



CAPE COD
COMMISSION

2023 Coordinated Public Transit – Human Services Transportation Plan

REGARDING FTA 5310 FUNDS, ENHANCED MOBILITY
FOR SENIORS AND INDIVIDUALS WITH DISABILITIES

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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 the Bipartisan Infrastructure Law (BIL), specifically Section 5310 Enhanced Mobility for Seniors and Individuals with Disabilities. BIL has continued the funding for programs after the expiration of the FAST Act in 2021.

Human service transportation in Barnstable County is available in all fifteen towns and accommodates all types of disabilities. There is an average number of individuals with disabilities and an above average number of seniors living in Barnstable County. Ridership on demand responsive transit 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 human service needs, demographic information from the American Community Survey was analyzed along with the ridership trends provided by the Cape Cod Regional Transit Authority (CCRTA). There are many different providers of human transportation services for seniors and individuals with disabilities; consequently, the cost to the Federal Transit Administration (FTA) and other funding agencies is high. Coordination and planning involved in allocating these funds is necessary to ensure 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 medical facilities.
- Supporting and expanding coordination efforts
- Advertising effectively to promote public transportation and increase understanding of available services
- Improving pedestrian infrastructure on—and leading to—service routes
- Acquisition of capital equipment including vehicle and technical applications
- Support of first and last mile access to services and destinations



The application for Section 5310 funds will be facilitated by Massachusetts Department of Transportation (MassDOT) and distributed to the Barnstable Urbanized Area (UZA). 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.

Introduction

The Cape Cod region, a desired place for both retiring and raising a family, is home to many seniors and individuals with disabilities. Both groups often rely on transportation services to perform daily tasks such as attending health services and buying groceries. The services include on-demand 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 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). MAP-21 ended in 2015, when it was replaced by the FAST Act (Fixing America's Surface Transportation), which supported the same requirements. With the expiration of the FAST Act in September of 2021, a new program to support human service transportation was enacted with the Bipartisan Infrastructure Law (BIL). The BIL picks up where the FAST Act ended continuing to fund surface transportation programs for FY 2022-2026. Any local project seeking to use 5310 funding must be part of the Coordinated Human Service Transportation Plan.

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 DEMOGRAPHICS

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

Current transportation services make Barnstable County an attractive 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 only 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. Additionally, 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. Hospitals and senior living facilities may offer transportation services that may be exclusive to seniors, but COAs themselves may not restrict services exclusively to seniors.

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

Figure 1 shows the estimated Barnstable County age distribution over several different age brackets. The figure shows that the largest group of people living in Barnstable County are considered seniors, ages 60 to 64, making up about 9.50% of the county population. Age 65 to 69 is the second largest age group in the region, with the same percentage of population attributed to this group. While this age group is not considered seniors, people within the age groups of 45 to 59 are likely to have established residency and will become part of the senior population. Since Barnstable County is a desirable place to retire, even more seniors are expected to move to the region. This will increase demand for human transportation services.

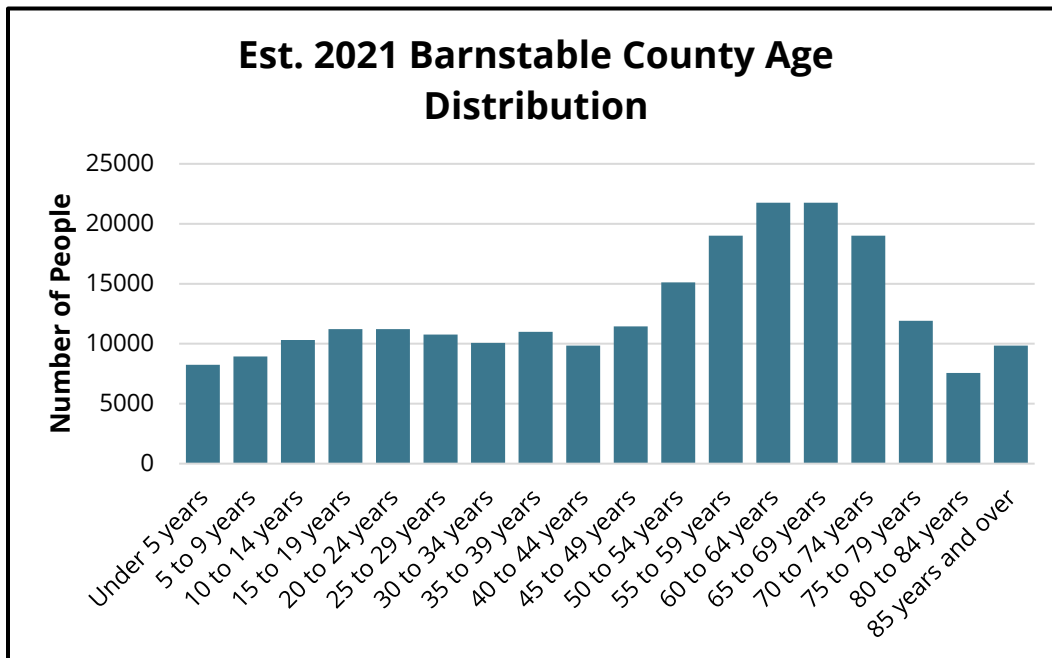


Figure 1: 2021 Estimated Barnstable County Age Distribution

Figure 2 shows the median age in each town, compared to the national average, which is estimated to be 38.4 years. Every town in Barnstable County is above the national average, with the highest average age being 64.7, in the town of Orleans. The town with the youngest average age is Barnstable at 47.4 years old. This is still over 9 years above the national average.

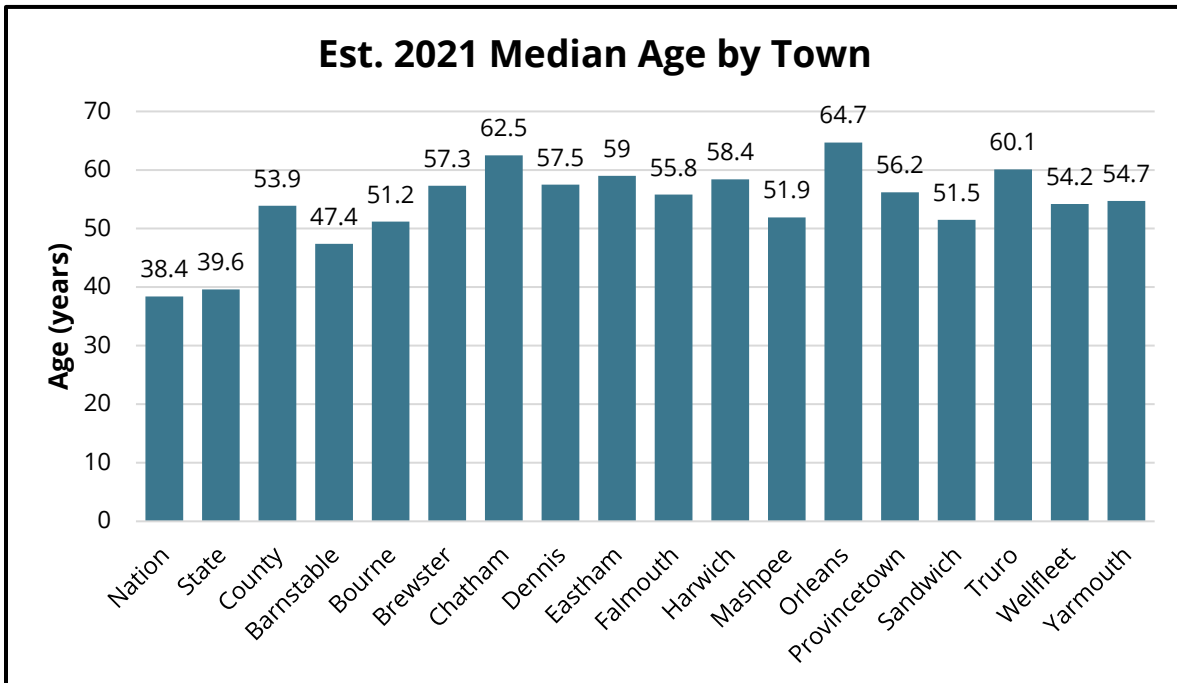


Figure 2: 2021 Estimated Median Age by Town

Figure 3 shows the percentage of the town populations that is at the age of 65 and over compared to the national average. Many towns have nearly twice or three times the percentage of seniors living in their town than the state and national levels. Orleans and Chatham have nearly 50% of their populations in this range. This graph also shows that the county has just over double the percent of seniors than the state does.

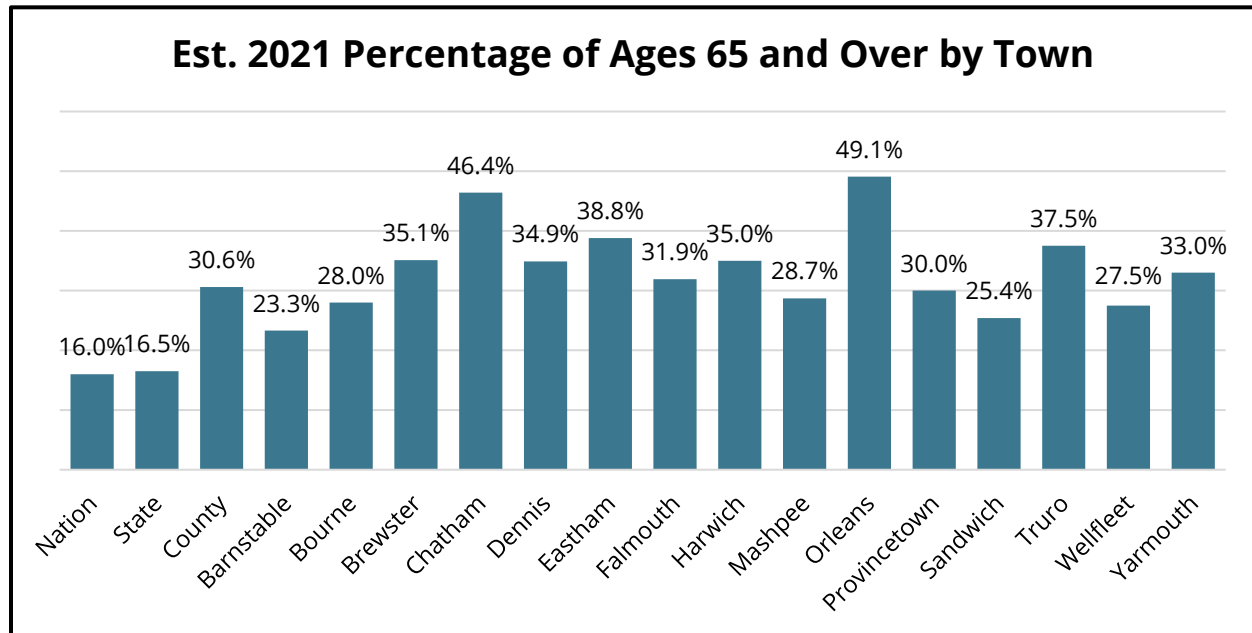
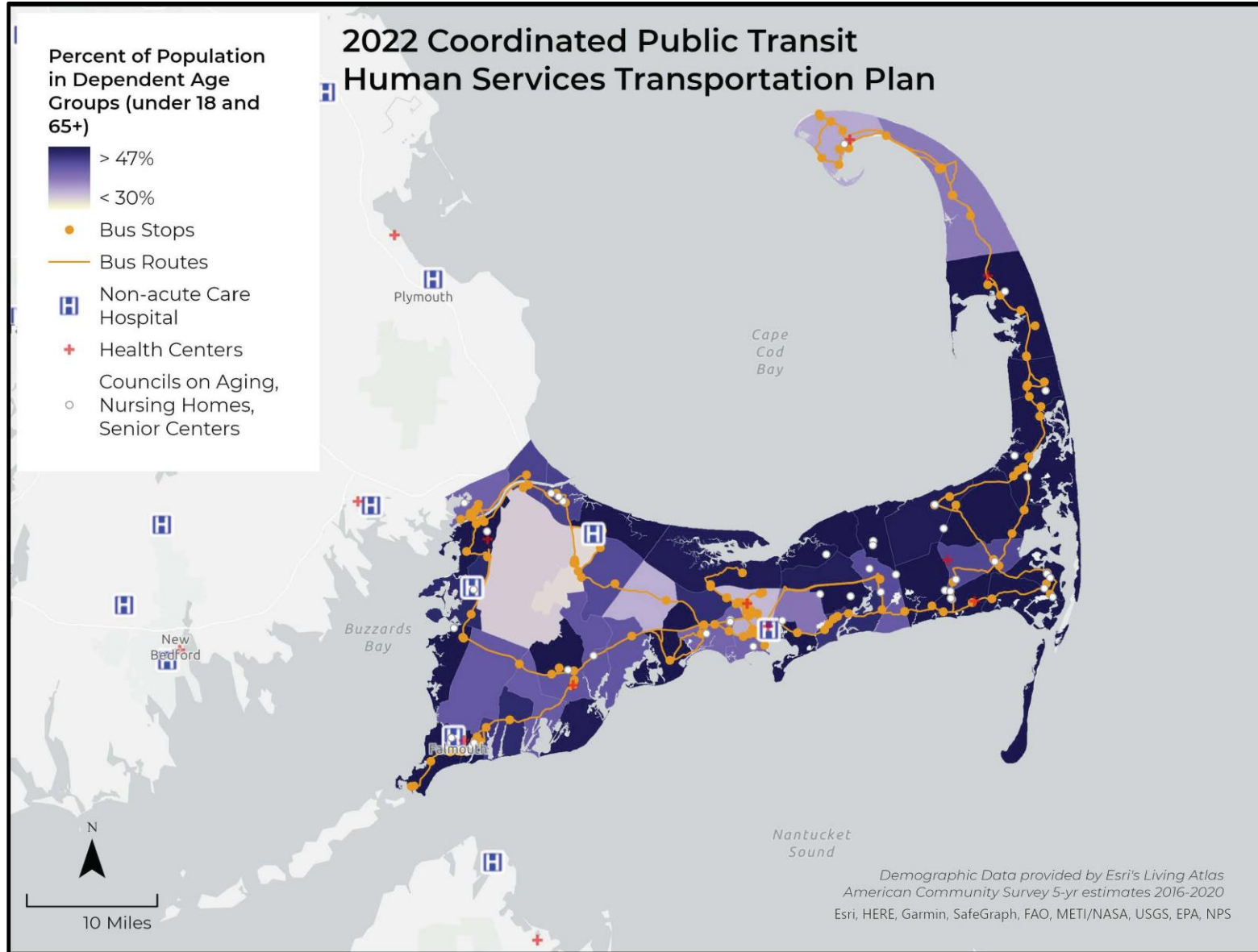


Figure 3: 2021 Estimated Percentage of Ages 65 and Over by Town

The following map, Figure 4, shows the total estimated population in 2022 of persons under the age of 18 and over the age of 65 by census tract. These two population groups are dependent age groups, which is part of the population that does not work and relies on others for the goods and services they consume. In addition, the map shows the location of hospitals, health centers, COAs and other senior services. Year-round CCRTA fixed routes and ridership stops are also presented. It is important to note the CCRTA has a dial-a-ride transportation service (DART) which covers all roads on Cape Cod and is available for all users. The data was obtained from the ACS 5-year estimates 2016-2020.

Figure 4: 2022 Estimated Percent of Population in Dependent Groups



DISABLED INDIVIDUAL DEMOGRAPHICS

In defining “disability”, the Cape Cod Commission references the Americans with Disabilities Act (ADA). 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. The population of individuals with disabilities in Barnstable County is made up of all ages and features a broad array of transportation needs and options. Students with disabilities are enrolled across Barnstable County’s K-12 schools. These schools offer supplementary transportation services to students with disabilities. In the higher education context, Cape Cod Community College offers training services designated to assist people with disabilities enter the workforce. In addition to education, there are many people currently in the workforce that have disabilities and rely on transportation services. The region contains medical centers that are major destinations for all transportation services, including those for individuals with disabilities. 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 service trips in this region’s healthcare sector is independent health clinics such as dialysis centers. Assisted living facilities for individuals with disabilities located in the region also generate service trips. In short, individuals with 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 County is not meaningfully greater than national trends, as identified through American Community Survey data. Still, there is a local demand for transportation services and data indicates that people with disabilities often rely on public transportation. Expanding human transportation services will facilitate enhanced mobility of the region’s population of individuals with disabilities.

Figure 5 shows the number of individuals with disabilities distributed by town. Barnstable and Falmouth have the largest populations of individuals with disabilities. The national level is not shown in this graph due to the far high number. This graph is only meant to compare the towns in Barnstable County. The data shows a concentration of individuals with disabilities living near medical facilities. The map (Figure 8) shows the percentage of population living in those towns where the most services are available.

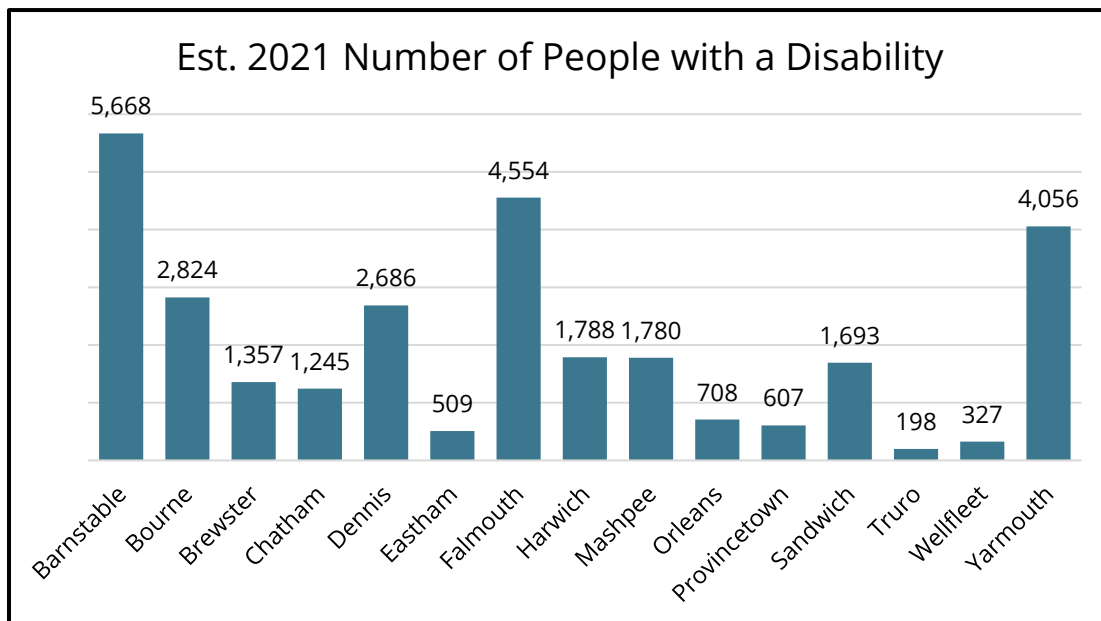


Figure 5: 2021 Estimated Number of People with a Disability

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. Despite the high percentage of the disabled population in the 65 and older group, graph also shows that the disabled population is not only made up of seniors in Barnstable County.

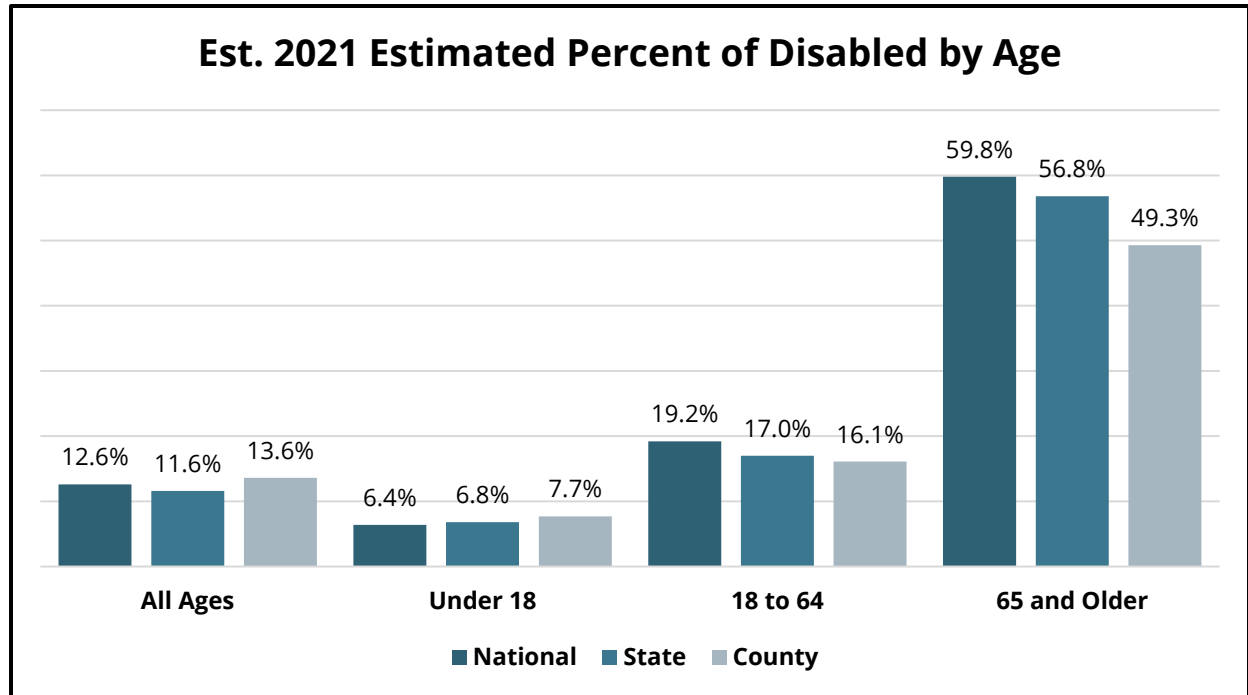


Figure 6: 2021 Estimated Percent of Disabled by Age

Figure 7 shows the percent of the county population by disability type. The disability type that impacts the highest percentage of the population is ambulatory. A person with an ambulatory difficulty has an impairment that prevents or impedes walking. The disability type with the lowest percentage is visual impairment. 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. The figure also shows how Barnstable County compares to the state and national percentages for each category.

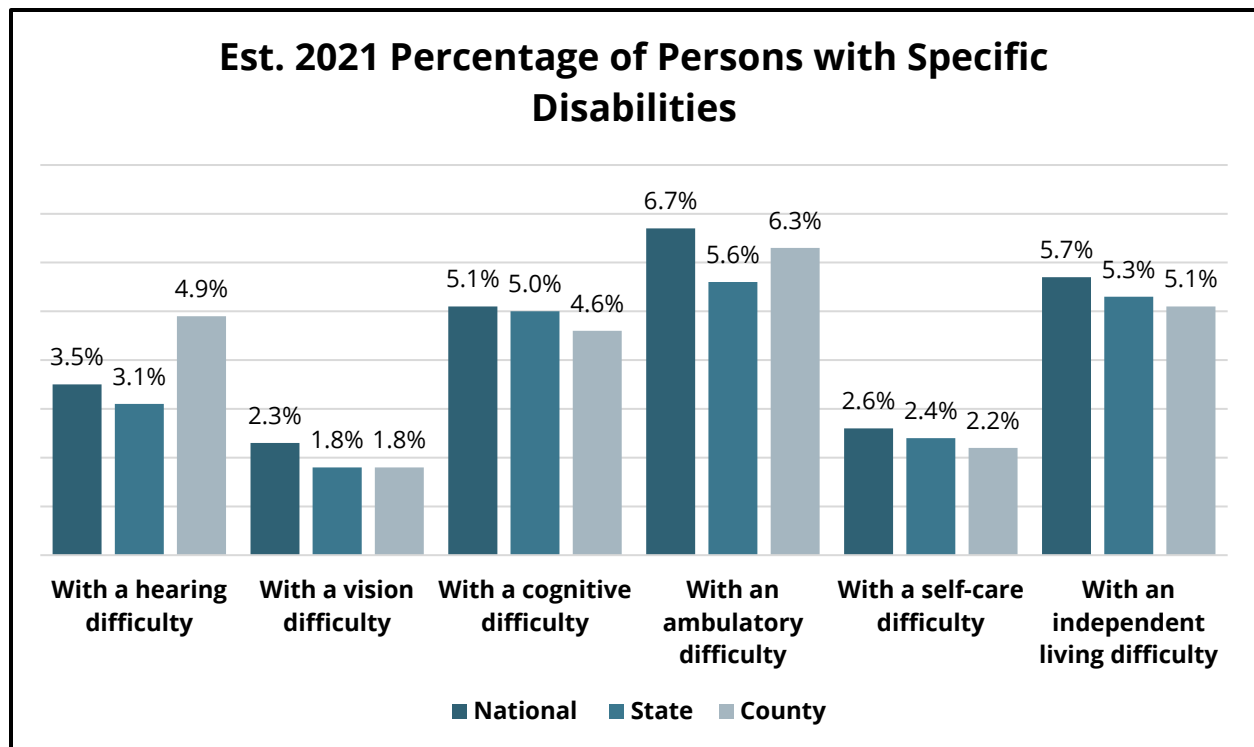


Figure 7: 2021 Estimated Percentage of Persons with Specific Disabilities

The following maps show the population of individuals with disabilities by census tract. The first map, Figure 8, shows the percent of population with a disability. As stated earlier, the map shows that individuals with disabilities tend to live near health services. The second map, Figure 9, shows the percent of population 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 ACS 5-year estimates 2016-2020.

Figure 8: 2022 Estimated Percent of Disabled Population

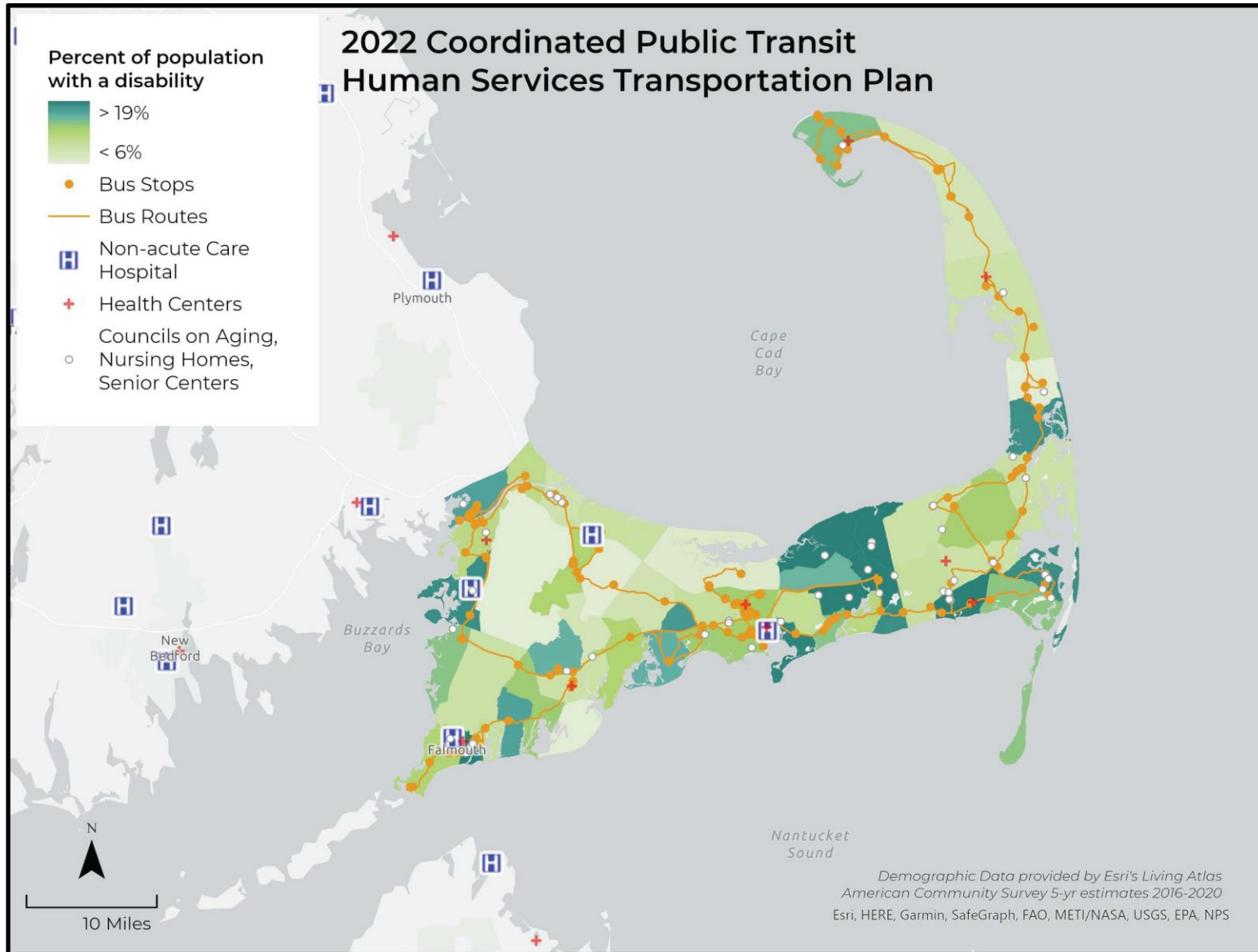
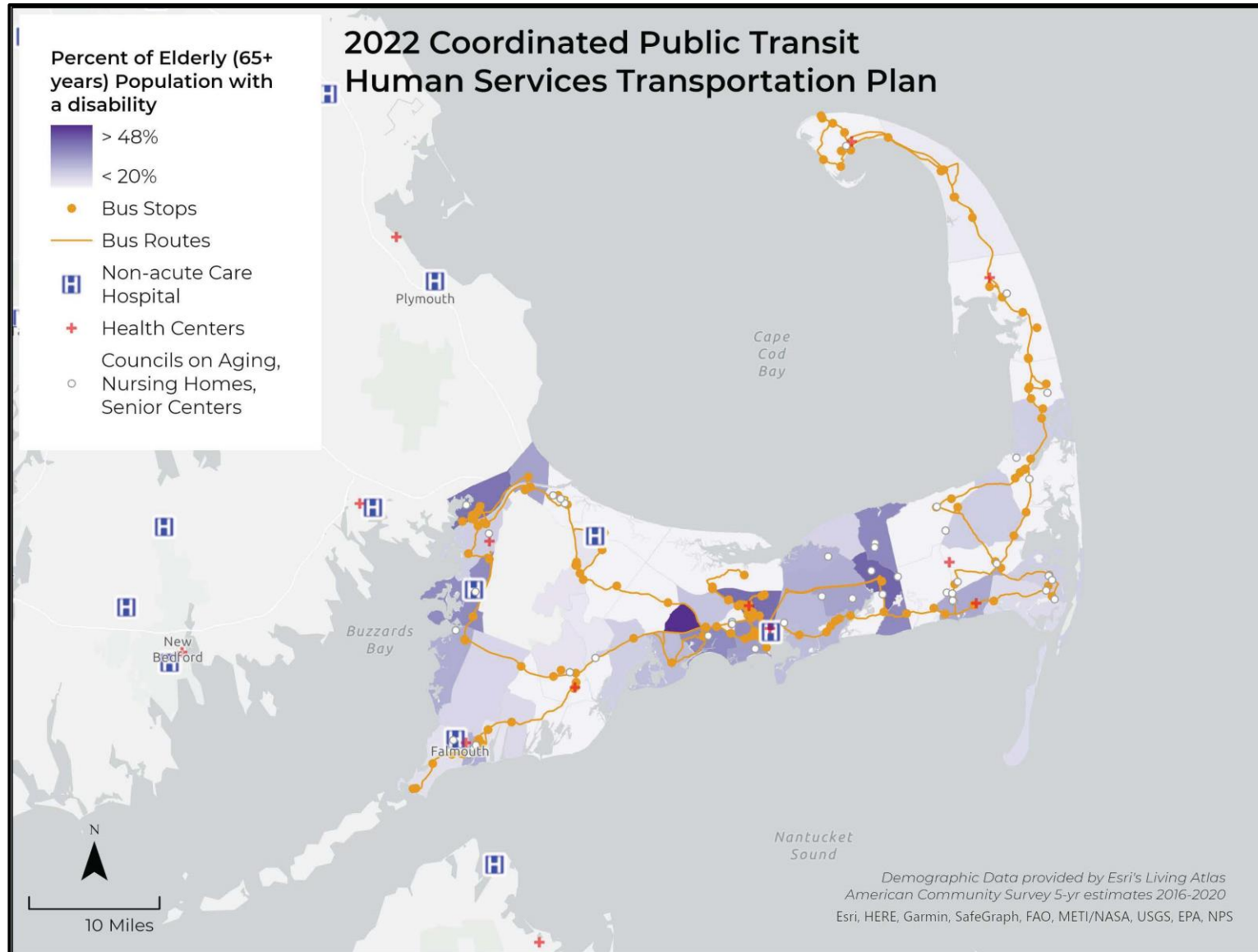


Figure 9: 2022 Estimated Percent of Disabled Population Over 65



Ridership Trends

Ridership data for human transportation services was obtained from the CCRTA. Table 1 shows the total riders from 2009 through 2021 for both demand response and fixed routes services.

The demand response or paratransit 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 (multi-use passes are available for a discount). 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.

Both fixed route and demand response services have seen an increase in ridership of the last decade. 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 compliant with the American with Disabilities Act.

Table 1: CCRTA Ridership Data

	Fixed Route	Paratransit	Total
2009	420,417	383,334	803,751
2010	578,125	404,441	982,566
2011	541,090	417,274	958,364
2012	588,198	472,935	1,061,133
2013	590,619	478,555	1,069,174
2014	591,509	481,900	1,073,409
2015	648,397	492,172	1,140,569
2016	635,339	491,962	1,127,301
2017	611,893	474,621	1,086,514
2018	601,373	453,887	1,055,260
2019	610,171	569,604	1,179,775
2020	603,887	485,582	1,089,469
2021	616,993	256,009	873,002

The table shows that paratransit ridership dipped in 2021. The dip in ridership is because of the COVID-19 pandemic. During the height of the pandemic, more focus was placed on essential services and meeting emerging demands like access to vaccination clinics.

Funding Methods

FAST ACT TO BIL

FTA states that under the FAST (Fixing America’s Surface Transportation) Act, 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 the program prompted by the FAST Act, evaluates the current state of coordinated human services transportation, and establishes revised goals going forward. Section 5310 allocates \$279.7 million in the federal fiscal year 2019 and \$289.1 million in the federal fiscal year 2020.

Enacted in July 2015, the FAST Act authorized \$305 billion in transportation funding over a five-year period (2016-2020). The FAST Act replaced the 2012 legislation, MAP-21 (Moving Ahead for Progress in the 21st Century Act), which in turn replaced an earlier bill, SAFETEA-LU (Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users).

In 2008, SAFETEA-LU first 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 projects to be funded have been selected in the context of a locally developed CPT-HST Plan. In 2008, 2014 and 2019, CHSTP documents were drafted for the Barnstable Town Urbanized Area (UZA), defined by the 2000 and 2010 U.S. Census, to identify needs that could be addressed with associated formula programs.

Under MAP-21, New Freedom and JARC funds were folded into other, more general programs. Most New Freedom and Seniors, Individuals, and Individuals with Disabilities type projects could still receive funding from Section 5310. JARC funds do not exist following MAP-21, but funding for JARC type projects is 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.

The FAST Act kept a similar structure to MAP-21 relating to Section 5310. The one significant change it made was that under the FAST Act, a State or local governmental entity became an eligible direct recipient for Section 5310 funding if the entity:

- Operated a public transportation service.
- Is eligible to receive direct grants under 5311 or 5307.

Additional information on the Section 5310 program can be found in the FTA factsheet available [here](#) and the Massachusetts Department of Transportation (MassDOT) factsheet available [here](#).

The five-year FAST Act authorized federal spending on highways and public transportation for FY2016-FY2020. A one-year FAST Act extension, through September 30, 2021, was enacted as part of the Continuing Appropriations Act, 2021, and other Extensions Act. The FAST Act expired after September 30, 2021. With the FAST Act's expiration, Congress passed Infrastructure Investment and Jobs Act (H.R. 3684). H.R. 3684: Infrastructure Investment and Jobs Act authorizes funds for Federal-aid highways, highway safety programs, and transit programs was enacted on November 15, 2021.

The Bipartisan Infrastructure Law (BIL), enacted in the Infrastructure Investment and Jobs Act, authorizes up to \$108 billion for public transportation, which includes \$91 billion in guaranteed funding. This is the largest federal investment in public transportation in the nation's history. BIL serves to reauthorize surface transportation programs for FY 2022-2026 and provides advance appropriations for certain programs. The BIL states that the Section 5310 program (currently authorized at \$285.6 million) would jump to \$371.2 million in FY 2022 and continue to grow to \$407.0 million in FY 2026. The program would be supplemented with an additional \$50.0 million a year in general funds. It is important to note that this new legislation makes no structural, formulaic, or programmatic changes to Section 5310. More information on the BIL can be found on the FTA website [here](#).

As of March 2022, the FTA has provided more guidance on clarifying coordination on human services transportation. This guidance aims to reduce the amount of overlap between the 130 Coordinating Council on Access and Mobility (CCAM) programs across nine agencies that are involved with funding human service transportation. The focus of this guidance was to provide updates to changes in previous clarifications and to incentivize utilization of reporting into the National Transit Database (NTD). Topics that are included in the new guidance as they relate to NTD reporting are: definition of public transportation; paratransit; charter service; incidental use of transit assets; and trip brokering. Additional information on the FTA clarifications can be found on the new transportation coordination webpage available [here](#).

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 according to 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 153rd largest by population with 246,695 residents. Based on the 2020 Census, the Barnstable Town UZA population increased to 303,269 residents. However, at the time of publishing this report the UZA rank from the 2020 Census is still unavailable. Based on currently available information, it is anticipated that the Barnstable UZA ranking will show an increase under the 2020 Census. 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 and Southeastern Massachusetts Metropolitan Planning Organization regions. Most of the Barnstable UZA is 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 are represented.

This CPT-HST has been drafted by the Cape Cod Commission who serve 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.

SUBRECIPIENT

Applicants are considered the subrecipient of Section 5310 funds. A subrecipient has several roles which are defined by the designated recipient. Subrecipients 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, subrecipients are required to comply with all follow-up requirements determined by the designated recipient. In addition, the subrecipients 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 paratransit.
- 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. Subrecipients will send the funding application to MassDOT, who will review the application. MassDOT is responsible for defining application requirements, including identifying the location for subrecipients to obtain the application, and the location to send completed applications. Project selection criteria are determined by MassDOT. MassDOT is responsible for notifying potential subrecipients 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 traditional capital projects that include equipment (“buses and vans; wheelchair lifts; ramps; and securement devices; transit-related information technology systems including scheduling/routing/one-call systems; and mobility management program,” as well as “acquisition of transportation services under a contract, lease, or other arrangement”). Both capital and operating expenses for a contracted service are considered capital costs.

The remaining 45% (subtracting up to 10% for administration) may be used for public transportation projects that exceed the requirements of the ADA, improve access to fixed route services, decrease reliance on complementary paratransit, and other public transportation alternatives that assist seniors and individuals with disabilities. Regarding operating costs, the FTA generally encourages projects that serve the wider public as well as elderly and disabled people to avoid “unnecessary duplication of services.”

In addition, 60% of the FTA funds must 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 (Federal, non-DOT funds can be used, however). Non-cash shares such as donations, volunteer services, or in-kind contributions are eligible to be counted toward the local match if 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.

ELIGIBLE TRIP PURPOSE

According to MassDOT guidance, “equipment may be used for all trip purposes for seniors and individuals with disabilities to include employment, meals, medical appointments, recreational activities, rehabilitation services, shopping, and social service.”

Additionally, 5310 funds may *not* be used to support the following activities:

- Meal delivery of homebound individuals. Recipients and sub-recipients can coordinate with meal delivery services, but meal delivery cannot conflict with public transit provision.
- Regularly scheduled emergency medical transport/ambulance service
- Regularly scheduled school bus services

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 when someone is 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.

REGIONAL COORDINATION

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. The CCRTA has been increasing involvement to directly coordinate on the transportation needs and services of the local COAs, area hospitals, and local services organizations. Through direct staff interactions, consultation on Section 5310 funds is done in an organized manner. A list of all the COAs in the CCRTA service area is found [here](#).

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 their advisory board the Cape Cod Joint Transportation Committee and appear on the Transportation Improvement Plan (TIP). Projects will be discussed by representatives from each town and various participating committee representatives. This process increases coordination and aligns 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. 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." As of October 2022, 2023-2026 CCAM Strategic Plan was adopted. More information about CCAM and for a list of their activities and resource can be found [here](#).

Assessment of Needs

CCRTA SURVEYS AND OUTREACH

CCRTA frequently surveys their riders, with input from surveys used to develop transportation and service plans. The ridership surveys, and other surveys conducted as part of broad outreach efforts for tasks conducted by Cape Cod Metropolitan Planning Organization staff, help to inform services provided with Section 5303 funds.

PAST FEEDBACK FROM CCRTA

In addition to survey results, the CCRTA and GATRA were previously consulted to identify difficulties in human transportation services. GATRA was consulted because that organization maintains services that cross into the CCMPO area. Both organizations identified how they envisioned Section 5310 funds could be used to benefit their service. The main issues that they identified—partly from previous studies and partly from technical analysis—are shown in the “Summary of Significant Needs Identified” section below.

OTHER OUTREACH EFFORTS

The Barnstable COA conducted a Needs Assessment study for the senior population. The study was performed by the UMass Boston Gerontology department. In 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 services because of the hazards of driving in the dark. That document can be found [here](#). Additionally, Falmouth used the same team to conduct a smaller report the year prior, which can be found [here](#). More recently, there have been several other projects to assess the needs of the public. As of 2022, the Provincetown, Truro, and Wellfleet Health Departments, with the Barnstable County Department of Health and Environment, have worked on conducting public health needs assessments in their towns to determine how effective current social and health programs are, especially after the worst impacts from COVID. The public comment survey, put out by these health departments, gathering resident input has concluded and the responses are being compiled for a report. Other towns on the Cape are working on producing similar needs assessment reports.

SUMMARY OF SIGNIFICANT NEEDS IDENTIFIED

The following list summarizes the needs that were identified from past assessments, and from multiple sources listed above.

- Improved 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 or 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 of using human transportation services that include buses or vans; customers prefer car rides/individual services
- 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 bordering the CCMPO region
- Acquire modern vehicles (electrification of the existing fleet) and technical applications
- Acquire modern accessible service equipment
- Maintain vehicles at or above state of good repair
- First and Last Mile connections

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

Goal 1 Objectives:

- Improve and provide both 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

Goal 2 Objectives:

- Continue to coordinate human service transportation between CCRTA staff, Councils on Aging, and local service organizations
- Provide technical assistance to CCRTA- and Cape Cod MPO-endorsed projects
- Improve outreach to identify duplicated services within and outside the CCRTA boundaries
- Remove duplicated and overlapping services and improve First and Last Mile connections
- Incorporate all transportation services in a mobility management center

GOAL 3 – IMPROVE ADVERTISING FOR CURRENT SERVICES

Goal 3 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

Goal 4 Objectives:

- Provide safe access on and off vehicles
- Provide ADA compliant 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

Goal 5 Objectives

- Acquire modern vehicles (electrification of fleet) 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 senior 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 and the demand for services will continue to increase. 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 and improving the evening, nighttime, and weekend services
- Access to recreational events, educational facilities, and training programs
- Access to medical facilities
- Supporting and expanding existing coordination efforts
- Advertising and effectively promoting public transportation, while increasing 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. The latest US Census figures show that Barnstable County has a reasonably large demographic of seniors and individuals with disabilities. This demographic must be considered when new transportation projects are proposed. Improving and providing transportation services for these demographics in Barnstable County will allow them to go about regular tasks such as visiting the doctor or shopping, that otherwise they could not do.



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