

**Coordinated  
Public Transit-Human Services  
Transportation Plan  
June 2014**

## **TABLE OF CONTENTS**

**Executive Summary**

**Introduction**

**Regional Characteristics and Demographics**

**Public Involvement**

**Available Resources and Analysis of Gaps and Needs**

**Funding Resources**

**Recommended Focus Areas for Implementation**

## EXECUTIVE SUMMARY

Transportation is one of the basic needs of life that allows people to access services that they need or desire, as well as employment locations, recreation areas and healthcare facilities. While the primary mode of transportation for most residents in the Worcester area is the automobile, there is a significant population in southern and central Worcester County that is unable to transport themselves by automobile due to age, disability, or economic circumstances. The majority of these individuals rely on transportation services provided either by private transportation providers (e.g. taxi companies), the Worcester Regional Transit Authority (WRTA) or human service transportation providers. With the costs of providing these services ever increasing, coordination among the various transportation providers in Southern Worcester County is needed to provide more efficient and interconnected transportation services. Coordination of services will also ensure maximum access to needed services at the lowest fare for those needing services.

The Central Massachusetts Regional Planning Commission (CMRPC), the staff to the Central Massachusetts Metropolitan Planning Organization (CMMPO), has prepared this document, the *Central Massachusetts Coordinated Public Transit-Human Services Transportation Plan*. This plan provides an overview of the existing transportation services available in southern and central Worcester County, gaps and deficiencies in their services, the demographics of the Worcester area, and the recommended strategies of the Advisory Group to address those gaps and deficiencies. The Plan is required by Moving Ahead for Progress in the 21<sup>st</sup> Century (MAP-21) for transportation providers who wish to utilize funding from Section 5310 (Elderly and Disabled) program funds.

Transportation is a major discussion topic among various groups that meet in the Worcester area. The Transportation Planning Advisory Group (TPAG) meets on a monthly basis to discuss the needs of disabled individuals and how existing services are meeting their needs. In 2007, MPO staff undertook an extensive effort, led by a Coordinated Plan Guidance Committee to determine gaps and needs, culminating in the first Central Massachusetts Coordinated Public Transit Human Service Transportation Plan. More recently, a Regional Coordinating Council (RCC), borne out of the Governor's Executive Order 530 and the Statewide Coordinating Council on Community Transportation (SCCCT) was formed. The MPO also has an advisory committee, the Transportation Planning Committee, which also meets on a monthly basis to discuss not only transit needs, but highway needs as well.

Efforts to coordinate public transportation services within the Worcester area are not new and have been happening for a number of years. Coordination between various municipal Councils on Aging (COAs) and the WRTA have shown the benefits of working together and helped to keep costs lower than if each agency worked alone. Human service transportation is now contracted in the Worcester area by the Montachusett Area Regional Transit Authority (MART). Although the WRTA did, at one time, contract with MART to provide a small number of these trips, this contract is not still in effect. Most of these trips are provided by private contractors. A full list of the transportation providers in Southern Worcester County can be found in Appendix C.

The region's service area is approximately 960 square miles with a population of 556,698 in 2010. The CMMPO covers the southern portion of Worcester County and is one of the fastest growing regions in Massachusetts.

The greatest challenge in providing reliable and needed public and human service transportation services is the lack of operating funding. Without sufficient funding sources for operations, unmet transportation needs cannot be adequately addressed. While the funding source of Section 5310 program provides 80 percent towards capital expenses, operating expenses are only funded at 50 percent. State funding can provide a match to these funds, but state funding is also constrained. Because of this, many transportation providers are forced to reduce or eliminate service in an effort to stay within budget and serve a large service area.

Among the various providers of service, there were commonalities among gaps in each service. These gaps included:

- Limited service hours in the evening
- Limited locations of service
- Limited or no access to employment in suburban locations
- Limited or no intermodal connections among various service providers
- Limited or no service to new shopping and/or recreational locations
- Limited ability for riders to obtain information about the full spectrum of services

Duplication of services was limited among the various providers analyzed. Because each of the providers transported a specific population and were typically separated by geographic distances, duplication was found to not be as much of a concern to the RCC as the gaps in service were.

Through the distribution of a survey to RCC members and follow up group discussions, the RCC was able to vote and rank the unmet service needs in the area. Four major themes emerged: employment transportation, gaps in services outside Worcester, transportation with additional support and information dissemination.

Over three public meetings, the Guidance Committee identified focus areas to be implemented in order to create a more coordinated transportation system. These focus areas were identified based on a high, medium and low priority scale, and addressed the needs and gaps identified throughout the process. A complete listing of those focus areas can be found on Page 16.

## **SECTION 1: INTRODUCTION**

Transportation is a vital link in the network of life. Most Americans rely on some form of transportation to take them to work, school, shopping facilities, health care facilities or recreation activities at least once a day. The primary mode of transportation in America is the automobile and this region is no exception. Despite this, many people living in the region do not have access to an automobile due to physical or mental disabilities, age, or economics and are reliant upon other modes of transportation. These individuals have limited choices and transportation services to assist them with their mobility and access needs. It should be noted that a growing number of individuals are choosing not to rely on single occupancy vehicles for various reasons such as the cost of vehicle ownership and wanting to be more environmentally friendly. This group could also benefit from the effort.

Because of these needs, many human service agencies provide transportation services to those various clients based on physical or mental disabilities, however because of the number of agencies involved, services are sometimes duplicated or, more likely, not met at all. In June 2003, the General Accountability Office (GAO) released its study entitled Transportation Disadvantaged Populations: Some Coordination Efforts Among Programs Providing Transportation Services, but Obstacles Persist. In that study, it was learned that sixty-two (62) federal programs funded transportation services for the transportation disadvantaged. The federal agencies that funded these programs were the Department of Health and Human Services (23 programs), the Department of Labor (15 programs), the Department of Education (8 programs), the Department of Transportation (6 programs), and the Departments of Housing and Urban Development, Agriculture, Veterans Affairs and the Interior administering the remaining ten programs.

The study also identified that federal, state and local spending on transportation services for disadvantaged populations is estimated to be in the billions of dollars, however it is difficult to say exactly how much, as transportation spending is not separate from other programs within each agency. Of the 62 federal programs identified, 27 of them were significantly involved in providing transportation services, while the remainder were either minimally involved or their amounts expended on transportation were unknown. Because of the interconnection between transportation services, employment, and daily activities, partnerships make sense in an effort to maximize limited funding pools.

### **What is the Coordination Public Transit-Human Services Transportation Plan?**

The Coordination Public Transit-Human Services Transportation Plan (Coordinated Plan) is a guiding document that focuses on the coordination of transportation services for the populations of older adults, persons with limited incomes, and persons with disabilities in an effort to provide improved access to jobs, shopping, health care and recreational activities. While the Coordinated Plan is not specific to other groups, transportation services supported by public funding sources have typically been two types: (1) public transit systems that are open to all persons and (2) services that focus on individuals with specialized needs that cannot access the general public transit system, which typically include elderly persons, people with limited incomes and people with disabilities. With the passage of

the Americans with Disabilities Act of 1990 (ADA), public transit operators that provide fixed route service on a regular basis have been required to extend service to people with disabilities by both improving accessibility to the fixed route system and by providing comparable service using an origin-to-destination mode for people unable to use the fixed route system due to a disability.

### **History and Requirements**

Pursuant to Moving Ahead for Progress in the 21<sup>st</sup> Century (MAP-21), the Coordinated Plan is designed to provide guidance in allocating funding using the Sections 5310 (Elderly and Disabled Individuals) program to address gaps and duplication of transportation services. Presidential Executive Order 13330, issued in February 2004 on the Coordination of Human Service Programs, created an interdepartmental Federal Council on Access and Mobility to undertake collective and individual departmental actions to reduce duplication among federally-funded human service transportation services, increase the efficient delivery of such services and expand transportation access for older individuals, persons with disabilities, persons with low-income, children and other disadvantaged populations within their own communities.

As a first principle to achieve these goals, federally-assisted grantees involved in providing and funding human service transportation need to plan collaboratively to more comprehensively address the needs of the populations served by various Federal programs. In their report to the President on the Human Service Transportation Coordination, members of the Federal Council on Access and Mobility recommended that “in order to effectively promote the development and delivery of coordinated transportation services, the Administration (should) seek mechanisms (statutory, regulatory, or administrative) to require participation in a community transportation planning process for human service transportation programs.”

MAP-21 continued the Coordinated Plan process from precedent legislation (SAFETEA-LU), but streamlined the applicable funding programs, wrapping Job Access Reverse Commute funding into regular 5307 transit capital funding administered by the Worcester Regional Transit Authority, and moving the New Freedom program into the Section 5310 process administered by MassDOT.

### **CMMPO's Role**

The Central Massachusetts Regional Planning Commission (CMRPC), staff to the Central Massachusetts Metropolitan Planning Organization (CMMPO), is the organization responsible for developing the Coordinated Plan within the region. MassDOT is the designated recipient of Section 5310 funds, however CMRPC staff and MassDOT staff work together to see that Section 5310 funding is spent in accordance with the Coordinated Plan.

### **Plan Development Process**

The 2007 Coordinated Plan was developed in phases. The first phase was to develop an outreach strategy that brought various representatives including public, private and nonprofit transportation providers, human services providers and the public at large into the planning process. A Guidance

Committee was formed that included public transit providers (fixed route and paratransit), taxi companies, human service agencies (Department of Mental Retardation [DMR], Department of Transitional Assistance [DTA], Elder Services, etc.) and disability advocates.

The second phase was to inventory the existing transportation services and identify areas of redundant service and gaps in service. The third and final phase was to work with the Guidance Committee to develop strategies to address the gaps in service, identify coordination actions that may eliminate or reduce the duplication in services and identify strategies for a more efficient utilization of resources which could then be prioritized into implementation strategies.

The 2014 Coordinated Plan utilized the newly formed Regional Coordinated Council (RCC) to update the information on needs and gaps described in the 2007 Coordinated Plan. MPO staff will continue to refine the document over the coming year with new information received through RCC efforts and through the outreach efforts for the 2016 Regional Transportation Plan.

The goals of the Coordinated Plan continue to be:

- Promote inter-agency cooperation to provide needed transportation services in the most cost-effective way using existing resources
- Improve the availability of transportation service to persons who need them the most and have no other transportation options

## **SECTION 2 – REGIONAL CHARACTERISTICS AND DEMOGRAPHICS**

The Central Massachusetts Metropolitan Planning Organization's area is made up of the City of Worcester and the 39 surrounding towns of south-central Worcester County. It is one of 10 MPOs in the Commonwealth and contains the majority of the Worcester Urbanized Area (UZA) within its boundaries. It is a diverse region, extending from the urban core of Worcester, the second largest city in the Commonwealth. It is a transportation crossroads for New England, located at the junction of four major interstate highways and three major railroads. It is about 50 miles from Boston and a similar distance from Providence, Rhode Island. The region extends about 35 miles from the Town of Princeton in the north to the Town of Douglas on the Rhode Island state line, and it's about the same distance from the Town of Warren in the west to the Town of Westborough in the east. The total area of the region is about 960 square miles.

The 40 cities and towns that comprise the Region have been divided into six subregions based on commonalities of economics and transportation infrastructure (Appendix A, Figure 4). The City of Worcester alone is considered the Central subregion. Interstate 290 traverses from the south in a north-south direction and then at I-190 turns abruptly east and exits on the east border connecting to Interstate 495, the second loop around metropolitan Boston. The Massachusetts Turnpike also passes to the south of the City with three relatively easy access points.

The Southeast subregion has the easiest access to several of New England's largest cities and other major destinations than any other subregion. The Massachusetts Turnpike traverses the northern portion of the Southwest subregion, but also traverses just south of the Northeast subregion. I-190 skirts the eastern edge of the North subregion, as its only interstate highway. I-290 nearly bisects the Northeast subregion and I-495 nips its eastern edge, and the West subregion is primarily served by Route 9. Access within each subregion from housing origins to employment and social service/medical destinations varies greatly. Generally speaking, roadway access improves as one nears the central city of Worcester, but roadway congestion also increases. Additional details and maps of the subregions can be found in Figures 7 to 11 of Appendix A.

### **Target Populations**

The elderly, disabled and unemployed populations were the primary target groups to be examined for this study. Understanding the distribution of these three population groups not only assists in improved coordination of transit services but also enhances efficient resource allocation. Based on 2010 US Census data, 70,843 elders age 65 and over live in the region. This represents an increase of 11.5% from the 2000 US Census. It should be noted that 21,158 elders age 65 and over live in Worcester which is a decrease of 4.5% from the 2000 US Census.

Due to changes in the questions asked by the decennial survey from 2000 and 2010 and the introduction of the American Community Survey in 2005, direct comparisons of disability and employment estimates should not be done. Instead, information on disability status by age, employment status by disability status, and median income by means of transportation to work will be helpful when discussing transportation needs.

The following table represents the population by age for each town in the CMMPO area.

	Total Population				Total
	0 to 17 yrs	18 to 34 yrs	35 to 59 yrs	60 yrs or more	
AUBURN	3,398	2,761	6,042	3,987	16,188
BARRE	1,382	940	2,089	987	5,398
BERLIN	609	392	1,153	712	2,866
BLACKSTONE	2,143	1,774	3,601	1,508	9,026
BOYLSTON	1,010	598	1,863	884	4,355
BROOKFIELD	736	549	1,326	779	3,390
CHARLTON	3,262	2,096	5,439	2,184	12,981
DOUGLAS	2,302	1,371	3,717	1,081	8,471
DUDLEY	2,546	2,685	4,178	1,981	11,390
EAST BROOKFIELD	492	386	869	436	2,183
GRAFTON	4,541	3,126	7,216	2,882	17,765
HARDWICK	727	564	1,128	570	2,990
HOLDEN	4,412	2,551	6,799	3,584	17,346
HOPEDALE	1,526	851	2,414	1,120	5,911
LEICESTER	2,472	2,259	4,128	2,111	10,970
MENDON	1,631	723	2,546	939	5,839
MILLBURY	2,801	2,410	5,156	2,894	13,261
MILLVILLE	870	591	1,319	410	3,190
NEW BRAINTREE	243	189	377	191	999
NORTH BROOKFIELD	1,054	887	1,820	919	4,680
NORTHBOROUGH	3,773	1,900	5,829	2,653	14,155
NORTHBRIDGE	4,023	2,804	6,002	2,878	15,707
OAKHAM	421	316	845	320	1,902
OXFORD	3,281	2,491	5,526	2,411	13,709
PAXTON	1,071	1,110	1,720	905	4,806
PRINCETON	816	390	1,517	690	3,413
RUTLAND	2,276	1,256	3,307	1,134	7,973
SHREWSBURY	9,223	5,954	13,843	6,588	35,608
SOUTHBRIDGE	3,862	3,771	5,821	3,265	16,719
SPENCER	2,485	2,337	4,428	2,438	11,688
STURBRIDGE	2,309	1,421	3,592	1,946	9,268
SUTTON	2,307	1,217	3,833	1,606	8,963
UPTON	2,138	939	3,263	1,202	7,542
UXBRIDGE	3,265	2,204	5,563	2,425	13,457
WARREN	1,225	1,024	1,978	908	5,135
WEBSTER	3,554	3,498	6,057	3,658	16,767
WEST BOYLSTON	1,339	1,430	3,005	1,895	7,669
WEST BROOKFIELD	756	544	1,388	1,013	3,701
WESTBOROUGH	4,676	3,268	7,113	3,215	18,272
WORCESTER	39,942	54,301	57,612	29,190	181,045
<b>Total</b>	<b>130,899</b>	<b>119,878</b>	<b>205,422</b>	<b>100,499</b>	<b>556,698</b>
<b>Percentage</b>	<b>23.5%</b>	<b>21.5%</b>	<b>36.9%</b>	<b>18.1%</b>	<b>100.0%</b>

People who are age 60 and over represent 18.2% of WRTA member communities' total population. West Brookfield has the largest population with 27.4% of its total population in this age bracket. Auburn (24.6%), Berlin (24.8%), West Boylston (24.7%) and Brookfield (23.0%) comprises the rest of the top five towns, with the largest proportion in this age bracket.

### Disability Status by Age

Disability Status by Age				
	Worcester City		Worcester County	
With a Disability	23320	13.1%	87419	11.2%
Under 18 years	2443	10.5%	8074	9.2%
18 to 64 years	12822	55.0%	44473	50.9%
65 years and over	8055	34.5%	34872	39.9%
* information related to disability status was available only for Worcester City and Worcester County.				
Source used 2008-2010 American Community Survey 3-year estimates;				
DP-02: Selected Social Characteristics				

The table above shows that in Worcester County, 11.2% of the civilian non-institutionalized population have a disability. In Worcester, the percentage is 13.1%. Regarding age, the largest proportion is the population between 18 and 64 years of age, comprising 55.0% of the population with a disability in Worcester and 50.9% in Worcester County.

### Employment Status by Disability Status

Employment Status by Disability Status			
			Worcester
Total Civilian Non-Institutionalized Population 18-64 Years		119257	
Population in the Labor Force		88622	74.3%
Employed		79200	89.4%
With a Disability		3947	5.0%
No Disability		75253	95.0%
Unemployed		9422	10.6%
With a Disability		965	10.2%
No Disability		8457	89.8%
Population Not in the Labor Force		30635	25.7%
With a Disability		7910	25.8%
No Disability		22725	74.2%

As can be seen in the table above, the American Community Survey for the 2008-2010 period estimates that 5.0% of the employed civilian population had a disability, whereas 10.2% of the population with disabilities was unemployed. On the other hand, 25.8% were not in the labor force.

The most recent poverty report is for 2010. Using Census criteria, the percentage of workers below the poverty level, by means of transportation to work, shows that in the WRTA service area 10.3% of workers who used transportation were below the poverty level. Worcester has the higher percentage, with 16.7% of workers below the poverty level who used public transportation to work. It should be noted that Webster and Dudley have the highest proportion of workers below the poverty level that walked to work, 32.6% and 37.9% respectively.

### **SECTION 3 – PUBLIC INVOLVEMENT**

As part of the 2007 Coordinated Plan development process, CMRPC staff outlined a public involvement process based on previous outreach efforts on past JARC plans and the 2007 Regional Transportation Plan. Using existing data, staff compiled a database of over 200 individuals associated with approximately 95 agencies including Councils on Aging, social service agencies, housing authorities, for profit companies, non-profit organizations, assisted living facilities and transportation service providers within the Central Massachusetts region. This information provided a listing of possible Guidance Committee members who were contacted and invited to participate in the development process.

The first meeting of the Guidance Committee was held on March 21, 2007 at the CMRPC office and was very well attended. Over 35 individuals, including human service agencies, transportation providers and state and local officials, participated in a group discussion that included an overview of the process, the funding sources available and how they could be spent, and questions and comments. Following the meeting, a compilation of comments was posted on the CMRPC website and copies mailed with the notice of the second meeting.

The second meeting of the Guidance Committee was held on April 10, 2007. Outreach to those members who attended the first meeting included invitation letters and follow-up phone calls. Staff encouraged attendees to provide feedback on comments submitted during the first meeting. These would be brought to the second meeting for discussion and review. In addition, a self-assessment was distributed to the attendees to help identify where gaps and deficiencies in service occurred, however the majority of the attendees were confused about the self-assessment process and had difficulty following the survey sheet (See Section 4 for further detail). They requested that more information be presented in an effort to answer the questions being asked.

The third and final meeting of the Guidance Committee was held on May 2, 2007. Outreach again included a letter of notification and follow-up phone calls. Staff presented the information that was requested by the attendees of the second meeting, which provided them with additional data to help make decisions. Based on the information that identified the locations of specific populations, existing transit services and transportation providers, attendees were able to identify strategic priorities to addressing gaps and deficiencies in those services (See Section 6 for further detail).

Outreach continued between 2007 and 2013. In addition to monthly meetings of the Transportation Planning Advisory Group who represents elders and people with disabilities to the WRTA, MPO staff participated in a Community Transportation Association of America effort which brought transit providers together with human service agencies in our region. In January 2014, MPO staff assisted in forming a Regional Coordinating Council (RCC) composed of major stakeholders representing transportation disadvantaged populations within the region. The efforts of the RCC have helped to form the basis of the public outreach for this Plan and will continue to be refined over the coming year.

## **SECTION 4 – AVAILABLE RESOURCES AND ANALYSIS OF GAPS AND NEEDS**

In preparation for the 2007 Plan, CMRPC staff developed a survey based on the United We Ride initiative under their Framework for Action assessment tool to assess the available transportation resources in the region and identify the needs and gaps in service. The survey was designed to collect information on the various organizations that provided transportation service throughout the region and the services they provided. In general, focus was placed on taxi and other private companies, the Worcester Regional Transportation Authority and paratransit operators.

Throughout the process of assessing the resources and needs, human service agencies were also contacted. Many of these agencies had provided separate transportation services under both federal and state funded programs, but had ceased to exist in 2004. After that time, any clients who needed transportation service from human service agencies were either provided with a limited number of taxi vouchers or were given WRTA bus schedules.

Self assessment surveys were not sent out to individual providers directly. Because the Guidance Committee was made up of many transportation providers within the region, the assessment tool was the primary agenda topic of the second meeting of the Guidance Committee. While this approach seemed clear and straightforward to staff, the members of the Guidance Committee found it very confusing and difficult to follow. Because of this confusion and limited amount of time available to complete the Coordinated Plan, it was decided that staff would complete the assessments based on institutional knowledge and comments received at the first meeting about what needs and gaps were located throughout the region. The Guidance Committee was then asked to provide corrections or comments on the assessments.

Based on this information, staff was able to identify what services existed throughout the region. The primary services that were inventoried were the WRTA, paratransit service provided by WRTA subcontractors (AVCOA and SCM Elderbus), MART human service providers, Councils on Aging, and taxi service. Information regarding private transportation services was not obtained as many private transportation providers did not provide human service or public transit work. Figures 2 and 3 in Appendix A show the location of where these service providers operate within the CMMPO region. As can be seen, service areas abut one another by individual municipality and in some cases overlap municipalities. Frequency of service for both fixed route and paratransit also varied by time of day, day of week and in service area among each municipality. Service was also limited to specific populations. For example, SCM Elderbus primarily services the western edge of the region, but only provides transit service to elderly and disabled persons. In addition, medical trips are provided three days per week to Worcester and back from each community served.

Among the various providers of service, there were commonalities among gaps in each service. These gaps included:

- Limited service hours in the evening
- Limited locations of service
- Limited or no access to employment in suburban locations

- Limited or no intermodal connections among various service providers
- Limited or no service to new shopping and/or recreational locations
- Limited ability for riders to obtain information about the full spectrum of services

Duplication of services was limited among the various providers analyzed. Because each of the providers transported a specific population and are typically separated by geographic distances, duplication was found to not be as much of a concern to the Guidance Committee as the gaps in service.

As part of the 2014 RCC efforts, major transportation providers and major stakeholders working with transportation disadvantaged populations were again surveyed. Once surveyed, RCC members were asked to prioritize need. The results of the prioritization effort showed:

- Gaps in available service in rural and suburban towns outside Worcester
- Limited service during traditional commute times
- Few available resources for assistance using service
- Information dissemination

## **SECTION 5 – FUNDING SOURCES**

### **Enhanced Mobility of Seniors and Individuals with Disabilities (Section 5310)**

This program is intended to enhance mobility for seniors and persons with disabilities by providing funds for programs to serve the special needs of transit-dependent populations beyond traditional public transportation services and Americans with Disabilities Act (ADA) complementary paratransit services.

The New Freedom program has not been continued by MAP-21, but rather survives, as an eligible use allowable under Section 5310 regarding seniors and people with disabilities.

The Section 5310 program was established in 1975, prior to the inception of the Americans with Disabilities Act (ADA) in 1990. At that time grants were given to private non-profit organizations to serve elderly/disabled persons where public transportation services were lacking. The goal of the program was to improve mobility for elderly and disabled individuals, not just in the Central Massachusetts region but throughout the nation.

Section 5310 funds are apportioned by a formula based on the number of elderly and disabled according to the latest available U.S. census data to each state. The chief executive officer of each State designates an agency with the requisite legal, financial and staffing capabilities to receive and administer Federal funds. In Massachusetts, MassDOT is the official Section 5310 designee. MassDOT distributes funds based in a competitive process to sub-recipients, which can include private non-profit organizations, public bodies that certify no non-profit corporations or associations are available to provide service in the area, and public bodies approved by the State to coordinate services for the elderly and disabled such as a public transit provider (e.g. Regional Transit Authority). The Federal share of eligible capital costs may not exceed 80% of the net cost of the activity and revenue generated from service contracts etc. can provide the 20% match. The Federal share of eligible operating costs may not exceed 50%. Ten percent (10%) of the State's total fiscal year apportionment may be used to fund program administration costs at 100% Federal share.

#### *What is allowed with Section 5310 Funding?*

- Public transportation capital projects planned, designed, and carried out to meet the special needs of seniors and individuals with disabilities when public transportation is insufficient, inappropriate, or unavailable.
- Public transportation projects that exceed the requirements of the ADA.
- Public transportation projects that improve access to fixed-route service and decrease reliance by individuals with disabilities on complementary paratransit.
- Alternatives to public transportation that assist seniors and individuals with disabilities.

Funds are apportioned among the recipients by formula. The formula is based on the ratio that the number of seniors and individuals with disabilities in each such area bears to the number of individuals with disabilities in all such areas.

Funds may be used to finance capital and operating expenses. The Federal share of eligible capital costs may not exceed 80% of the net capital costs of the program. The Federal share of the eligible operating costs may not exceed 50% of the net operating costs of the activity. Recipients may use up to 10% of their apportionment to support program administrative costs including administration, planning, and technical assistance, which may be funded at 100% Federal share. The local share of eligible capital costs shall be no less than 20% of the net cost of the activity, and the local share for eligible operating costs shall be no less than 50% of the net operating costs.

All of the local share must be provided from sources other than Federal DOT funds. Some examples of sources of local match which may be used for any or all of the local share include: State or local appropriations; other non-DOT Federal funds; dedicated tax revenues; private donations; revenue from human service contracts; toll revenue credits; and net income generated from advertising and concessions. Non-cash share such as donations, volunteer services, and in-kind contributions is eligible to be counted toward the local match. The value of any non-cash share shall be documented.

### **Other Funding Programs**

Other federal and state funding programs are used to fund transportation service for various types of programs. As identified by the GAO study, a number of federal agencies provide transportation funding at various levels for various populations. Many of these programs could be used as matching funds to the three programs listed above. State contract assistance is also provided to each regional transit authority in the Commonwealth and can also be used as a match to the programs above. Other sources may include non-profit funds, community assessments, special taxes and/or private funds.

## **SECTION 6 – RECOMMENDED FOCUS AREAS FOR IMPLEMENTATION**

After several meetings and a survey distributed to the Regional Coordinating Council, more than twenty unmet needs were identified. The group was then asked to rank and prioritize the unmet needs by ranking first, second and third. At the conclusion, four major themes emerged. These were: gaps in service outside Worcester, employment transportation, transportation with more support and information dissemination.

A detailed list of the priorities identified as well as a comparison to the 2007 Plan is below.

### **2007 Coordination Public Transit-Human Services Transportation Plan**

#### **General gaps identified:**

- Limited service hours in the evening
- Limited locations of service
- Limited or no access to employment in suburban locations
- Limited or no intermodal connections among various service providers
- Limited or no service to new shopping and/or recreational locations
- Limited ability for riders to obtain information about the full spectrum of services

### **2014 Updated Information on Priorities**

#### **General categories of Need**

- Gaps in service outside of Worcester
- Employment transportation
- Transportation with more support
- Information dissemination

	<b>2007</b>	<b>2014</b>
<b>High Priority</b>	<ul style="list-style-type: none"> <li>✚ Expand service to area subregions</li> <li>✚ Provide feeder service from rural paratransit to urban fixed route transit</li> <li>✚ Improve marketing and outreach using multiple sources (Internet, newspaper, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>✚ Getting to and from work locations, especially in suburban and rural areas of Central MA is a problem</li> <li>✚ More demand response service is needed for rural areas</li> <li>✚ Frail seniors need door-to-door –not curb-to-curb-service. Lack of door-to-door alternatives and affordable options to ambulance</li> <li>✚ Many do not know about available resources</li> </ul>
<b>Medium Priority</b>	<ul style="list-style-type: none"> <li>✚ Provide additional night and weekend ADA service (urban and suburban areas)</li> <li>✚ Provide additional night and weekend fixed route service (urban and suburban areas)</li> </ul>	<ul style="list-style-type: none"> <li>✚ Non-RTA towns in the Blackstone Valley have limited service provided by part-time COAs</li> <li>✚ Limited traditional commuter times for paratransit customers outside Worcester</li> <li>✚ Limited options for people living along region’s edges, especially those who live at the margin of 3 RTAs. Those people often have multiple destination needs that take them in different directions</li> </ul>
<b>Low Priority</b>	<ul style="list-style-type: none"> <li>✚ Providing taxi vouchers for after hours job access</li> <li>✚ Expanded transportation service from rural communities to medical facilities</li> <li>✚ Provide additional night service to rural towns</li> <li>✚ Improve outreach efforts at medical facilities</li> </ul>	<ul style="list-style-type: none"> <li>✚ Lack of service to medical facilities</li> <li>✚ Loss of driver’s license; difficulty giving up driving own car</li> <li>✚ Trip from Worcester to Wegman’s in Northborough is needed</li> <li>✚ Many do not know how to use public transit</li> <li>✚ Porter in the WRTA hub is needed to help people with</li> </ul>

		<p>questions, boarding the bus and with any other information</p>
<p><b>Other Discussion Points</b></p>	<ul style="list-style-type: none"> <li>✚ Add signage for hearing impaired persons and “talking” signs for vision impaired persons</li> <li>✚ Add signage for Non-English speaking riders</li> <li>✚ Increase point-to-point fixed route service</li> <li>✚ Improve communication and coordination among various regional agencies</li> <li>✚ Create a single point of contact for transit users (e.g. brokerage office for all transit)</li> <li>✚ Provide transit assistants as needed</li> </ul>	<ul style="list-style-type: none"> <li>✚ Midnight service is limited to six high-volume routes and is not available outside of Worcester</li> <li>✚ Transportation in Leicester/Spencer is a problem</li> <li>✚ Paratransit and transit connection to Metro West and Boston is needed</li> <li>✚ Transportation is a problem to other parts of the state</li> <li>✚ Service to weekend dialysis outside ADA urban core</li> <li>✚ No same-day service to medical appointments outside of Worcester</li> <li>✚ Service is not affordable</li> <li>✚ Hills, busy streets are without pedestrian signals</li> <li>✚ Lack of wheelchair-accessible service.</li> </ul>