
5/14/2025	The Love Building	Detroit	Detroit	7
5/17/2025	WCCCD Downriver Campus	Taylor	Wayne	1
5/22/2025	Washtenaw County Community College	Ann Arbor	Washtenaw	3
6/4/2025	Greater Missionary Baptist Church	Hamtramck	Wayne	25
6/5/2025	Costic Center Farmington Hills	Farmington Hills	Oakland	12
6/11/2025	Wayne Community College Eastern Campus	Detroit	Detroit	10
6/24/2025	Bowens Senior Center	Pontiac	Oakland	71
7/16/2025	Clinton Macomb Library	Clinton Twp	Macomb	6
7/19/2025	Warren Community Center	Warren	Macomb	5
7/22/2025	Macomb Township Rec Center	Macomb Twp	Macomb	8
8/26/2025	Blake Transit Center	Ann Arbor	Washtenaw	3
Varied	RTA-Sourced	N/A	Macomb, Oakland	28
Varied	Online	N/A	N/A	48
Varied	U.S. Mail/Fall Survey	Various	Detroit, Oakland, Macomb, Wayne	15

**Table 1. Locations of Community Engagement**

Total Participants Per County/Source	
Detroit	18
Macomb	30
Oakland	112
Washtenaw	6
Wayne	29
RTA-Sourced	28
Online	48
PEAC	17
FRTA	15
Total Participants Per Medium	
Paper	184
Online	48
Other (PEAC)	17
Other (FRTA)	15
<b>Total Engaged</b>	<b>264</b>

**Table 2. Summary of Surveys Received**

## RTA Michigan: Public Engagement and Questionnaire - Spring/Summer 2025



**Figure 6. Map of Community Engagement Locations**



## Appendix E2.2: Full Spring Survey Document

The following copy of the M4A Spring Survey Document was made available online, via Mentimeter, and as a paper copy during the Spring Engagement period.

# .....We want to hear from you!.....

- ❖ **Using a paper ballot, please rank the recommendations.**

Use the **numbers 1 through 6**, where **1** indicates the recommendation most important and impactful to you and **6** indicates the least important and impactful.

- ❖ **Write in anything else you think is important for us to know on the back of the ballot!**

Do you agree or disagree? Will this benefit your community?  
Are we missing anything? What can be improved?

## Instructions:

To the right of each recommendation under the five goals, please rank the recommendations using the **numbers 1 through 6**, where **1** indicates the recommendation *most important and impactful* to you and **6** indicates the *least important and impactful*.

### Improve Current Services .....

- ❖ Promote myride2 and transit providers' existing services \_\_\_\_\_
- ❖ Add fixed-route and demand-response service offerings on evenings and weekends \_\_\_\_\_
- ❖ Maintain and strengthen existing fixed-route and demand-response services \_\_\_\_\_
- ❖ Create a unified branding from demand-response services \_\_\_\_\_
- ❖ Incorporate demand-response services into multimodal trip planners \_\_\_\_\_

### Increase Connectivity

- ❖ Evaluate operational performance of existing microtransit services \_\_\_\_\_
- ❖ Expand accessible microtransit services to access bus/rail stops \_\_\_\_\_
- ❖ Develop policies that support transit-orientated communities \_\_\_\_\_
- ❖ Align bus stop guidelines & update service standards for improved accessibility \_\_\_\_\_
- ❖ Improve pedestrian and cyclist access to transit stops \_\_\_\_\_
- ❖ Build programs/develop policies to make it easier to cross borders \_\_\_\_\_

### Simplify Transit Use .....

- ❖ Initiate a regional demand response phone number and online booking platform \_\_\_\_\_
- ❖ Implement a regional fare collection system across all modes of transportation \_\_\_\_\_
- ❖ Align ADA eligibility requirements—one application, one portal, more places to sign up \_\_\_\_\_
- ❖ Standardize ADA requirements for appeals, no-shows, and late cancellations \_\_\_\_\_

TURN OVER 



## Grow Healthcare Transit

- ❖ Initiate a Rides to Wellness program for access to medical, health, and wellness services
- ❖ Partner with medical facilities to offer consistent transportation
- ❖ Create a working group for community providers to address medical transportation needs, barriers, and challenges



## Prepare Future Resources

- ❖ Document current funding sources, uses, and cost efficiency across the region
- ❖ Generate a small set of performance measures to track productivity
- ❖ Document data collection processes to better understand existing policies
- ❖ Develop a regional demand response task force
- ❖ Implement a technical assistance program to support community providers

Have a comment? Leave it below!

Prefer to respond online? Use the [QR code](#) below or go to [rtamichigan.org/mobility4all/](http://rtamichigan.org/mobility4all/)



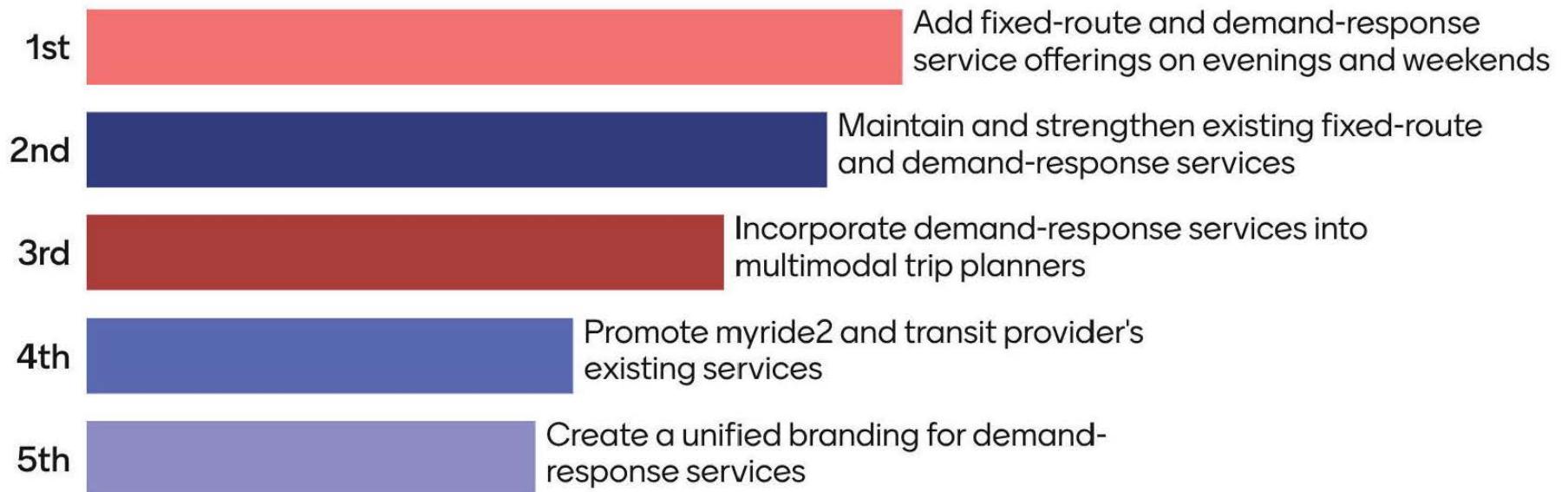


# Tell us what you think!

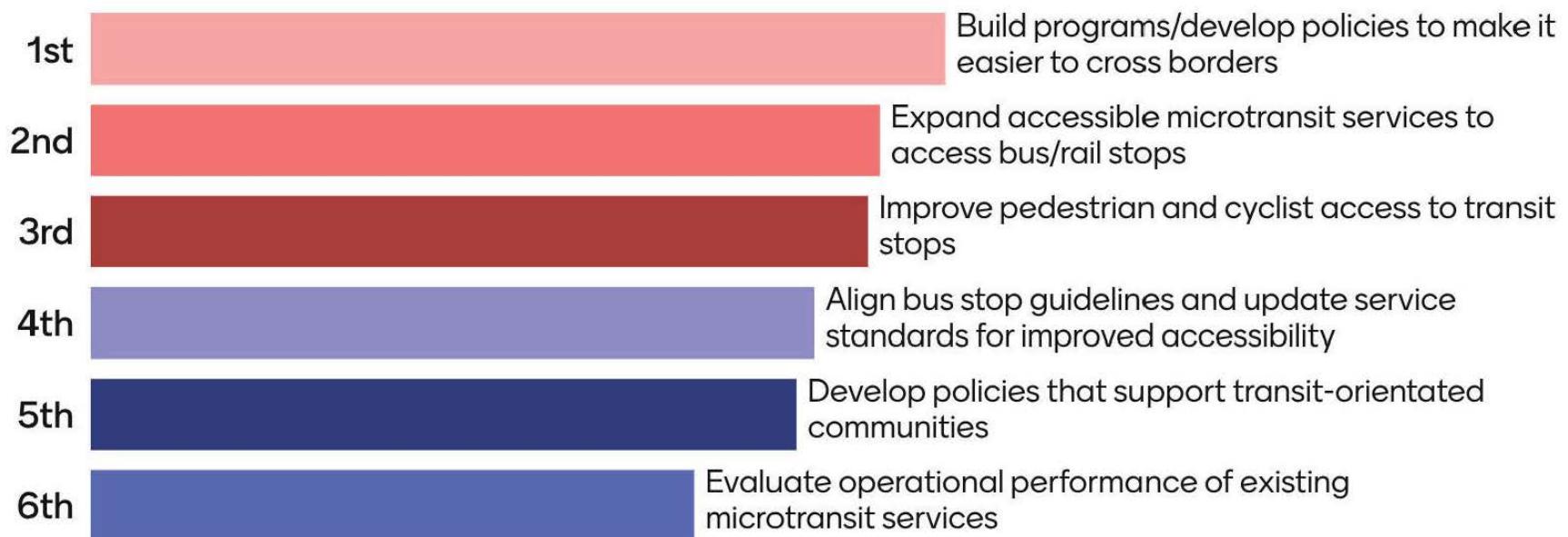
The Mobility 4 All (M4A) Plan identifies transit solutions for people with disabilities, older adults, and individuals with limited incomes. Please complete the following poll to provide your input on the draft goals and recommendations for the plan. For each goal, rank the recommendations in order of most important and impactful to you and your community.

Following the poll, provide comments on anything else you thinks is important for the M4A team to know! Do you agree or disagree with the proposed goals? Will this benefit your community? Are we missing anything? What can be improved?

**Improve Current Services:** Please rank the recommendations in order of most important and impactful.



**Increase Connectivity:** Please rank the recommendations in order of most important and impactful.



**Simplify Transit Use:** Please rank the recommendations in order of most important and impactful.

1st



Align ADA eligibility requirements - one application, one portal, more places to sign up

2nd



Add a regional demand response phone number and online booking platform

3rd



Implement a regional fare collection system across all modes of transportation

4th



Standardize ADA eligibility requirements for appeals, no-shows, and late cancellations

**Grow Healthcare Transit:** Please rank the recommendations in order of most important and impactful.

1st

Partner with medical facilities to offer consistent transportation

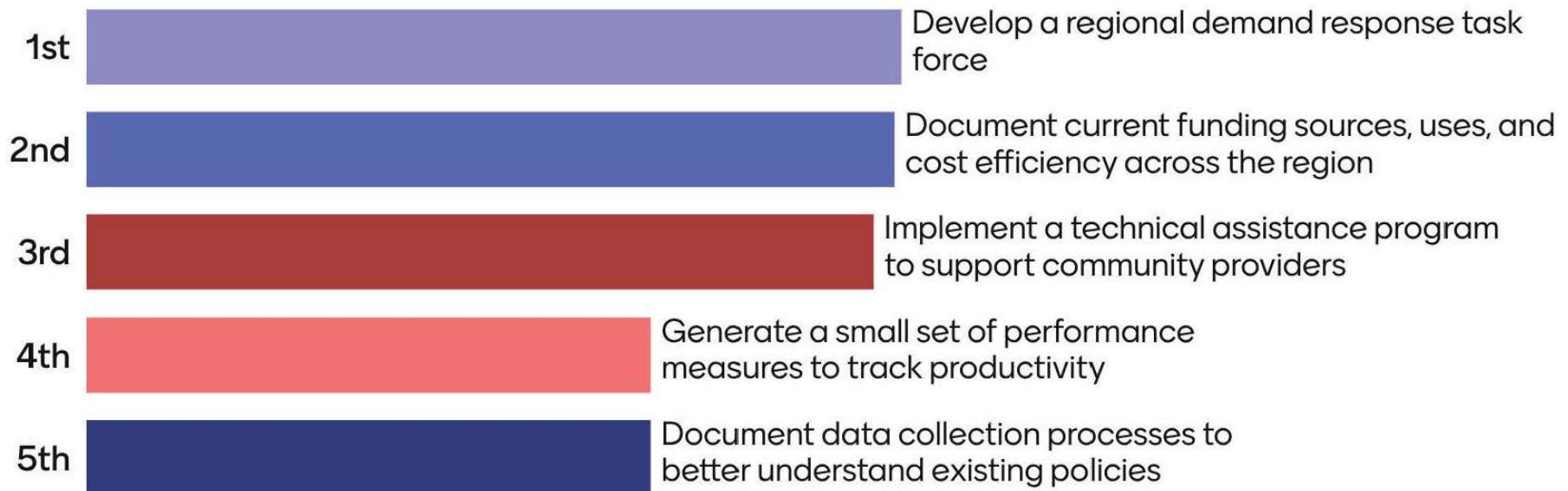
2nd

Initiate a Rides to Wellness program for access to medical, health, and wellness services

3rd

Create a working group for community providers to address medical transportation needs, barriers, and challenges

**Prepare Future Resources:** Please rank the recommendations in order of most important and impactful.



# Join the conversation and leave your comments here!

Many folks need to cross city or country lines in order to access necessary health and wellness services, but existing infrastructure doesn't always support this need.

Need a bare minimum of hourly service on some routes - especially SMART service, which is really sparse in certain areas.

Stops need to be paved, all of them and accessible in winter (cleared of snow and ice)

Regional Transit is very important. I hope this survey leads to original mass transit across county lines.

Look for opportunities to partner with large events to provide transit as a choice alternative to driving. There were 3 events this past weekend and downtown was gridlocked.

Work to better communicate available services across the region. A singular brand strategy for all m4a services would be ideal, though difficult to implement.

more busses, more routes! Transport across city lines, transport in township, and outside of Ann Arbor.

Technology can make it difficult for older adults to book transportation. It would be helpful to have a phone line available to assist older adults with scheduling transportation.

# Join the conversation and leave your comments here!

We need all information about transportation options, eligibility & cost for seniors, disabled and low-income persons in easy to find and accessible location, available in online and print formats.

We have WOTA transportation in Highland but you have to schedule 2 weeks in advance to access the service. There should be an option for last minute runs to the drug store, doctors, etc.

Wave promotes full access and door to door service in Washtenaw but is a nightmare for rural Western Washtenaw residents.

n/a

need more regional transit across county borders.  
Need standardized eligibility.

need more options across county borders.

A big need is helping clients get from Ypsilanti to Ann Arbor more efficiently as well as having options for those not living near a bus line in our county.

Thank you!

## Join the conversation and leave your comments here!

What is the least amount I should expect to pay for this service?

No comments at this time.

Disability patrons MATTER

Regional transit should be available in southeastern michigan

Accessibility comes first

More routes would be great!

Need to allow for write-in priorities. Our priorities might not be on the list. We should also be allowed to state that **NONE** of the priorities you listed were worth spending time on. No value to us.



## Appendix E2.3: Full List of Write-In Comments

Write In Comments
Many folks need to cross city or country lines in order to access necessary health and wellness services, but existing infrastructure doesn't always support this need.
Need a bare minimum of hourly service on some routes - especially SMART service, which is really sparse in certain areas.
Stops need to be paved, all of them and accessible in winter ( cleared of snow and ice)
Regional Transit is very important. I hope this survey leads to original mass transit across county lines.
Work to better communicate available services across the region. A singular brand strategy for all m4a services would be ideal, though difficult to implement.
Look for opportunities to partner with large events to provide transit as a choice alternative to driving. There were 3 events this past weekend and downtown was gridlocked.
Can this plan work for opt-out communities or townships? Robert Pawlowski Southgate, MI Vice Chairman, Citizens Advisory Committee
Very supportive of Mobility as a Service with deep ADA integration or paratransit and ancillary mobility services that are accessible to low-income families and individuals. Subsidized and accessible on-demand rideshare akin to "SMART Flex" and "DDOT Now" cross county boundaries.
More accessibility efforts
Digitize more services
Frequent bus arrivals
I need transportation after 10 p.m.
More bike access, racks on buses
Need more late night bus service city-wide.
Thank you for understanding the ideas of people who use transportation.
Faster service and response time
Bigger buses
Need bus fare to ride
Ask about riders safety more often.
All buses should have a lift of the disabled.
More comfortable seating areas.
Bike rack on buses
Access to more late night bus connections. More reliable routes.
One of my biggest concerns is persons with disabilities. Specifically those with cognitive impairments. Travel training for these individuals is HUGE! Repetition is important (taking the same route more than 5 times is important). These individuals need 1:1 travel training support CONSISTENTLY! Those with cognitive impairments struggle with being told to do something, some need the hands-on experience and practice. Being SHOWN how to use transit apps, locate their stops, look for landmarks, understand who to call and when to call if lost, etc. I would love to see an increase in providing travel training to those with cognitive impairments.
Ask the parents! We have tons of concerns, suggested solutions and we are ready to listen and provide input. eileenbrandt@live.com Thank you!
*Travel Training In-person* Ensuring that individuals with disabilities can use public transportation. Making it safe for them to travel to work, school, or to events. Having programs that can provide these services is life-changing for all individuals. It is frustrating for parents and families when their child, sibling, or other is not able to be independent and trusting these online programs to help them be safe and independent in their routes.
Great effort! Keep it up!
This is confusing. Is this for the community?
Low income, seniors and disabled.
American Disability Act
When you evaluate the responses, please create an "Easy Read" flyer with bullet points of important names, numbers, routes, etc.
Need contact information on paper

### Write In Comments

Lower cost. More access for disable and seniors. Take people where they request. Major hospital and medicaid clinic. Meijers, Walmart and Krogers. Senior's driver wait or shop with seniors.
Regional transit is very important for S.E. Michigan
More bike access
Increase bike access for buses.
Electronic feedback systems
Make sure you make some changes before winter 2026.
Buses should be free for low income people.
The bus always stinks.
Very few of my lower-ranked options actually struck me as unimportant, so this was tough! Overall, I think that the most important things are the ones that help expand the accessibility and utility of transportation services for mass transit populations & populations with niche/microtransit needs. Thank you so much for all of your hard work!
Don't know what microtransit it
Remove as many requirements and barriers as possible for riders with disabilities (framed as "Day 1 accessibility")
RTA needs more money. The legislature is failing Michigan's transit community.
Use DDOT and SMART, one system for all transit in SE Michigan. Would like city limits expanded.
I am unlikely to be a user of these services.
1 Fare Anywhere: Get on any system w/ transfers to an system (like a region ;)). More Demand-Response/Microtransit: Older and mobility-challenged residents need greater cost effective options to conduct activities of daily living. Medical appointments and basic household needs should be well supported.
Making transit more visible to transit riders. Show community value.
Gaps in coverage (e.g. from opt-out communities) make it very difficult to transport those with special needs. We need more transit options! Any way to reduce fares and increase options is so vital. Safety is a risk for people of color and people with disabilities, so thinking holistically is important.
Paratransit call center (at least for Oakland Co.) was terrible because they couldn't hear well. Having simple online booking and confirmation would be helpful. I was often crossing county lines and it could lead to extremely long waits at hand-off points. Many of my destinations were not healthcare-related--date nights, rock concerts, etc. Don't assume people only use paratransit for medical and groceries.
more busses, more routs! Transport across city lines, transport in township, and outside of Ann Arbor.
Technology can make it difficult for older adults to book transportation. It would be helpful to have a phone line available to assist older adults with scheduling transportation.
We need all information about transportation options, eligibility & cost for seniors, disabled and low-income persons in easy to find and accessible location, available in online and print formats.
We have WOTA transportation in Highland but you have to schedule 2 weeks in advance to access the service. There should be an option for last minute runs to the drug store, doctors, etc.
Wave promotes full access and door to door service in Washtenaw but is a nightmare for rural Western Washtenaw residents.
n/a
need more regional transit across county borders. Need standardized eligibility.
need more options across county borders.
A big need is helping clients get from Ypsilanti to Ann Arbor more efficiently as well as having options for those not living near a bus line in our county.
Thank you!
What is the least amount I should expect to pay for this service?
No comments at this time.
Disability patrons MATTER
Regional transit should be available in southeastern michigan
Accessibility comes first
More routes would be great!

#### Write In Comments

Need to allow for write-in priorities. Our priorities might not be on the list. We should also be allowed to state that NONE of the priorities you listed were worth spending time on. No value to us.

**Table 3. Full List of Write-In Comments Received**

## Appendix E2.4: PEAC Meeting Notes

On May 17, 2025, PEAC members attended a M4A public meeting at Wayne County Community College's Downriver Campus in Taylor. The meeting began with a presentation highlighting the proposed recommendations for updating the CHSTP. Mid-way through the presentation PEAC executive director John Waterman opened the discussion with the question, "Who understood the information that was presented?" No of the students with disabilities raised their hand and then he asked the question, "Who wants to tell their story about riding on public transportation?"

10 teen users raised their hands and stated that they use the Smart Bus 3 or 4 times a week.

Most young riders have had travel training with PEAC.

More buses, more places, more often was suggested.

4 parents were present that all have children with severe cognitively disabilities. The parents are not comfortable with their children riding public transportation alone because of safety issues such as:

- Not knowing when to get off the bus
- What if their child falls asleep and misses the stop
- They are not comfortable with MyRide2

PEAC provides travel training to the participating disabled riders in the program

"What are the different ways that they get around?"

Some stated that they walk, bike, Uber, bus or ride with parents

By the show of hands – 6 of them use Uber often

"What are some of the transportation barriers or problems that they encounter?"

- No buses after 10 p.m.
- They fall asleep on the bus
- They forget when to get off
- They get off at the wrong stops
- They are not very comfortable traveling alone
- Uber is not a good solution because sometimes they get dropped off at the wrong house
- Buses come late or don't come at all
- A nonverbal child with limited mobility is a concern. Who is going to help them enter a building?

"How do they travel to and from PEAC buildings in Lincoln Park and Ypsilanti?"

- They take D2A2 (express bus service)

"What are your favorite modes of transportation?"

- Buses
- RTA QLine
- People Mover
- The participants talked about how often they ride their bikes and how they learn how to repair them in the program
- They will attend the Bike Summit in Boston
- The participants stated that they have to trust the travel training
- Some of them know how to go to the mall
- Transit is their only way to feel independent
- They do like fixed routes and SMART buses
- The SMART bus drivers can identify them because of their ID's

- They learn landmarks to get around and try to prevent getting lost
- SMART drivers go through training to learn how to assist cognitively impaired riders
- \*The survey is artificial for them to complete because they need help to complete it
- Different levels of independence for them
- The best travel instructors are the cognitively impaired – because they can communicate to each other better than a regular instructor
- They use travel cards for directions
- Some of the riders use Bus 261 to Detroit
- Bus drivers need to be trained to assist cognitively impaired riders
- Parents and family will not always be around and their life becomes very small
- Parents of children with disabilities need to meet and discuss transportation information and barriers