



CAPE COD
COMMISSION

Coordinated Public Transit – Human Services Transportation Plan

Regarding FTA Section 5310 Funds, Enhanced Mobility for Seniors
and Individuals with Disabilities

Endorsed – December 17th 2014



Cape Cod
Regional Transit Authority





CAPE COD
COMMISSION

CAPE COD COMMISSION

3225 MAIN STREET • P.O. BOX 226 • BARNSTABLE, MASSACHUSETTS 02630
(508) 362-3828 • Fax (508) 362-3136 • www.capecodcommission.org





Executive Summary

This plan is intended to identify needs and gaps in human transportation services for seniors and individuals with disabilities in Barnstable County. The plan will be used to direct Federal Transit Administration funds allocated by MAP-21, specifically *Section 5310 Enhanced Mobility for Seniors and Individuals with Disabilities*. MAP-21 has changed several aspects of human transportation service funding, including consolidating programs and allowing both capital and operating cost assistance

Human service transportation in Barnstable County is available in all fifteen towns and accommodates all types of disabilities. There are an average number of individuals with disabilities and above average number of seniors living in Barnstable County. Ridership on human transportation demand response and fixed routes shows increasing trends. Since there are many individuals who are seniors, disabled, or both in the region, improvements will have substantial benefits for those who currently use services and will use services in the future.

To identify needs demographic information from the American Community Survey was analyzed, ridership trends provided by the Cape Cod Regional Transit Authority were analyzed, a survey was administered by the Regional Coordinating Committee, Regional Coordinating Committee coordinators were consulted, a community forum held by the town of Barnstable in regards to the occurring senior service needs assessment performed by the UMass Boston Gerontology department was attended, and public comment was provided after releasing a draft of the plan. There are many different providers of human transportation services for seniors and individuals with disabilities and the cost to the Federal Transit Administration and other funding agency's is high. The coordination and planning involved in allocating these funds is necessary to insure the funds are well spent.



The identified needs are listed below and align with goals established in this plan:

- Expanding evening, nighttime and weekend service
- Access to **recreational**, educational and training programs
- Access to long distance medical facilities.
- Supporting and expanding existing coordination efforts
- Advertising effectively promote public transportation and increased understanding of existing services
- Improving pedestrian infrastructure on and leading to service routes
- Acquisition of capital equipment including vehicle and technical applications

The application for Section 5310 funds will be facilitated by Massachusetts Department of Transportation and distributed to the Barnstable Urbanized Area. This plan is concerning services within, entering or exiting the Barnstable County region, a region within the Barnstable Urbanized Area. Applicants of the funds are identified as sub-recipients, and are encouraged to indicate goals identified in this plan when applying for funds.



Table of Contents

Executive Summary	i
Table of Contents	iii
Introduction.....	1
Population and Ridership Overview.....	2
Senior Demographic	2
Disabled Demographic.....	7
Ridership Trends	13
Funding Methods.....	14
MAP-21 Requirements	14
Funding and Planning Zones	15
Sub Recipient	15
Designated Recipient	16
Federal Transit Administration Responsibilities.....	17
Matching Funds	17
Stakeholder Coordination.....	18
Regional Coordinating Committees.....	18
Annual Program of Project Development and Approval Process	19
Other Efforts to Coordinate	19
Assessment of Needs.....	20
Cape Cod and Islands RCC Organizational Survey.....	20



Feedback from RCC Coordinators	28
Other Outreach Efforts.....	28
Public Comments	28
Summary of Significant Needs Identified	30
Plan Goals and Objectives.....	31
Goal 1 – Provide service to address barriers and unmet needs for seniors and disabled communities	31
Goal 2 – Support efforts in coordinating services	31
Goal 3 – Improve advertising for current services	32
Goal 4- Improve infrastructure that allows access to public transportation....	32
Goal 5- Provide capital equipment at or above state of good repair.....	32
Conclusion	33



List of Figures

Figure 1: 2013 Estimated Barnstable County Age Distribution	3
Figure 2: 2013 Estimated Median Age By Town	4
Figure 3: 2013 Estimated Percentage of Ages 65 and Over By Town.....	5
Figure 4: 2013 Estimated population over 65	6
Figure 5: 2013 Estimated Number of people with a disability	8
Figure 6: 2013 Estimated Percent of disabled by age.....	9
Figure 7: Estimated 2013 Percent of Persons with Specific disabilities in Barnstable county	10
Figure 8: Estimated 2013 Disabled Population.....	11
Figure 9: Estimated 2013 Disabled Population over 65	12

List of Tables

Table 1: CCRTA ridership DATA	13
-------------------------------------	----

Appendices

- FTA Section 5310 Informational Sheet
- MassDOT Section 5310 Informational Sheet



CAPE COD
COMMISSION



Introduction

The Cape Cod region, a desired place for both retiring and raising a family, is home to a high percentage of seniors and individuals with disabilities. Seniors and individuals with disabilities often rely on transportation services to perform daily tasks such as attending health services and buying groceries. The services include dial-a-ride types and fixed route public transportation. Funding for transportation services is available through multiple sources, one of which is the Federal Transit Administration (FTA). Due to the limited resources, it is vital to coordinate services and establish goals to properly direct new funds. This Coordinated Public Transit/ Human Service Transportation Plan (CPT-HST) is not intended to be prescriptive; instead it will identify needs and overlaps in service to seniors and individuals with disabilities, and establish goals for which funding requests must comply. The plan is mandated and supported by the associated funding program, Enhanced Mobility of Seniors and Individuals with Disabilities (Section 5310), that is established in the federal transportation legislation known as MAP-21 (Moving Ahead for Progress in the 21st Century).

There are several needs in service that are identified in this plan that Section 5310 funds could address. Entities are encouraged to apply for funding to provide service to fill the identified gaps.



Population and Ridership Overview

SENIOR DEMOGRAPHIC

The senior population is defined as all people at or over the age of 65. In Barnstable County seniors makes up a large percentage of the regional population. Each town has a Council on Aging (COA) that provides service to numerous active participants. Local health care facilities are globally recognized. Although many older people live independently, assisted and independent living facilities are available. Trips can start from their homes, the local senior or community center, or on a fixed route. Traveling can be a burden for senior, but transportation service allows them to participate in the community, get medical treatment, or continue doing many necessary and enjoyable activities.

Current transportation services make Barnstable County a great place for seniors to live. The county's population increases dramatically in the summer, but many of the year round residents are elderly. The senior population of the nation and Barnstable County has been forecast to increase. As the senior population increases, the demand for transportation services will increase as well.

There are many people who use human transportation services intended for seniors that are under age 65. Many government programs and senior centers offer services to people as young as 50. The Cape Cod Regional Transit Authority (CCRTA) offers fixed route and dial-a-ride services, which are utilized by seniors but are not exclusive for seniors. Local COAs, hospitals and senior living facilities may offer transportation services that may be exclusive to seniors.

The following figures show statistics provided by the American Community Survey (ACS), estimated for the year 2013. The statistics show the high number of seniors living in Barnstable County.



Figure 1 shows that the second largest percentage of people living in Barnstable County is considered seniors, ages 65 to 74. Age 45 to 54 is largest age group in the region. While this age group is not considered seniors, people ages 45 to 54 are likely to have established residency, and will become part of the senior population. Additionally, this trend can be recognized nationally. Since Barnstable County is a desirable place to retire, even more seniors are expected to be located in the region. This will increase demand for human transportation services.

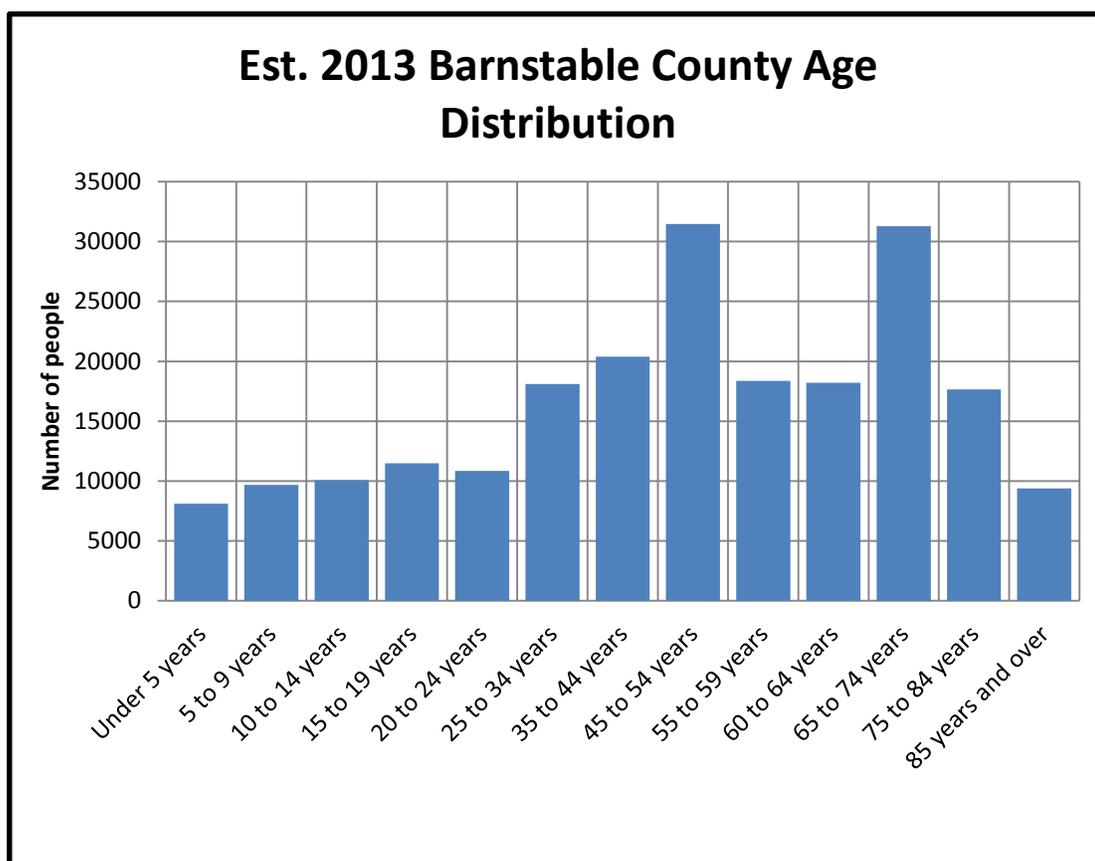


FIGURE 1: 2013 ESTIMATED BARNSTABLE COUNTY AGE DISTRIBUTION



Figure 2 shows the median age in each town, compared to the National Average. The national average is estimated to be 37.5 years. Every town in Barnstable County is above the national average, the highest estimated to age 63, in the town of Orleans. The town with the youngest average age is Sandwich at 43.8 years old. This is still over 5 years above the national average.

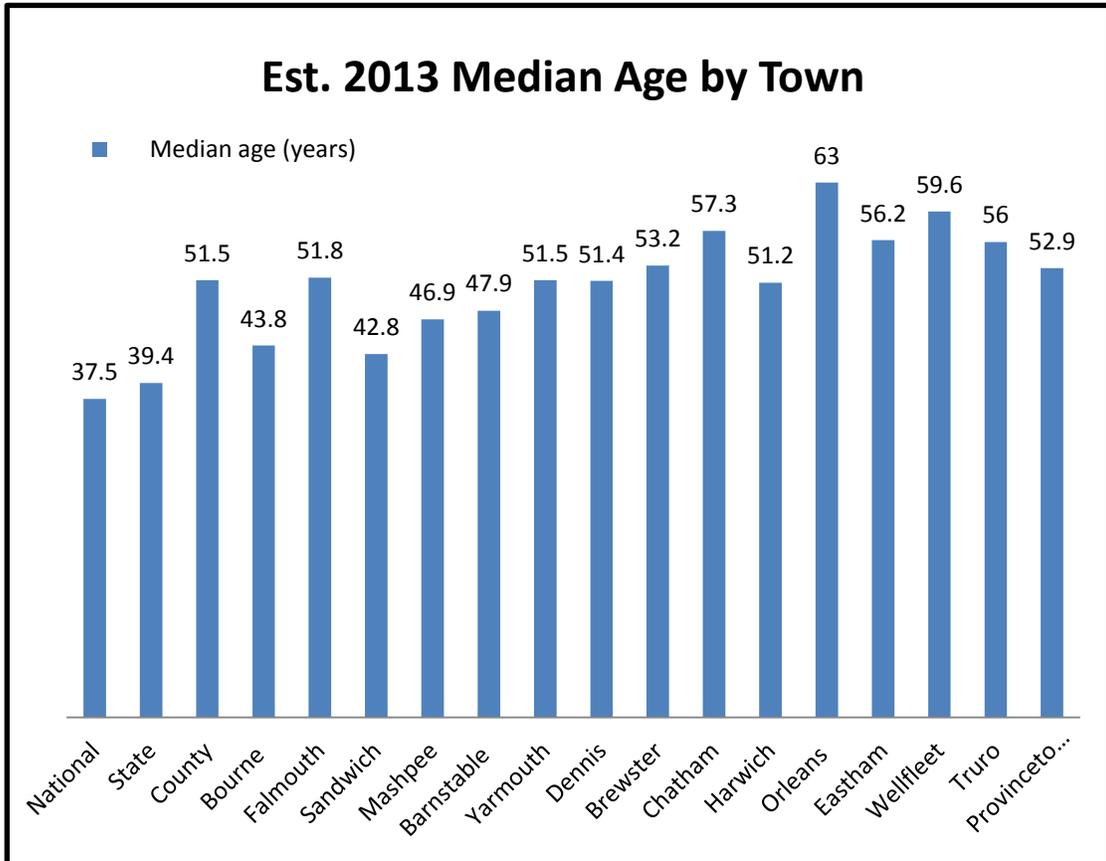


FIGURE 2: 2013 ESTIMATED MEDIAN AGE BY TOWN



Figure 3 shows the percentage of the town populations that are at the age of 65 and over compared to the national average. Orleans has nearly three times the percentage of seniors living in their town than the state and national levels. This graph also shows that the county has nearly double the percent of seniors than the state does.

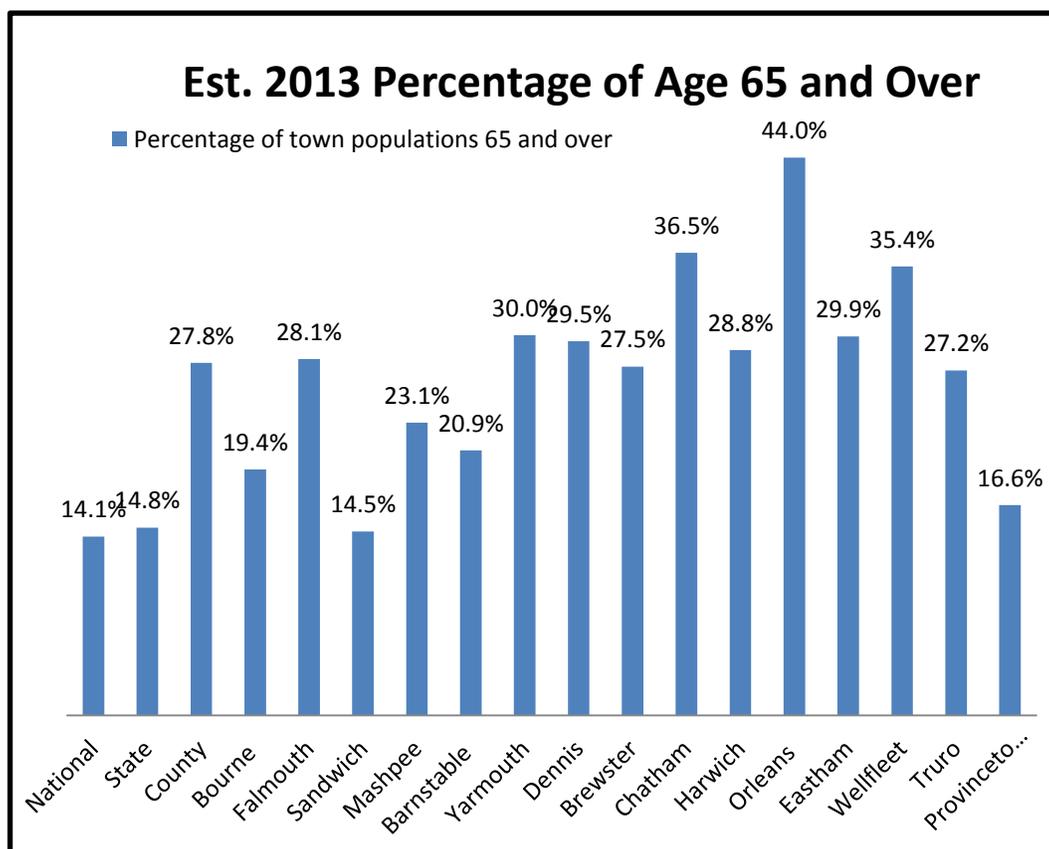


FIGURE 3: 2013 ESTIMATED PERCENTAGE OF AGES 65 AND OVER BY TOWN

The following map, figure 4, shows the total estimated population in 2013 of persons over the age of 65 by census tract. In addition, the map shows the location of hospitals, health centers, COAs and other senior services. The year round CCRTA fixed routes are also presented. It is important to note the CCRTA has an excellent dial a ride service (DART) which covers all roads on Cape Cod and is available for all users. The data was obtained from the 2013 ACS.



CAPE COD
COMMISSION

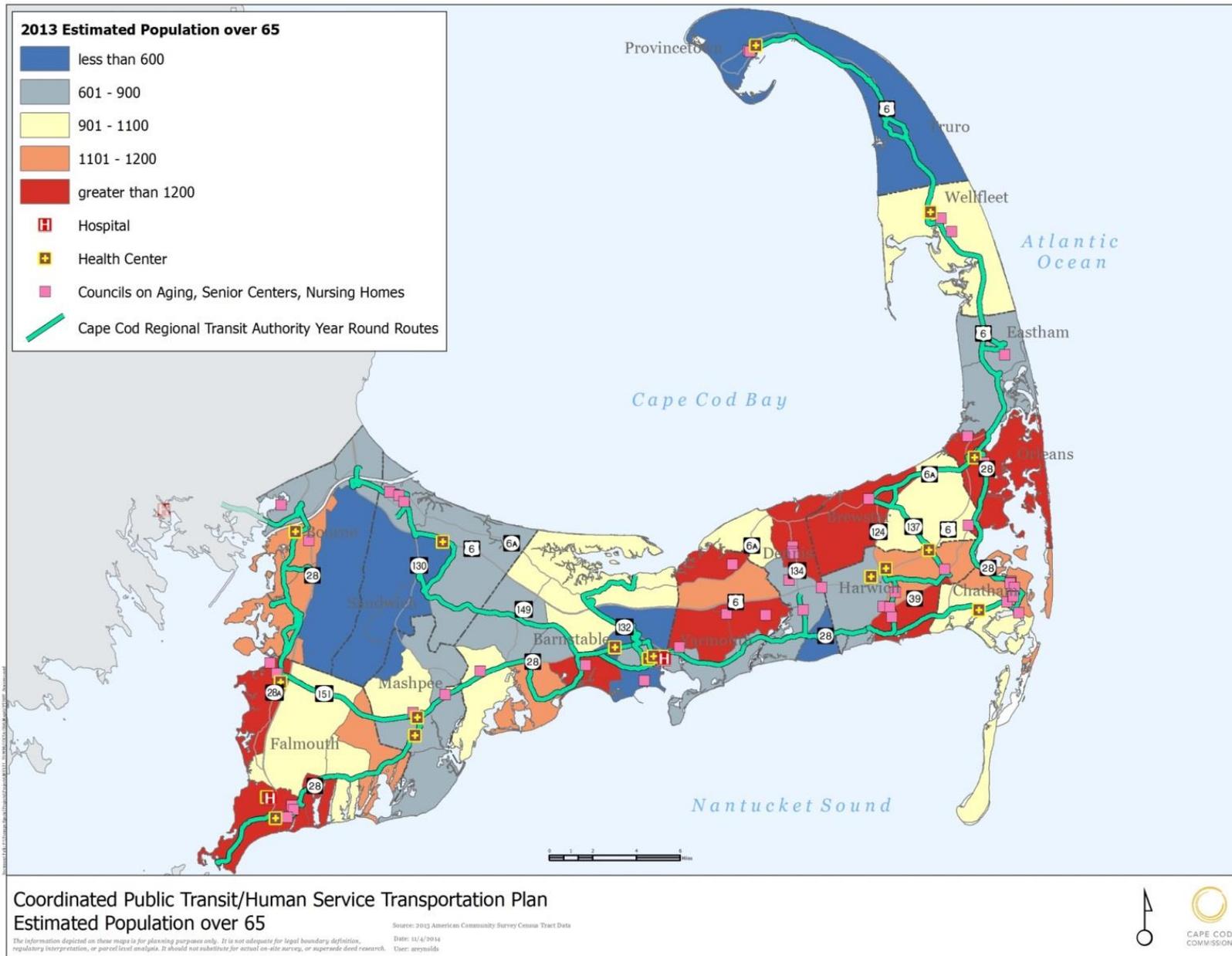


FIGURE 4: 2013 ESTIMATED POPULATION OVER 65



DISABLED DEMOGRAPHIC

~~The disabled population in Barnstable County is made up of all ages.~~ In defining “disability”, the Cape Cod Commission recognizes the Americans with Disabilities Act (ADA) definition¹. The ADA defines a person with a disability as a person who has physical or mental impairment that substantially limits one or more major life activity. This includes people who have a record of such impairment, even if they do not currently have a disability. It also includes individuals who do not have a disability but are regarded as having a disability. The population of individuals with disabilities in Barnstable County is made up of all ages and features a broad array of transportation need and options. Students with disabilities are enrolled across Barnstable county’s K-12 schools. These schools offer ~~in Barnstable County have disability educational programs and~~ supplementary ~~disability~~ transportation services ~~to students with disabilities.~~ In the ~~For~~ higher education context, Cape Cod Community College (CCCC) offers ~~disability~~ training services ~~to help~~ designated to assist people with disabilities ~~disabled persons~~ enter the workforce. In addition to education, there are many people currently in the workforce ~~that have disabilities are disabled~~ and rely on transportation services. ~~The region contains~~ medical centers ~~that~~ are a major destination of all transportation services, ~~including those for individuals with disabilities for disabled people as well.~~ The Cape Cod Hospital, Falmouth Hospital, and Boston Medical Center are the major centers that attract transportation services from Barnstable County. A growing source of transportation service trips ~~in this region’s healthcare sector~~ is ~~also~~ independent health clinics such as dialysis centers. Assisted living facilities for individuals with disabilities located in the region also generate transportation services trips. ~~In short, individuals with disabilities~~ ~~In addition to physical disabilities, those with mental disabilities~~ use human service transportation to make necessary trips to medical appointments, social events, work, or other regular tasks

The percentage population of individuals with disabilities in Barnstable Count is not meaningfully greater than national trends, as identified through American Community Survey data. ~~The population of individuals with disabilities is not noticeably high in Barnstable Count like the senior population. The data provided by ACS shows that the population is similar to national trends. This~~ Still, shows ~~that~~ there is a local is demand for transportation services and data indicates that people with disabilities often rely on public transportation ~~to go about necessary and regular tasks.~~ Expanding human transportation services will facilitate enhanced mobility of the region’s population of individuals with disabilities ~~allow individuals with disabilities to overcome burdens of limited mobility.~~

¹ <http://www.ada.gov/pubs/adastatute08.htm#12102>



Figure 5 shows the number of individuals with disabilities distributed by town. Barnstable and Falmouth have the ~~highest number of people living with a disability~~ largest populations of individuals with disabilities. The national level is not shown in this graph due to the high number. This graph is only meant to compare the towns in Barnstable County. The ~~trend data~~ shows a concentration of individuals with disabilities ~~high-disabled populations~~ living near medical facilities. The map shows the highest populations living in ~~those~~ towns where ~~with~~ the most services ~~are~~ available.

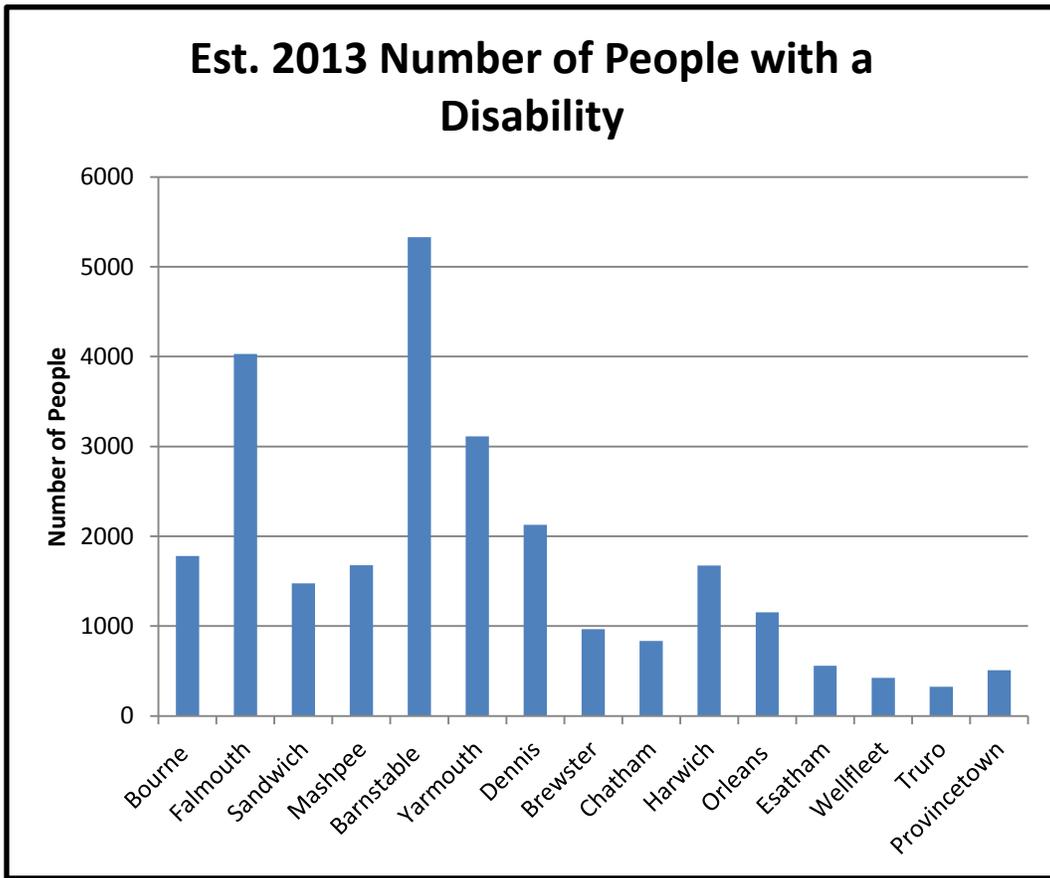


FIGURE 5: 2013 ESTIMATED NUMBER OF PEOPLE WITH A DISABILITY



Figure 6 shows the percentage of individuals with disabilities by age, comparing Barnstable County to state and national data. This graph shows that Barnstable County has a similar estimated percent of individuals with disabilities by age when compared to state and national estimates. This graph also shows that the disabled population is not only made up of seniors in Barnstable County.

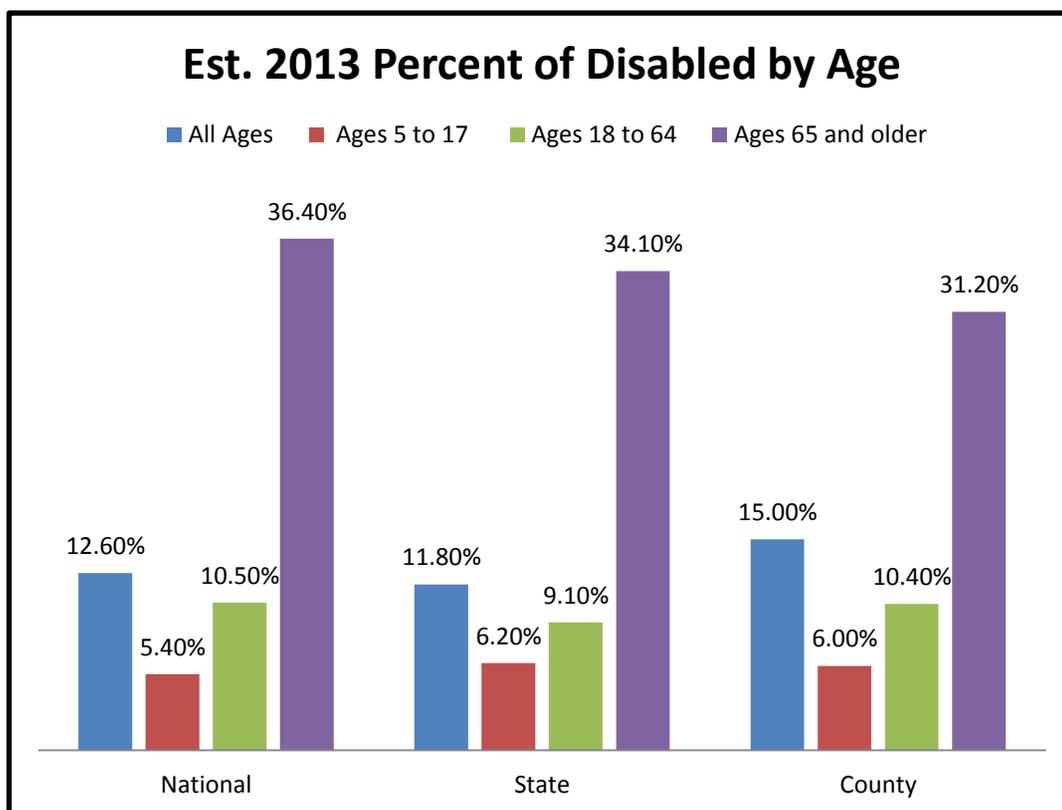


FIGURE 6: 2013 ESTIMATED PERCENT OF DISABLED BY AGE



Figure 7 shows the percent of the county population by disability type. The disability with the highest percentage of the population is ambulatory. A person with an ambulatory difficulty is someone who is not confined to a bed and is able to walk on their own. The disability with the lowest percentage is visual impaired. Each of the categories does not differentiate between someone who can or cannot drive a personal vehicle, but all of them contain people that face this difficulty.

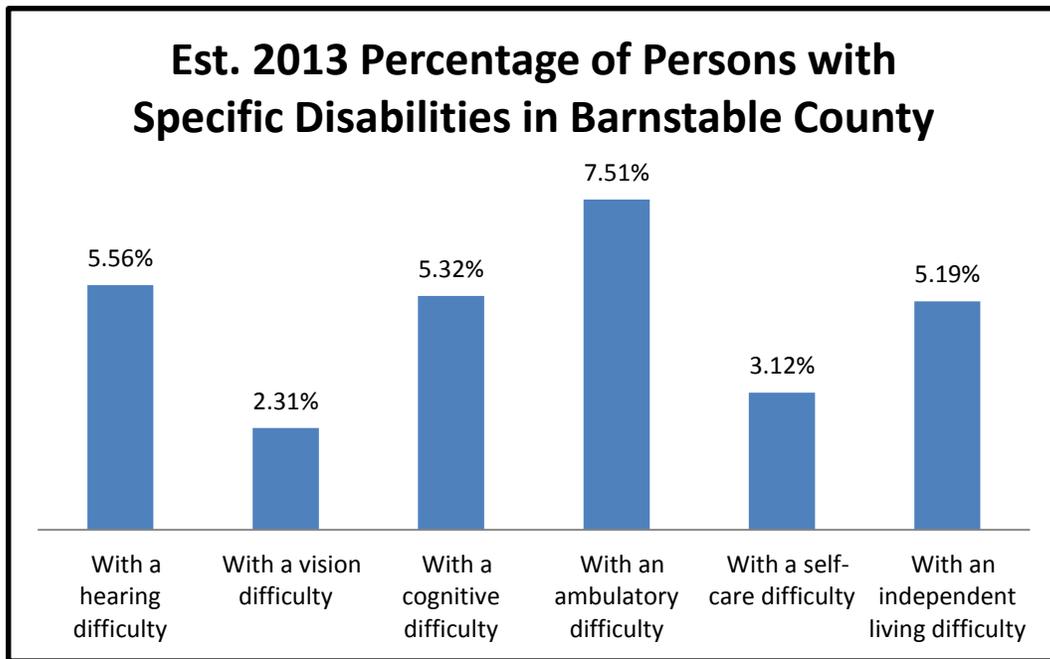


FIGURE 7: ESTIMATED 2013 PERCENT OF PERSONS WITH SPECIFIC DISABILITIES IN BARNSTABLE COUNTY

The following maps show the population of individuals with disabilities by census tract. The first map, figure 8, shows the total population of individuals with disabilities. The trend in the map shows that individuals with disabilities tend to live near health services. The second map, figure 9, shows the populations of individuals who are both disabled and over the age of 65. This map shows that this demographic is distributed mostly within the upper and mid cape areas. The data was obtained from the 2013 ACS.



CAPE COD
COMMISSION

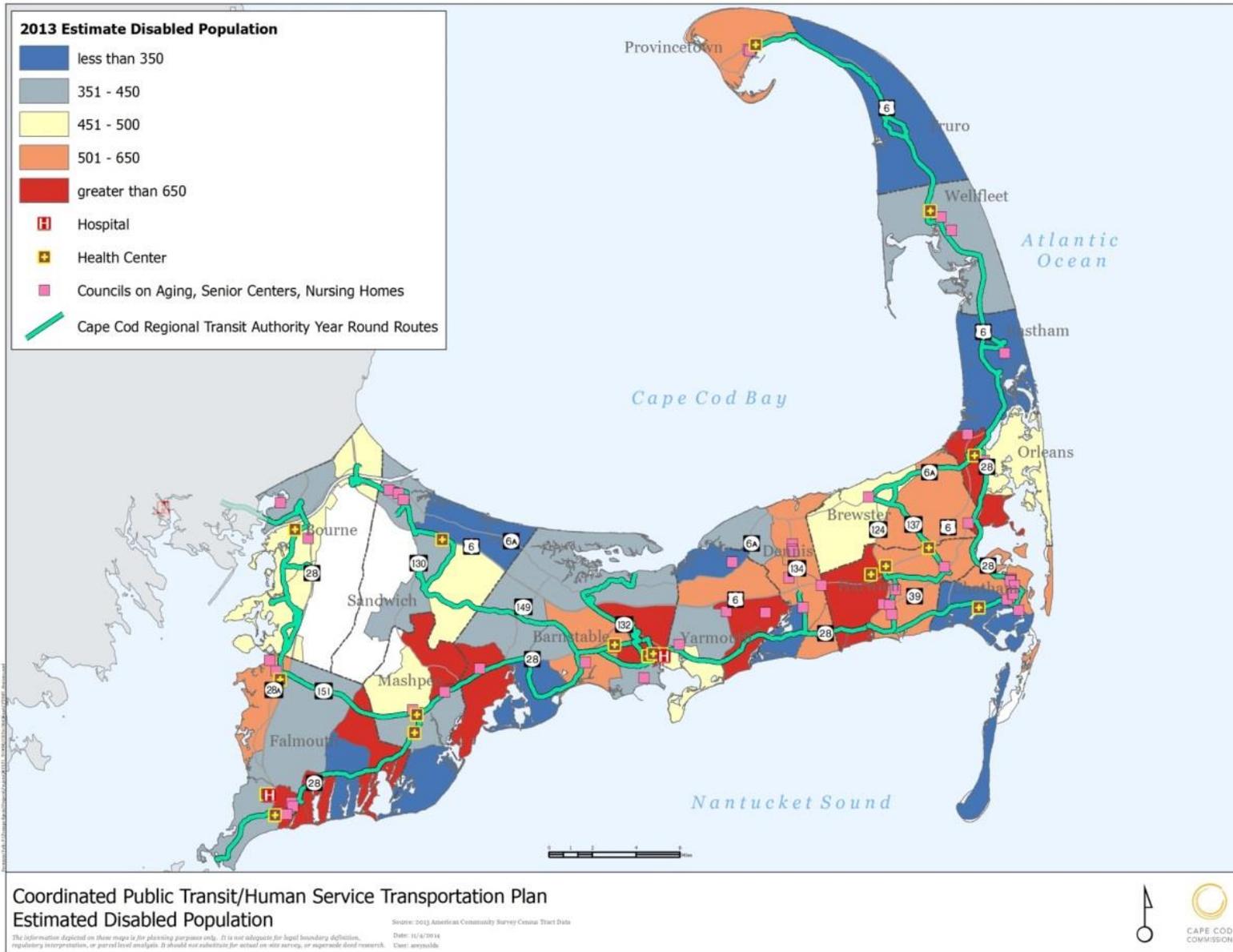


FIGURE 8: ESTIMATED 2013 DISABLED POPULATION



CAPE COD
COMMISSION

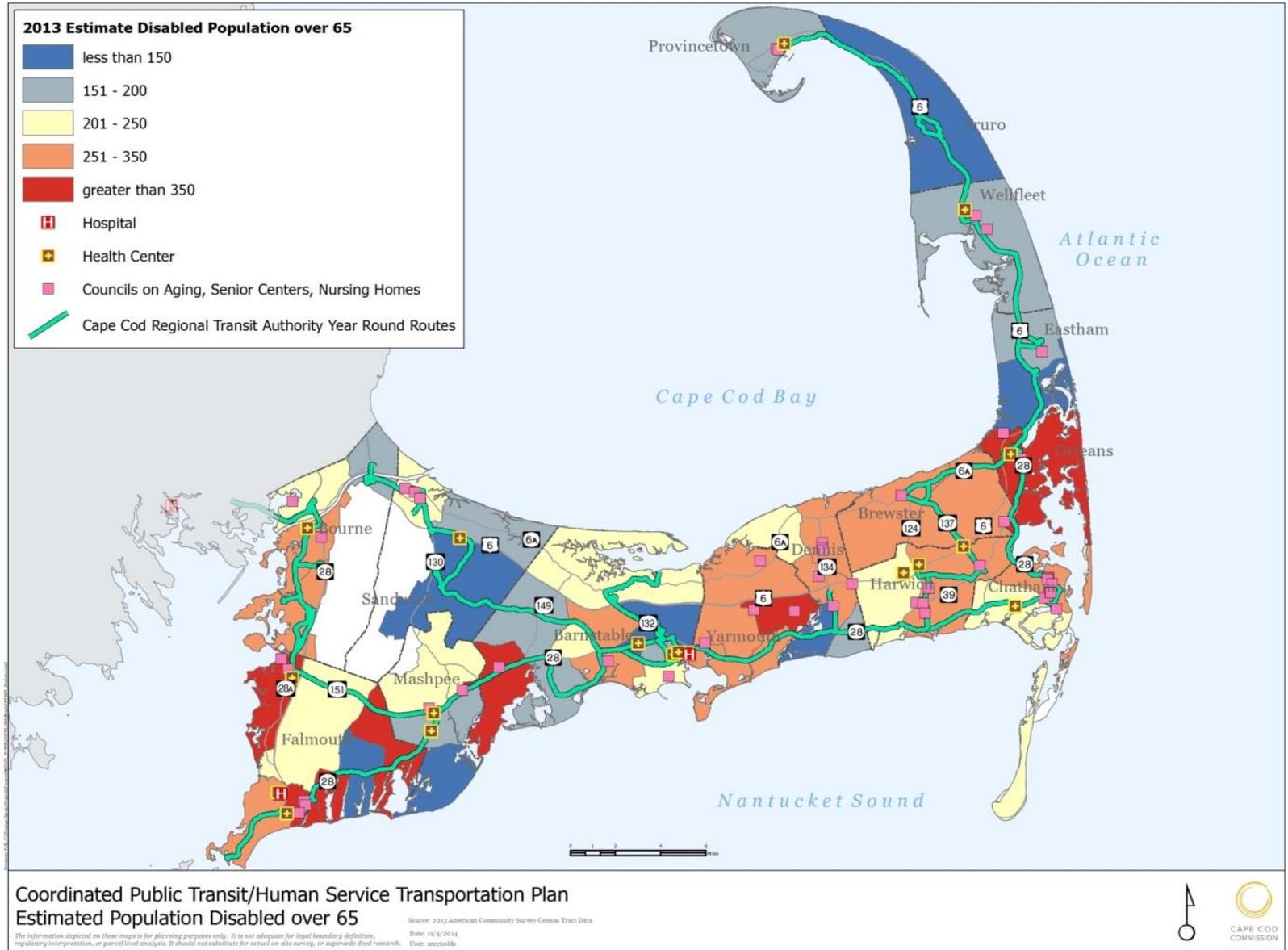


FIGURE 9: ESTIMATED 2013 DISABLED POPULATION OVER 65



Ridership Trends

Ridership data for human transportation services was obtained from the CCRTA. Table 1 shows the total riders in 2013 and 2014 for demand response, fixed routes, and fully funded services.

The demand response services include the Dial-A-Ride-Transportation (DART) service, COA vehicles, and other accessible vans. Trips usually need to be arranged a day prior to departure. The DART will pick a passenger up anywhere on Cape Cod, and drive them to any destination on Cape Cod for a flat rate of \$3.00. Many Barnstable County town COAs have service vehicles, often operating in coordination with the CCRTA. COA transportation services are locally focused for residents in the corresponding town. The total ridership for all demand response vehicles has increased by about ten percent from 2013.

Fixed route services data also show an increase in percent ridership from 2013, approximately nine percent. There are many types of riders on fixed route services, including seniors and individuals with disabilities. There are several fixed route services that are operational only in the summer months. All CCRTA busses are accessible to people with limited mobility and are in compliance with the American with Disabilities Act.

Fully funded services are medical transportation services that are funded through federal Medicare and often require a doctor’s prescription. The transportation service is often coordinated with the CCRTA. The total ridership on fully funded services is comparable to the dial-a-ride services. Fully funded services have seen about an eight percent increase in ridership from 2013 to 2014.

TABLE 1: CCRTA RIDERSHIP DATA

	2014 Total Ridership	2013 Total Ridership	2013-2014 difference by percent.
<u>Demand Response subtotal:</u>	276,030	251,357	9.8%
<u>Fixed Routes Subtotal:</u>	672,110	614,609	9.4%
<u>Fully Funded subtotal:</u>	265,500	245,913	8.0%
FY14 Monthly Totals:	1,213,640	1,111,879	9.2%



Funding Methods

MAP-21 REQUIREMENTS

FTA states that under MAP-21 (Moving Ahead for Progress in the 21st Century), desired funds from the program Enhanced Mobility of Seniors and Individuals with Disabilities (Section 5310) should agree with goals established in this regional CPT-HST Plan. This CPT-HST Plan highlights changes in an existing program prompted by MAP-21, evaluates the current state of coordinated human services transportation, and establishes revised goals going forward. Section 5310 allocates \$254.8 million in the federal fiscal year 2013 and \$258.3 million in the federal fiscal year 2014.

Enacted in July 2012, MAP-21 authorized \$105 billion in transportation funding over a two year period (2013-2014). MAP-21 replaced the 2005 legislation SAFETEA-LU (Safe, Accountable, Flexible, and Efficient Transportation Equity Act: a Legacy for Users).

In 2008, SAFETEA-LU established that agencies receiving funds from three designated Federal Transit Administration (FTA) human services transportation programs - Seniors Individuals and Individuals with Disabilities, Job Access and Reverse Commute (JARC), and New Freedom - must certify that the projects to be funded have been selected in the context of a locally developed CPT-HST Plan. In 2008 a CHSTP was drafted for the Barnstable Town Urbanized Area (UZA), defined by the 2000 U.S. Census, to identify needs that could be addressed with associated formula programs. Under MAP-21, New Freedom and JARC funds are no longer available. Most New Freedom and Seniors Individuals and Individuals with Disabilities type projects can receive funding from Section 5310. JARC funds do not exist following MAP-21, but funding for JARC type projects are available under Urban and Rural Formula Programs (Section 5307). To receive Section 5307 funds, CPT-HST Plan compliance is not a requirement. In addition to consolidation of several programs, MAP-21 enabled Section 5310 funds to be used for operating cost assistance, where funds in SAFETEA-LU were limited to capital costs.

Attached in the Appendix are fact sheets about each of the funding programs provided by the Massachusetts Department of Transportation (MassDOT) and FTA.



FUNDING AND PLANNING ZONES

Section 5310 funds are distributed to Urbanized Areas (UZA), which are defined as areas with populations greater than 200,000 persons defined by the most recent Census data. The Urbanized Area addressed in this CPT-HST is the Barnstable Town Urbanized Area (UZA) defined by the 2010 U.S. Census. The 2010 Census ranked the Barnstable Town UZA as 153th largest by population with 246,695 residents. The Barnstable UZA is the extent of the funding zone. This area includes the Cape Cod Metropolitan Planning Organization (CCMPO), and portions of the Old Colony Metropolitan Planning Organization region and Southeastern Massachusetts Metropolitan Planning Organization region. The majority of the Barnstable UZA is located in the CCMPO. The other planning organizations have access to other Section 5310 funding zones. The needs of the entire funding zone are not represented in this plan – only those within the CCMPO area.

This CPT-HST has been drafted by the Cape Cod Commission who serves as staff to the CCMPO. The CCMPO is the extent of the planning zone that this CPT-HST Plan addresses. The demographic maps, figures 4, 8 and 9, show the CCMPO extents. The plan establishes goals to improve human service transportation within the CCMPO and crossing the CCMPO boundaries. Trips that originate or terminate in the planning zone from outside of the planning zone are included.

SUB RECIPIENT

Applicants are considered the sub recipient of Section 5310 funds. A sub-recipient has several roles which are defined by the designated recipient. Sub-recipients are advised to fill out the Section 5310 funding application entirely and clearly, indicating how the funds will be used in a way that is reflected in the goals of the plan. After receiving funds, sub-recipients are required to comply with all follow-up requirements determined by the designated recipient. In addition, the sub-recipients are responsible for submitting complaints and feedback about the funding program.

There are three categories of eligible sub-recipients of Section 5310 funds:

- Private nonprofit organizations.
 - To be considered a private nonprofit corporation, an organization must be duly incorporated under Massachusetts General Laws Chapter 180 and must have Internal Revenue Service (IRS) 501 (c) (3) tax-exempt status.



- State or local government authority.
 - To be considered a state or local government authority, an organization must have overall responsibility for the provision of regional public transit and complementary para-transit.
- Operators of public transportation services, including private operators of public transportation services.

To be considered an operator of public transportation services, operators must participate in the movement of all types of persons. Operators could include Regional Transit Authorities, taxi companies, private bus companies, limousine companies, ambulance/chair car companies, van service companies, and other transportation service providers.

DESIGNATED RECIPIENT

The designated recipient for the Barnstable UZA is MassDOT. The designated recipient is responsible for facilitating the funding program. Sub-recipients will send funding application to MassDOT, who will review the application. MassDOT is responsible for defining application requirements, including identifying the location for sub-recipients to obtain the application, and the location to send completed applications. Project selection criteria are determined by MassDOT. MassDOT is responsible for notifying potential sub-recipients of the funding availability. MassDOT is also responsible for a fair selection process and handling any complaints about the funding program.

For administering the process, MassDOT is allowed to take 10% of program funds to assist with management and technical service costs that supplement the program.



FEDERAL TRANSIT ADMINISTRATION RESPONSIBILITIES

The FTA distributes the funds to the designated recipient, and is responsible for providing overall policy and program guidance for the Section 5310 program, apportioning funds annually to designated recipients. In addition, the FTA reserves the right to become more involved in the management process administered by the designated recipient if issues in management practice are identified.

The FTA states that at least 55% of funds must be used on capital projects that are public transportation planned, designed, and carried out to meet the special needs of seniors and individuals with disabilities when public transportation is insufficient, inappropriate or unavailable. The remaining 45% may be used for public transportation projects that exceed the requirements of the ADA, improve access to fixed route services, decrease reliance on complementary para-transit, and other public transportation alternatives that assist seniors and individuals with disabilities.

In addition, 60% of the FTA funds will go to designated recipients in urbanized areas with a population over 200,000, such as the Barnstable UZA, 20% to states for small urbanized areas, and 20% to states for rural areas.

MATCHING FUNDS

The funds obtained from the FTA will not cover the total cost of the proposed project. For capital projects, including acquisition of public transportation services, the federal share is 80%. For operating cost assistance the federal share is 50%. The remaining 20 percent (or more) for capital and 50 percent (or more) for operating costs must be provided in match by the sub-recipient organization and must be provided from sources other than Federal DOT funds. Non-cash shares such as donations, volunteer services, or in-kind contributions are eligible to be counted toward the local match as long as the value of each is documented, represents a cost that would otherwise be eligible under the program, and is included in the net project costs in the project budget.



Stakeholder Coordination

Due to the cost of the human transportation services, it is vital that issues and overlaps which are recognized by both the destination service and transportation service are identified. An example of an overlap would be the occurrence when someone traveling to the hospital in a human service transportation vehicle that is not filled and passes a location where another customer is waiting to be picked up by a different human transportation service going to the same or a nearby destination. To combat issues such as this, the state has formed Regional Coordinating Committees (RCCs).

REGIONAL COORDINATING COMMITTEES

In 2012, Massachusetts Executive Order 530: Community, Social Service, and Paratransit Transportation Commission, formed Regional Coordinated Councils (RCC). The councils were formed to address service gaps locally. Forming a coordinating body was identified as a goal in the Cape Cod 2008 CPT-HST. Members of the RCCs include persons who have influence and extensive contacts in transportation services. The purpose of this body is to facilitate coordination between existing and proposed transportation services.

The goal is to have state, regional and local agencies work together to build an efficient, cost effective approach to transportation for human service programs and consumers that eliminates duplication of effort and services while better addressing unmet need.

The CCRTA is the central provider of human transportation services. Many of the human transportation services that are offered outside of the CCRTA are in fact coordinated and funded in partnership with the CCRTA. It is recommended that applicants for Section 5310 funds consult with coordinating body such as the RCC or administrative employees at the CCRTA.



ANNUAL PROGRAM OF PROJECT DEVELOPMENT AND APPROVAL PROCESS

All projects that are implemented by the CCRTA are presented before the Cape Cod Metropolitan Planning Organization (MPO) and appear on the Transportation Improvement Plan (TIP). At that time the project will be discussed by representatives from each town and various participating committee representatives. This process helps to increase coordination and align projects with regional transportation goals.

OTHER EFFORTS TO COORDINATE

Federal Executive Order on Human Service Transportation #13330, in 2004, established the Federal Interagency Transportation Coordinating Council on Access and Mobility (CCAM), tasked to simplify access to transportation for people with disabilities, people with lower incomes, and older adults. The CCAM launched United We Ride (UWR), a national initiative to implement the Executive Order and the Action Plan established by the CCAM. As of 2014, the CCAM and UWR are still active and seek to expand coordinated human service transportation and infrastructure. The CCAM defines the coordination of specialized transportation services as "a process through which representatives of different agencies and client groups work together to achieve any one or all of the following goals: more cost effective service delivery, increased capacity to service unmet needs, improved quality of service, and services which are more easily understood and accessed by riders.



Assessment of Needs

To assess the needs in this study, an organization survey administered by the Cape and Islands RCC was evaluated. The CCRTA and the Greater Attleboro Regional Transit Authority (GATRA) were consulted to discuss the previous study's goals and establish new goals and objectives for this plan, and a community forum was attended. The RTA organizations were chosen as consultants because they provide the most extensive human transportation services and have staffs that are liaisons for the local RCCs. A summary of the survey and feedback received are summarized below.

CAPE COD AND ISLANDS RCC ORGANIZATIONAL SURVEY

To assess needs in 2008, service providers registered with the Human Service Transportation Advisory Council (HSTAC) were surveyed, local service providers were contacted and service extent was evaluated. Since the HSTAC no longer exists, a surveys administered by the RCC was used to gain feedback for organizations that provide human transportation services. A selection of surveys questions that were beneficial to identifying needs are presented below. It is important to note that for all questions presented below, organizations could select multiple answers.



Question 1 identifies the type of organization that answered the survey. The results show low responses from educational organizations and employment centers, and a strong response from elder service providers and COAs.

Q1: Type of Organization	
Elder Service Provider	40.74%
Non- Profit	32.1%
Council on Aging	19.75%
Human Service Organization	15%
Educational Organization	6.17%
Employer	6.17%
Low Income Service Provider	13.58%
Employment or Career Center	1.23%
Youth Service Organization	1.23%
Veterans Organization	3.70%
Volunteer Organization	4.94%
Transportation or Transit Provider	4.94%

Question 2 shows the age that organizations identified they serve. The results show that responders mostly serve seniors citizens, reflecting the results of question1.

Q2: What is the typical age of those you serve?	
Below 18	14.81%
19-30	29.63%
31-50	27.16%
51-59	34.57%
60-64	69.14%
65-70	70.37%
70-80	76.54%



Question 4 identified mobility disabilities that riders might have, which should be accommodated in human service transportation. The results show that mobility disabilities are well accommodated for in the Barnstable Region on existing services.

Q4: What type of mobility aids/assistance do your consumers use?	
Wheelchair	87.67%
Mechanical Wheelchair	60.27%
Walker	89.04%
Cane	90.41%
White Cane	43.84%
Crutches	39.73%
Stairlift	31.51%
Personal Care Assistant	52.05%

Question 6 identifies infrastructure barriers that riders face when using human transportation services. The top answer, lack of sidewalks, shows that there is demand for pedestrian accommodation in the Barnstable Region.

Q6: Specifically let us know that the barriers negatively affecting their access to public transportation	
Lack of Sidewalks	63.64%
Snow or Debris on Sidewalks	56.36%
Traffic	54.55%
No Bus Shelter	43.64%
Heat/ Humidity	36.36%
No Crosswalks	32.73%
No Signal Crosswalk	34.55%
Lack of Curb Cuts	36.36%
Poor Road Grading	34.55%
Other	27.27%



Question 11 identifies the towns that organizations serve, reflecting that a service exists in all cape towns, but services from the same organization are not offered in all cape towns. This could reflect the local characteristic of human service transportation. Organizations from outside the Barnstable County region were surveyed, resulting in documented service on the islands.

Q11: Cities and towns Organizations Serve	
Bourne	44.07%
Sandwich	42.37%
Falmouth	40.68%
Mashpee	42.37%
Barnstable	47.46%
Dennis	42.37%
Brewster	47.46%
Harwich	47.46%
Orleans	44.07%
Chatham	49.15%
Eastham	50.85%
Wellfleet	47.46%
Truro	40.68%
Provincetown	40.68%
Yarmouth	42.37%
Edgartown	42.37%
Oak Bluffs	40.68%
Vineyard Haven/ Tisbury	44.07%
Aquinnah	37.29%
Chilmark	37.29%
West Tisbury	38.98%
Nantucket	40.68%



Question 16 identifies how riders typically are transported. The results suggest that many people would rather travel by their own means, personal vehicle or by friends and family, than use transportation services. The results also show that COA and Senior Center vans are a popular choice among responders.

Q16: What transportation options do your consumers typically use?	
Drive their own car	66.10%
Driven by family or friends	83.05%
Share rides	23.73%
CCRTA Transit Services	35.59%
CCRTA Dial-A-Ride Services	38.98%
CCRTA ADA Service	20.34%
Martha's Vineyard Transit Service	20.34%
Martha's Vineyard ADA Service	8.47%
Nantucket Transit Service	11.86%
Nantucket Dial-A-Ride Service	8.47%
Access Express	1.69%
Taxi	32.20%
Council on Aging or Senior Center Van	54.24%
Volunteer Driver	42.37%
Biking	13.56%
Walking	32.20%
Transportation from an organization	23.73%
Hitchhike	5.08%
Hospital Van	8.47%



Question 25 shows challenges that consumers face when traveling in general. The highest selected answer was loss of driver's license, reflecting that many users of human service transportation are not riders by choice, but by circumstance. Many responders identified lack of weekend and night time service as gaps also.

Q25: What are your consumer's transportation challenges?	
Services are not affordable	47.27%
Lack of night service	52.73%
Lack of weekend service	52.73%
Few or no services available	36.36%
Consumers do not know about available services	49.09%
Lack of wheelchair-accessible services	18.18%
Lose of driver's license	60.00%
Difficulty ceasing driving their own car	58.18%
Consumers do not know how to use public transit	50.91%
Particular locations are difficult to access in public transit	63.64%
Flexibility of transit services	56.36%



Question 27 identifies where most people are going when using transportation services. The top destinations identified include medical trips, grocery stores, and day programs.

Q27: Where do your consumers most often need transportation services to?	
Grocery Store	78.18%
Salon	27.27%
Medical Visit	92.73%
Hospital	63.64%
Day Programs	65.45%
Restaurant	12.73%
Retail	23.64%
Work	27.27%
Entertainment	20.20%
Social Services/ Public Assistance	58.18%
Government Services	40.00%



Question 28 identifies trips that organizations find challenging to arrange. This shows that the most difficult trips include long distance medical and last minute types. This is typically an issue with any transportation arrangement, but could be alleviated by better advertising, increased availability, or specified service.

Q28: What kind of trips do you find challenging to arrange?	
Last Minute Trips	75.00%
Long-Distance Medical Appointments	64.58%
Social	43.75%
Medical appointments nearby	27.08%
Employment	20.83%
Shopping	16.67%
Airports	6.25%

Question 33 identified times that consumers do have unmet needs. The question was skipped frequently and seems to identify times that organizations do not provide service, rather than the immediate needs. The issue of night time and weekend service is once again identified in this question as a gap in service.

Times and Days Consumers Experience Unmet Transportation Needs	
2:00AM -5:00 AM	Mon-Sun
11:00PM- 12:00PM	Mon-Fri
6:00 AM	Sat & Sun
9:00PM- 10:00PM	Friday
9:00PM	Mon-Thu



FEEDBACK FROM RCC COORDINATORS

In addition to survey results, the CCRTA and GATRA were consulted to identify difficulties in human transportation services. GATRA was consulted because they maintain services that cross into the CCMPO area. Both of the organizations identified how they envisioned Section 5310 funds could be used to benefit their service.

The CCRTA identified that many issues in the 2008 study, such as lack of services in specific Cape Cod towns, were successfully addressed. They cited that more accessible vans are in service, accessible taxi services have reduced in price and fixed routes moved to hourly service. The CCRTA identified that the formation of RCCs lead to increased coordination. The CCRTA also noted that they had invested in para-transit software that would increase mobility management by creating a call center. The issues that the CCRTA identified included a lack of a command center that includes all dial-a-ride services for Barnstable County, which would allow for increased coordination, lack of pedestrian infrastructure on and to fixed routes, lack of evening service, a negative stigma in using public transit, and a lack of knowledge about service options.

GATRA identified that there was an issue with getting disabled students to the Cape Cod Community College and that there were several overlaps in the fixed route services in Bourne/Wareham area. GATRA also identified that medical trips to Boston could be better coordinated to decrease overlaps in services along the south shore.

OTHER OUTREACH EFFORTS

The Barnstable COA recently kicked off a Needs Assessment study for the senior population. The study will be performed by the UMass Boston Gerontology department. On October 7, 2014 a community forum was held to identify strengths, challenges and opportunities for seniors in the town of Barnstable. Cape Cod Commission staff attended to obtain information on transportation services and received several comments. Seniors were unable to access fixed routes due to lack of pedestrian infrastructure, unaware of many of the transportation services available, and requested evening and night time services because of the hazards of driving in the dark.

PUBLIC COMMENTS



To receive further comment on the needs of the seniors and disabled community, a draft of the study was sent to all COAs, RCC members, and the Cape Cod Commission outreach list to solicit comments. The comment period allotted was at least 30 days, starting on November 17th and ending on December 17th. Public comments sent via email or publicly at Cape Cod Joint Transportation Committee (CCJTC) and CCMPO Meetings. The study was discussed at both meetings during the comment period. The CCJTC recommended endorsement and the CCMPO endorsed the draft for public comment on November 17th 2014. The following table summarizes feedback which was received from the public outreach. Special thanks to all who publicly commented. Feedback from stakeholders and all members of the public is valued and encouraged.

Name/Organization/Town	Comment Summary	Response Summary
C. Bartley/CCCC student senate	Concerned about creating new government bureaucracy and advocated to expand transit service to users other than elderly and disabled	The report will not result in new government bureaucracy and service for other users will be examined in other studies
K. Corners/ St. George Greek Orthodox Church of Cape Cod	Identified expanding service to elderly and disabled as very important	Expressed agreement and thanks for the positive feedback
J. Diaz/ Greenman-Pedersen Inc.	Clarification on survey result presentation	Explained that more than one answer can be chosen therefore results that do not add up to 100%
M. Greenleaf Garrison/ The Friends of Baybridge Inc.	Identified that mental illness is not recognized as a disability and that social trips are not recognized in the goals	Incorporated the recognitions into the report



SUMMARY OF SIGNIFICANT NEEDS IDENTIFIED

The following list summarizes the needs that were identified in assessment:

- Weekend and evening service
- Increased Sunday service
- More service to the Cape Cod career centers
- Accessible transportation to education facilities, training programs and recreational events.
- More effective advertising of existing services
- Accessible pedestrian infrastructure to and along fixed routes
- Snow and other debris removal along pedestrian infrastructure preventing access to fixed routes
- Bus shelters on fixed routes
- Increased coordination on service to medical centers
- Removal of stigma attached to using human transportation services that include buses or vans; customers prefer car rides and one on one services and attention
- Partnership between agencies and the various funding sources
- Encourage inter-agency arrangements where shared cost is possible
- Increase access to medical services from Nantucket and Martha's Vineyard
- Increase access to Cape Cod Community College from outside of the Cape Cod region.
- Increased coordination with service providers that neighbor the CCMPO region
- Acquire modern vehicles and technical applications
- Acquire modern accessible service equipment
- Maintain vehicles at or above state of good repair



Plan Goals and Objectives

The purpose of this plan is the identification of coordinated actions to eliminate or reduce duplication in services, identify gaps and needs in service, and establish strategies for more efficient utilization of resources. The following goals and objectives identify goals for projects related to the assessment of needs. These goals and objectives will provide criteria for the selection of projects using Section 5310 funds.

GOAL 1 – PROVIDE SERVICE TO ADDRESS BARRIERS AND UNMET NEEDS FOR SENIORS AND DISABLED COMMUNITIES

Objectives

- Provide weekend and evening service
- Improve journey to work options
- Provide access to schools and training facilities
- Provide long distance medical trips
- Provide last minute trips
- Improve demand response scheduling
- Provide access to recreational events

GOAL 2 – SUPPORT EFFORTS IN COORDINATING SERVICES

Objectives

- Continue to use RCC as a facilitator for coordinating human service transportation
- Provide technical assistance to RCC-endorsed projects
- Improve outreach to identify duplicated services within and outside RCC boundaries
- Remove duplicated and overlapping services
- Incorporate all transportation services in a mobility management center



GOAL 3 – IMPROVE ADVERTISING FOR CURRENT SERVICES

Objectives

- Help consumers to understand current types of services that will better suit their needs
- Develop more outreach programs to schools, employers, and human service organizations to determine barriers to transportation, unmet needs and opportunities
- Remove stigma associated with using public transportation

GOAL 4- IMPROVE INFRASTRUCTURE THAT ALLOWS ACCESS TO PUBLIC TRANSPORTATION

Objectives

- Provide safe access on and off vehicles
- Provide ADA compliance sidewalks directly on and to bus routes
- Provide crosswalks as bus stop locations
- Provide pedestrian phases at signals near bus stops
- Provide bus shelters
- Remove snow and other debris from sidewalks

GOAL 5- PROVIDE CAPITAL EQUIPMENT AT OR ABOVE STATE OF GOOD REPAIR

Objectives

- Acquire modern vehicles and technical applications
- Acquire modern accessible service equipment
- Maintain vehicles at or above state of good repair



Conclusion

Access to affordable, reliable, safe, and timely transportation is an essential component of Federal, State, Regional and Local programs providing employment, training, childcare, medical care, and an array of other services for seniors citizens and individuals with disabilities. Expanding and coordinating these services is essential to accommodate the described populations.

Barnstable County has a large population of seniors compared to the state and national estimations, and a comparable population of individuals with disabilities. The senior population of Barnstable County is increasing. There currently are human transportation services which show ridership increases from 2013 to 2014. There is a need for additional funds to continue to offer exceptional service to those who desire assistance.

The identified needs are listed below and align with goals established in this plan:

- Expanding evening, nighttime and weekend service
- Access to recreational events, educational facilities and training programs
- Access to long distance medical facilities.
- Supporting and expanding existing coordination efforts
- Advertising effectively promote public transportation and increased understanding of existing services
- Improving pedestrian infrastructure on and leading to service routes
- Acquisition of capital equipment including vehicle and technical applications

Applicants for Section 5310 are encouraged to align requests with goals identified in this plan and follow all requirements put forth by the designated recipient, MassDOT, before and after applying. Funds may be used for capital or operating cost assistance. Barnstable County has a reasonably large demographic of seniors and individuals with disabilities. The progress of transportation services will allow them to go about regular tasks such as visiting the doctor or shopping, that otherwise they could not do.



CAPE COD
COMMISSION

CAPE COD COMMISSION

3225 MAIN STREET • P.O. BOX 226 • BARNSTABLE, MASSACHUSETTS 02630
(508) 362-3828 • Fax (508) 362-3136 • www.capecodcommission.org





CAPE COD
COMMISSION

Coordinated Public Transit – Human Services Transportation Plan

Regarding FTA Section 5310 Funds, Enhanced Mobility for
Seniors and Individuals with Disabilities

APPENDIX



Cape Cod
Regional Transit Authority



CAPE COD COMMISSION

3225 MAIN STREET • P.O. BOX 226 • BARNSTABLE, MASSACHUSETTS 02630
(508) 362-3828 • Fax (508) 362-3136 • www.capecodcommission.org

