

A COORDINATED
PLAN FOR
PUBLIC TRANSIT -
HUMAN SERVICES
TRANSPORTATION
IN RHODE ISLAND



Sponsored by:

*RI Public Transit Authority, RI Department of Elderly Affairs,
RI Department of Human Services, RI Department of Labor & Training,
RI Department of Transportation, RI Statewide Planning Program
and the Governor's Commission on Disabilities*

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INTRODUCTION

The Need for a Coordinated Plan

On August 5, 2005, reauthorization of federal transportation funding, *the Safe, Accountable, Flexible, Efficient, Transportation Equity Act - A Legacy for Users (SAFETEA-LU)*, was signed into law. One of the provisions in this reauthorization bill requires the development of a locally coordinated public transit-human services transportation plan. As defined, these coordinated plans are to identify the transportation needs of individuals with disabilities, older adults, and people with low incomes, provide strategies for meeting those local needs, and prioritize transportation services for funding and implementation.¹

This requirement was prompted, in part, by Executive Order 13330, signed by President Bush in February, 2004, acknowledging that transportation plays a critical role in providing access to employment, medical care, education and other community services, but recognizing that transportation resources are often difficult to understand and access.

The Executive Order established the Interagency Coordinating Council on Access and Mobility (CCAM) to promote interagency cooperation on the federal level and to minimize duplication and overlap of transportation programs and services. More than 60 federal programs allow for the purchase or provision of transportation services. Furthermore, these programs are overseen by nine different federal departments (transportation, labor, health and human services, education, etc.), are subject to varying federal and state restrictions, and generally address the needs of only one specific group of riders. The resulting array of services is often fragmented or redundant.

Federally assisted community transportation services should be seamless, comprehensive, and accessible to those who rely on them for their lives, needs, and livelihoods. The development of a locally coordinated public transit-human services transportation plan is intended to move states and local areas closer to meeting these goals.

Required Elements

According to federal transit law, as amended by SAFETEA-LU, locally coordinated public transit-human services transportation plans are minimally required to include the following:

Inventory

An inventory of available services and current transportation providers (public, private and non-profit).

Assessment

An assessment of transportation needs for individuals with disabilities, older adults and people with low incomes. This assessment can be based on the experiences and perceptions of the planning partners or on more sophisticated data collection efforts, and gaps in service.

¹ Federal Register/Vol. 71 No. 172/Wednesday, September 6, 2006 p. 52617

Strategies, Activities and/or Projects

Actions to address the identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery.

Priorities

Priorities for implementation based on available resources (from multiple program sources), time and feasibility for implementing specific strategies and/or activities identified.

This document represents Rhode Island's initial effort in developing a *Coordinated Public Transit-Human Services Transportation Plan*. The intent is to introduce efficiencies that may enhance transportation services and fill service gaps, and to provide more rides with the same dollars by minimizing service duplication.

PLAN DEVELOPMENT PROCESS

The Coordinated Plan Steering Committee

This Plan has been developed under the direction of a Coordinated Public Transit-Human Services Transportation Steering Committee for Rhode Island. Representatives include:

- The Rhode Island Department of Elderly Affairs
- The Rhode Island Department of Human Services
- The Rhode Island Department of Labor and Training
- The Rhode Island Department of Transportation
- The Rhode Island Public Transit Authority
- The Rhode Island Department of Administration/Statewide Planning Program
- The Governor's Commission on Disabilities

This local committee largely mirrors the Interagency Coordinating Council on Access and Mobility (CCAM) established in 2004 in order to promote interagency cooperation and better coordination of transportation programs on the federal level.

The Steering Committee adopted this Coordinated Public Transit - Human Services Transportation Plan for Rhode Island on February 1, 2008.

Community & Stakeholder Input

Federal program guidelines require that locally coordinated plans be developed through a process that includes representatives of public, private and non-profit transportation and human services providers, and participation by members of the public.

In order to solicit input from a broad range of perspectives, the Coordinated Plan development process was discussed with the following stakeholder groups:

- Office of the Governor
- Executive Office of Health & Human Services
- Department of Human Services / Office of Rehabilitation Services
- Developmental Disabilities Council
- Transportation Advisory Council (TAC)
- Rhodes to Independence
- State Rehabilitation Council
- Paratransit Task Force
- Governor's Commission on Disabilities

A Draft Coordinated Plan was published in December 2007 including an inventory of existing public transit-human services transportation, a range of potential strategies to meet these needs and a proposed set of priorities for funding and implementation. The draft Plan was posted for public review on the Statewide Planning Program website and the RI Public Transit

Authority website. Advertisements announcing the availability of the draft Plan were placed in area newspapers in both December 2007 and January 2008. Notices were also mailed directly to a variety of private providers and other stakeholders. Individuals were invited to participate in a Community Planning Session in January 2008 (see below), or to submit written comments.

Community Planning Session

A Community Planning Session was held in January 2008 in order to solicit community input and comment on the outstanding needs, potential strategies and proposed priorities included in the draft Coordinated Plan. The session was held in at Eleanor Slater Hospital in Cranston, a fully accessible facility, with accommodations for other special needs made available to the public.

Public comment and input received at this meeting was reviewed and addressed by the Steering Committee and incorporated into the final version of this document. A record of comments received is included in Appendix C.

Inventory and Needs Assessment

The assessment of transportation needs within this Coordinated Plan is based largely on information received during the Community Planning Session, as well as from past public forums, client surveys, agency surveys and needs assessments, and other strategic reports.

The Steering Committee recognizes that development of this first *Coordinated Public Transit-Human Services Transportation Plan for Rhode Island* represents the beginning of an ongoing, coordinated and statewide effort to minimize service duplication and fill service gaps. Many of the strategies and priorities set forth include the need to undertake additional data collection, analysis and coordination to further enhance understanding of service needs, redundancies, and opportunities for improvement.

OVERVIEW OF EXISTING SERVICES & PROGRAMS

An overview of existing human services transportation programs, including public, private and non-profit programs, is provided below. Additional detail is included in **Appendix A**.

Public Transit Services

RIPTA Fixed Route Bus Service

Fixed route service is bus service that has a predetermined route with specified stops that conform to a timetable. RIPTA operates bus service along 58 different fixed routes, making about 3,300 daily trips throughout the state. All fixed route buses are wheelchair equipped.

Service is provided seven days a week, at a base fare of \$1.50 per trip. Discounted fares are available to seniors, persons with disabilities and children, as well as for monthly pass and bulk ticket (RIptik) purchases. More than 24.8 million passengers were transported in FY2007.

RIPTA Flex Service

RIPTA's Flex service is a point deviation service with reservations that allows users to arrange for regular pick ups and drop offs at the destinations of their choice within their own communities. The service operates using smaller vehicles in six Flex Zones where traditional fixed route service would not be effective due to lower population densities, difficult terrain, passenger travel patterns or other factors. All vehicles are equipped with wheelchair lifts.

RIPTA Flex Service Zones

Woonsocket
West Warwick
Westerly
Narragansett
Tiverton/Portsmouth
Kingston (centered on the URI campus).

Riders may also use Flex Service to connect to RIPTA fixed routes in order to travel outside of each zone. The fare structure is identical to that of RIPTA fixed route service. FY2007 ridership was 375,995.

The Ride Program

The Ride program is a coordinated brokerage which provides door-to-door paratransit service, transporting the elderly and persons with disabilities throughout the state. As one of the first such brokerages in the United States, it serves as a successful example of coordinated transportation services.

Four entities contribute to the Ride system (RIPTA, DEA, DHS and the ARCs), with operations coordinated as follows:

- The Ride vehicle fleet is purchased by RIPTA, using Federal Transit Administration capital funds as prioritized by the statewide transportation planning program.
- Scheduling and dispatch activities are coordinated through the brokerage to ensure the most effective utilization of vehicles. Advance reservations are required - except for RlteCare participants who may request same day trips.
- Administration, scheduling and billing costs are borne by RIPTA using state operating funds.
- Service contracts are awarded through a competitive bid process. The statewide Paratransit Task Force oversees this process, as well as the expansion, coordination and enhancement of paratransit services in Rhode Island.

Figure 1 shows the number of individual Ride patrons by zip code of residence. Figure 2 shows the total number of Ride trips made in FY2007, also by zip code of origin. Total ridership for all Ride programs was 690,466 in FY2007. Table 1 provides a breakdown of customers and trips by funding agency.

**Table 1
FY07 Ride Customers and Trips by Funding Agency**

Funding Agency	Individual Customers	Trips Made in FY07	% of Total Ride Trips
Seniors/DEA	5,948	277,398	40.2%
RIPTA/ADA	4,414	224,734	32.5%
ARCs	528	150,993	21.9%
DHS	2,799	37,341	5.4%
TOTAL	13,689	690,466	100.0%

Eligibility and service parameters are based on the individual program requirements of participating agencies, as follows:

- RIPTA’s Americans with Disabilities Act (ADA) Complementary Paratransit Service

In accordance with the American with Disabilities Act (ADA) of 1990, paratransit services are provided for individual whose disabilities either prevent independent use of the fixed route system or prevent travel to or from bus stops. ADA service does not limit trip purpose, but is available only within ¾-mile of the fixed route bus service. ADA service operates during the same hours that the fixed route bus runs and requires customers to pay twice the fixed route fare. All ADA trips must start and end in the corridor.

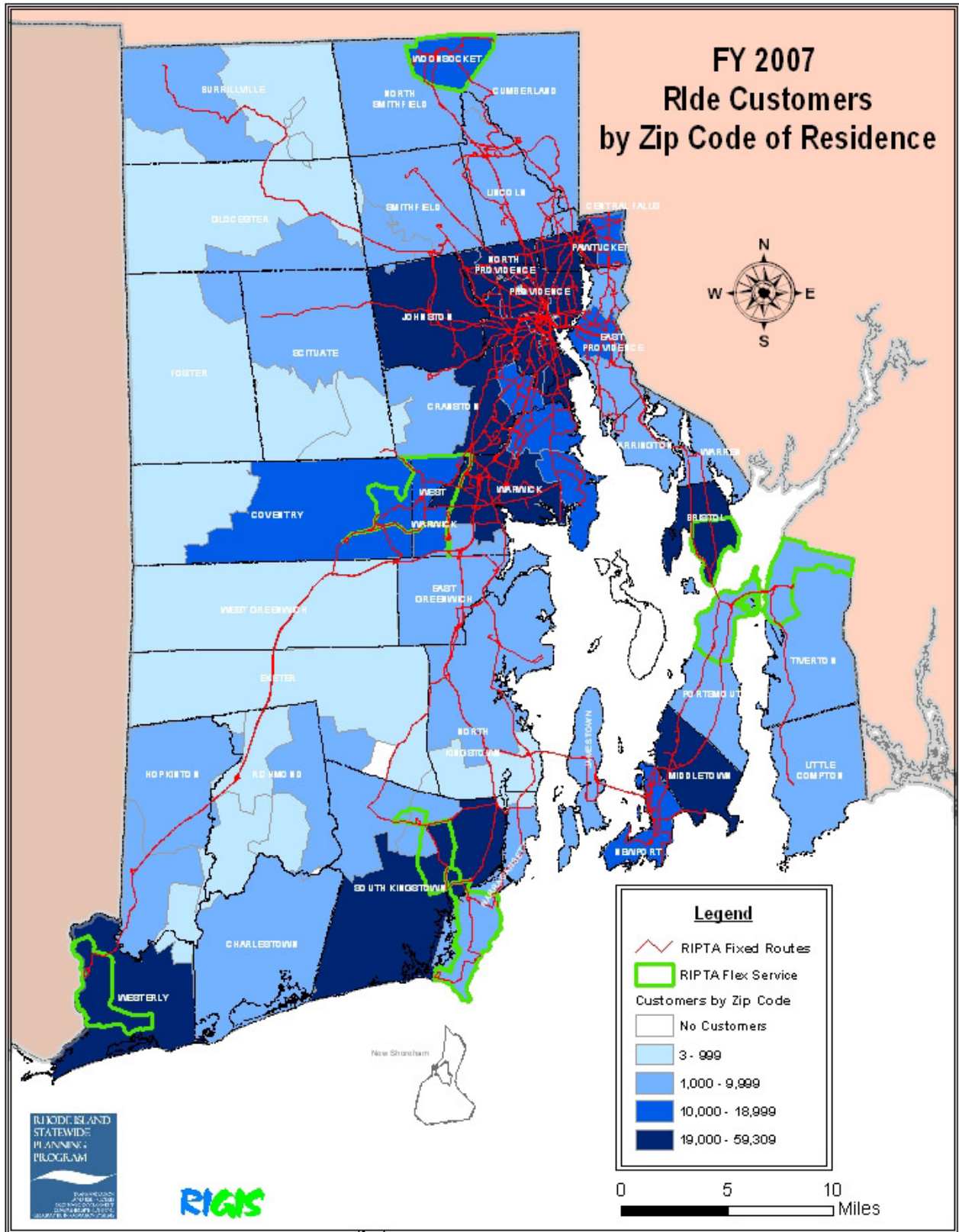


FIGURE 1

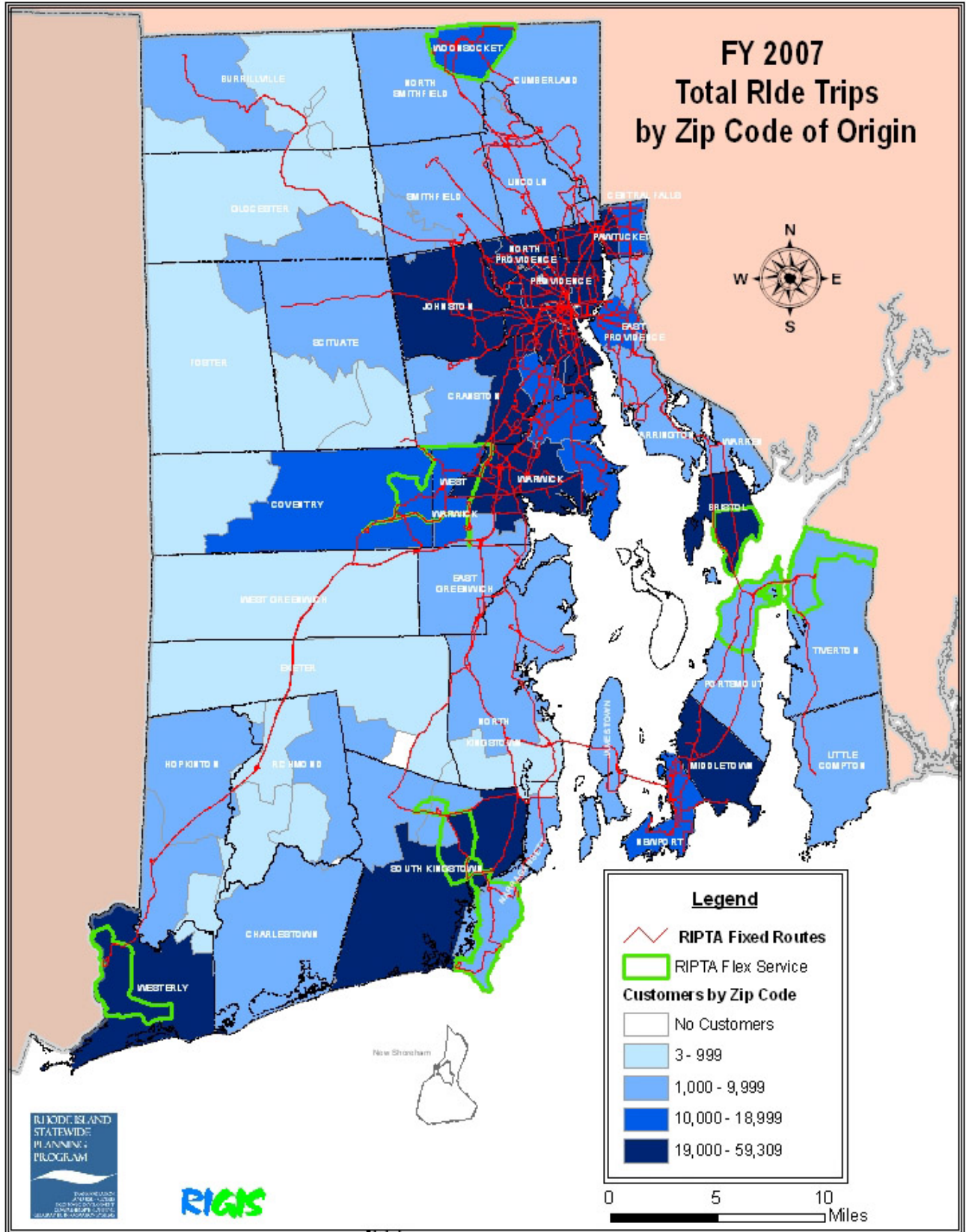


FIGURE 2

- Department of Elderly Affairs (DEA) Service

DEA funds RIdE service for elders (age 60 +) or low income individuals with disabilities (whose income qualifies them for DHS medical assistance). DEA-funded RIdE transportation is provided free of charge, on a weekday basis, for dialysis and cancer treatments, adult day services, senior nutrition sites, and non-emergency medical appointments.

- ARC Service

ARC agencies use the RIdE program to arrange group transportation to workshops for individuals with developmental disabilities. Trips are available on weekdays only. No fare is charged.

- Department of Human Services (DHS)

Non-Emergency Medical Transportation

This DHS program provides non-emergency medical transportation thru the RIdE program, as well as private ambulance or RIPTA bus service. Medical consumers must be registered in participating HMOs. No fare is charged for this service and some same day trips are possible.

DHS/Office of Rehabilitation Services (ORS)

The DHS/ORS Department of Vocational Rehabilitation funds transportation for eligible clients for travel to job training or rehabilitation programs.

RIPTA Providence to Newport Ferry

RIPTA operates seasonal ferry service under the authority of a Memorandum of Understanding with the Rhode Island Department of Transportation, which receives Federal Highway Administration funding for operation of the ferry. The ferry operates from May to October, seven days a week. A total of 42,988 passengers used this service in FY 2007.

Commuter Rail and Intercity Services

The Massachusetts Bay Transportation Authority operates 15 weekday commuter rail trips between Providence and Boston, as well as weekend service. This service is fully accessible. Fare is \$7.75 one-way.

Amtrak operates intercity rail service between Boston and New York City, with accessible stations located in Providence, Kingston and Westerly, Rhode Island.

Private and Non-Profit Transportation Services

Private transportation services include private ferry services to Block Island, Prudence Island and to Martha's Vineyard and two intercity bus services accessing destinations throughout New England and New York.

Maher Regional Coach and Northwest Transportation are private companies operating RIDE services under contract to the statewide brokerage, as well as other transportation services. Taxi services and accessible van rentals are also available on a statewide basis. Accessible taxi service is not currently available in Rhode Island.

A wide array of non-profit services is available in Rhode Island, providing additional transportation options for the elderly, persons with disabilities and low income persons. These include non-profit agencies offering senior rides, transport to shelters, meal sites and other locations. In addition, a variety of volunteer driver programs are available in Rhode Island providing assistance to non-drivers with medical appointments, errands and other trips.

Community Based Elder Services

Many communities throughout the state offer senior transportation, typically using one van funded through local community funding sources. Most services operate on a reservation basis, providing free weekday service to senior centers, meal sites, shopping and other local errands. Some of these services also provide trips outside the community.

Student and Child Care Transportation

Both public and private student/child transport programs exist within Rhode Island. Public yellow bus transportation is provided by individual communities for public school students, special needs students and out-of-district private school students. In 2006, the RI General Assembly mandated a plan to create and implement a coordinated statewide transportation system for children with special needs. This effort may be expanded to evaluate out-of-district transportation for non-public school students and after school programs, and eventually a statewide transportation system for all students.

Student and child care transport is also provided by a number of private child care providers and non-profit agencies.

Medical Transportation

This program area includes a mix of private and non-profit services providing transportation to non-emergency medical care for those without access to other transportation options.

Travel Discounts and Reduced Fare Programs

Elders and persons with disabilities are eligible to pay half-fare on RIPTA fixed route service during non-peak hours. This program is funded through the state's "Intermodal Surface Transportation Account" generated from a dedicated 1-cent per gallon of the RI gasoline tax and managed by DEA.

Free RIPTA bus passes and/or RIPTIKS are made available to low-income individuals by the DHS / Rite Care program, the Office of Housing and Community Development, several school departments, and by numerous non-profit human service agencies.

Training Programs and Information Services

Rhode Island has public, private and non-profit agencies which provide training to help individuals with disabilities or seniors become familiar with available transportation options.

Information on human services programs, including transportation options, is provided by Crossroads RI (Dial "211"), by the Department of Human Services (AskRHody.com) and by the Department of Elderly Affairs' phone referral center. The Special Needs Registry managed by the Department of Health and the Emergency Management Agency identifies residents with special needs to help prepare response plans (e.g. transportation and evacuation) for emergency situations.

The Department of Labor and Training's NetWORKri system offers free training and education for people seeking employment. Transportation information and support is also made available in these centers. Transportation support is also offered by Commuter Resources RI, a commuter carpool matching service.

Vanpools

Easy Street, a vanpool program sponsored by the Connecticut Department of Transportation, operates within Rhode Island, bringing Connecticut commuters to RI employment sites. A private vanpool service, VSPI, is also available in Rhode Island. According to Commuter Resource RI, about 75 vanpools were operating in Rhode Island in 2007 (with most supporting interstate commuters moving between RI and CT, or RI and MA).

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ASSESSMENT OF NEEDS

This Coordinated Plan is designed to identify the transportation needs of individuals with disabilities, older adults, and people with low incomes. This section presents an overview of available demographic data, public comments, agency needs assessments, and other information as identified by a broad range of local constituents and stakeholders.

Demographics

The elderly, persons with disabilities and low income populations have a higher percentage of transit dependency than the general population. Data from the US Census 2000 was reviewed to better understand the demographic characteristics of these populations in Rhode Island; **Tables 2 and 3** provide a summary of this information by city and town. This data was also mapped by the Statewide Planning Program to help identify areas in which higher concentrations of these populations may reside and where there may be greater public transit-human services transportation needs.

Elderly Persons

The US Census 2000 identified a total of 152,402 Rhode Island residents aged sixty-five years (65) or older, and a total of 20,897 residents aged eighty-five years (85) or older. Residents aged sixty-five (65) and above represent about 15% of the state's population, which is the 6th highest percentage of elderly residents in the United States. The population aged eighty-five (85) and above make up 2.% of Rhode Island's residents.

More than 14% of those aged 65 and above had incomes below the poverty level in 2000 and 40% had some type of disability.² Furthermore, the proportion of elderly residents in Rhode Island is projected to increase over the next 20 years.

As shown in **Figures 3 and 4**, the state's elderly population is fairly evenly dispersed across the state. Relatively high concentrations of elderly persons reside in the urban communities surrounding Providence, as well as in the northern suburbs, South County and the East Bay.

Persons with Disabilities

Approximately 127,389 Rhode Island residents (non-institutionalized ages 16 - 64) reported having some type of disability in the 2000 Census. This represents about 12% of the state's total population. Rhode Island has the 16th largest proportion of persons with disabilities when compared to other states.

Figure 5 maps the percentage of the state's residents with disabilities by census tract and shows that this population is also fairly equally dispersed, with slightly higher concentrations in South County and the northwestern part of the state.

² A Profile of RI's Elderly Population, the Long Term-Care Coordinating Council, August 2003.

Table 2
Elderly and Persons with Disabilities by City and Town (US Census 2000)

City/Town	Total Population	Population Age 65+		Population Age 85+		Ages 16 - 64 ¹ with a Disability	
		Persons	%	Persons	%	Persons	%
Barrington	16,819	2,471	14.7%	242	1.4%	1,269	7.5%
Bristol	22,469	3,969	17.7%	507	2.3%	2,431	10.8%
Burrillville	15,796	1,800	11.4%	286	1.8%	2,037	12.9%
Central Falls	18,928	2,177	11.5%	344	1.8%	3,632	19.2%
Charlestown	7,859	1,143	14.5%	104	1.3%	775	9.9%
Coventry	33,668	4,384	13.0%	523	1.6%	3,923	11.7%
Cranston	79,269	13,711	17.3%	1,848	2.3%	9,007	11.4%
Cumberland	31,840	5,098	16.0%	543	1.7%	3,265	10.3%
East Greenwich	12,948	1,756	13.6%	256	2.0%	884	6.8%
East Providence	48,688	9,203	18.9%	1,400	2.9%	6,133	12.6%
Exeter	6,045	589	9.7%	126	2.1%	541	8.9%
Foster	4,274	447	10.5%	56	1.3%	447	10.5%
Glocester	9,948	915	9.2%	84	0.8%	1,314	13.2%
Hopkinton	7,836	866	11.1%	82	1.0%	886	11.3%
Jamestown	5,622	828	14.7%	73	1.3%	589	10.5%
Johnston	28,195	5,315	18.9%	818	2.9%	2,982	10.6%
Lincoln	20,898	3,444	16.5%	443	2.1%	2,172	10.4%
Little Compton	3,593	637	17.7%	67	1.9%	311	8.7%
Middletown	17,334	2,579	14.9%	472	2.7%	1,576	9.1%
Narragansett	16,361	2,216	13.5%	213	1.3%	1,276	7.8%
New Shoreham	1,010	175	17.3%	13	1.3%	225	22.3%
Newport	26,475	3,408	12.9%	501	1.9%	2,523	9.5%
North Kingstown	26,326	3,105	11.8%	365	1.4%	2,258	8.6%
North Providence	32,411	6,395	19.7%	874	2.7%	3,953	12.2%
North Smithfield	10,618	1,912	18.0%	368	3.5%	1,066	10.0%
Pawtucket	72,958	10,828	14.8%	1,389	1.9%	12,154	16.7%
Portsmouth	17,149	2,307	13.5%	230	1.3%	1,798	10.5%
Providence	173,618	18,155	10.5%	2,823	1.6%	26,656	15.4%
Richmond	7,222	509	7.0%	43	0.6%	648	9.0%
Scituate	10,324	1,241	12.0%	118	1.1%	904	8.8%
Smithfield	20,613	3,429	16.6%	763	3.7%	1,740	8.4%
South Kingstown	27,921	3,248	11.6%	421	1.5%	2,708	9.7%
Tiverton	15,260	2,522	16.5%	296	1.9%	1,496	9.8%
Warren	11,360	2,034	17.9%	337	3.0%	1,259	11.1%
Warwick	85,808	14,558	17.0%	1,828	2.1%	9,361	10.9%
West Greenwich	5,085	359	7.1%	27	0.5%	463	9.1%
West Warwick	29,581	4,165	14.1%	426	1.4%	3,591	12.1%
Westerly	22,966	3,915	17.0%	609	2.7%	2,104	9.2%
Woonsocket	43,224	6,589	15.2%	979	2.3%	7,032	16.3%
Statewide TOTAL	1,048,319	152,402	14.5%	20,897	2.0%	127,389	12.2%

1. Non-institutionalized adult population.

Source: RI Statewide Planning Program / US Census 2000

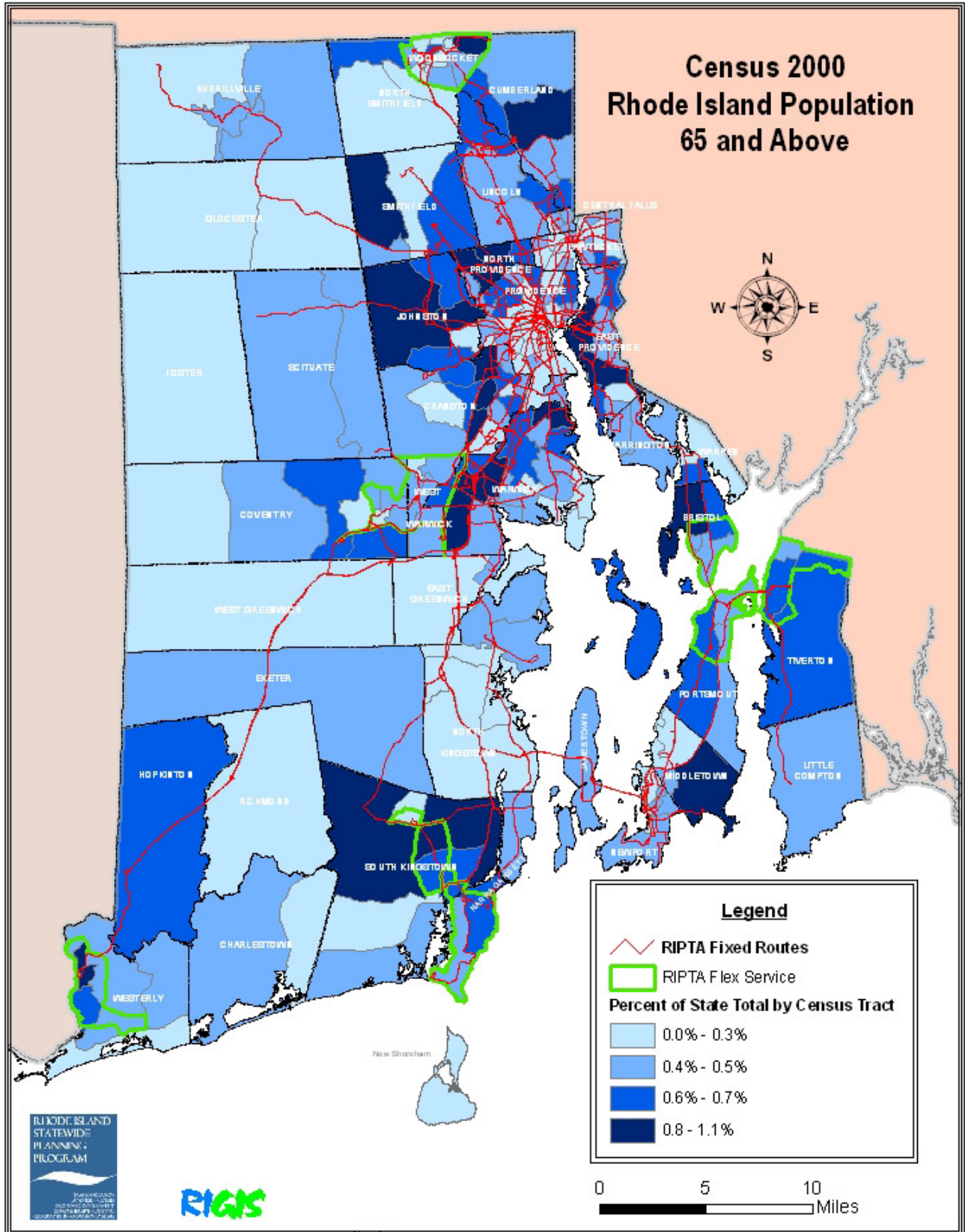


FIGURE 3

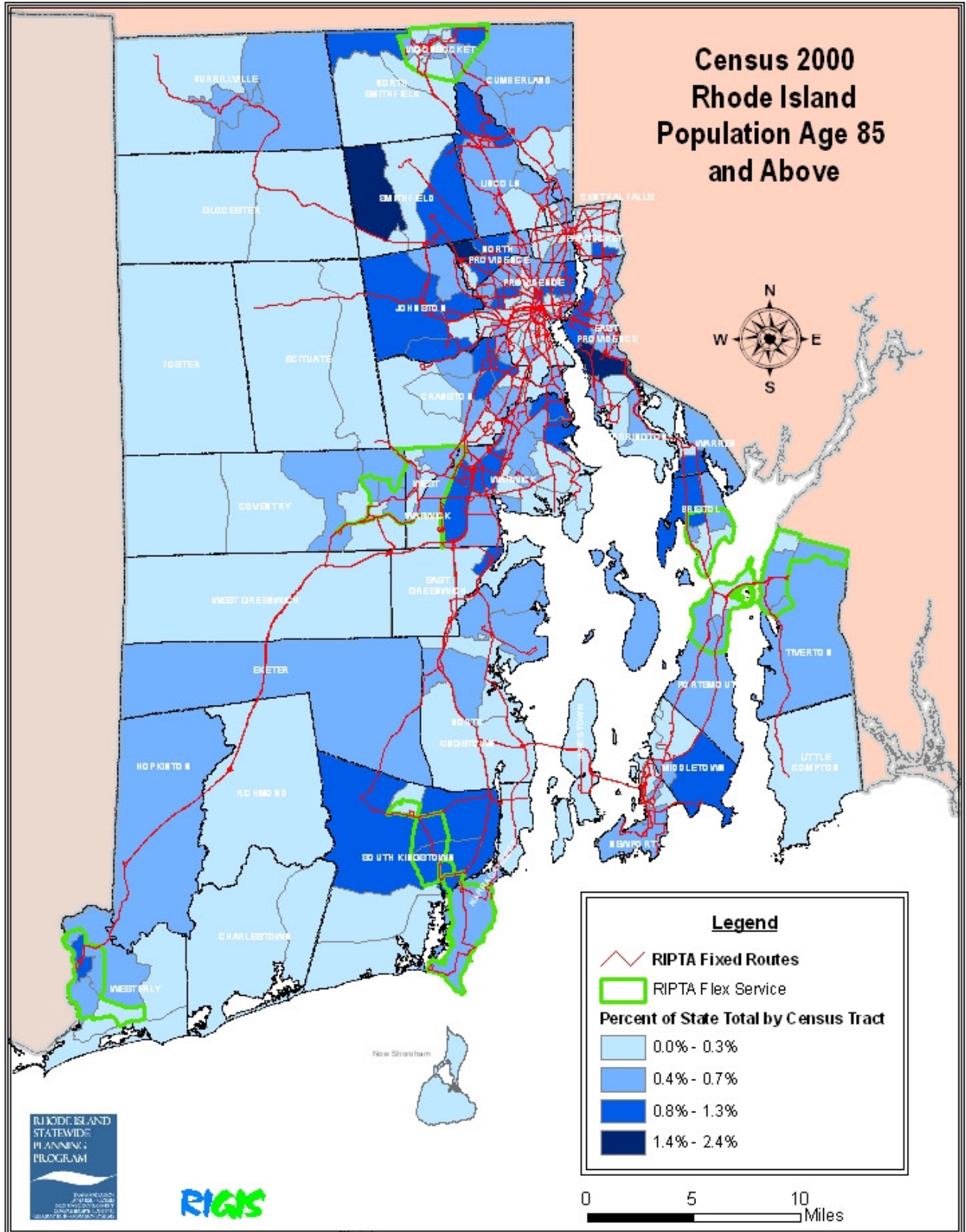


FIGURE 4

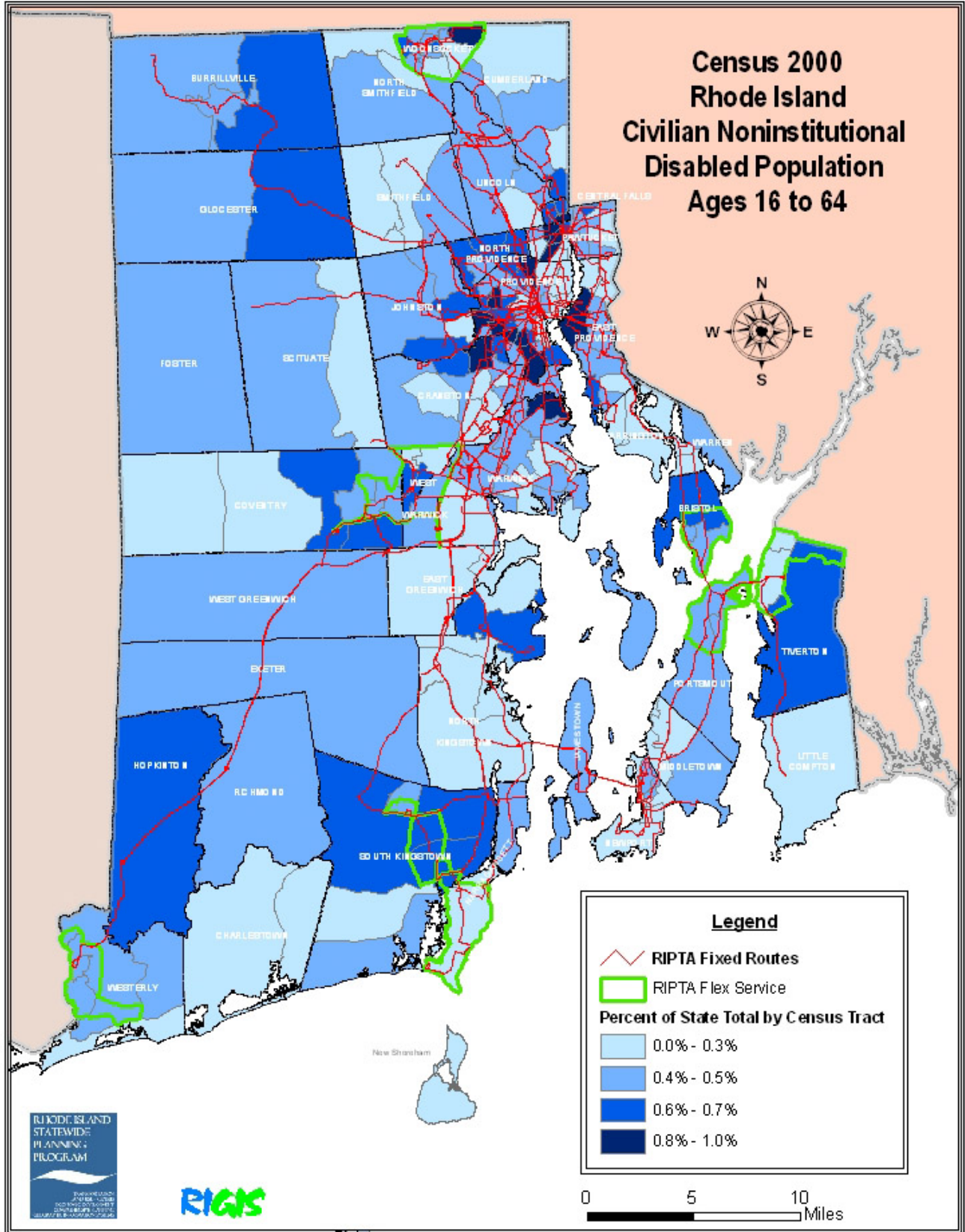


FIGURE 5

An estimated 34% of persons with disabilities between the ages of 16 and 64 reported being employed in the year 2000.³ Conversely, an estimated 66% of persons with disabilities in this age range were not employed, or a total of about 11,844 persons. This is about three times the ratio reported by persons without disabilities (ages 16 to 64). It should be noted that these figures represent persons who are *not employed*, and does not represent the unemployment rate (the number of persons unemployed *and* seeking employment).

An estimated 20% of persons with a disability also had incomes below the federal poverty level in 2000⁴, about twice the rate of the total state population reporting incomes below poverty level (10%).

When the number of persons with a disability is viewed as a percentage of each city or town's total population, the communities of Central Falls, New Shoreham, Pawtucket and Woonsocket have the greatest percentages - each with about ¼ of their populations reporting some type of disability.

People with Low Incomes / Poverty & Employment Status

The estimated unemployment level in Rhode Island was 2.8% in the year 2000 and 120,548 individuals (or about 11.0% of the state's population) reported incomes below the federal poverty level. In the communities of Central Falls and Providence, more than ¼ of residents fall below the poverty level. Woonsocket and Pawtucket also have percentages of low income residents that are well above the statewide average.

When viewed as a percentage of overall state population, **Figures 6** shows that the number of persons who are unemployed is distributed fairly equally throughout the state. **Figures 7** and **Figure 8** show lower income residents concentrated in the greater Providence area, as well as in parts of Woonsocket, Newport, Westerly, South Kingstown, North Kingstown, West Warwick, Burrillville, Bristol and Warren.

Summary of Demographic Data

With relatively large segments of the population identified as being over the age of 65, low-income or having a disability, Rhode Island will continue to experience a high demand for human services, including public transportation and paratransit. This highlights the need to better coordinate the delivery of transportation and to continue to expand transportation options in the most efficient manner possible. **Figures 3 - 8** were evaluated to assess the relationship of each of the transportation disadvantaged populations to RIPTA's existing fixed route system and Flex service zones.

The greatest concentrations of transportation disadvantaged persons reside in the urban areas surrounding Providence, where public transportation options are most prevalent and the state has the opportunity to encourage greater use of fixed route services. In particular, the greatest numbers of the Rhode Island's low income population lives in Providence or the surrounding areas where access to existing public transit is relatively high. In fact, a 2002 study evaluating the location of Family Independence Program (FIP) participants and their

³ The Disabled Population in Rhode Island, D. West and J. Combs, Taubman Center for Public Policy, Dec. 2002

⁴ Ibid.

Table 3
Unemployment & Poverty Status by City and Town (US Census 2000)

City/Town	Total Population	In Labor Force and Unemployed		Individuals Below Poverty Level	
		Persons	%	Persons	%
Barrington	16,819	333	2.0%	566	3.4%
Bristol	22,469	548	2.4%	1,639	7.3%
Burrillville	15,796	441	2.8%	932	5.9%
Central Falls	18,928	638	3.4%	5,314	28.1%
Charlestown	7,859	103	1.3%	396	5.0%
Coventry	33,668	690	2.0%	1,729	5.1%
Cranston	79,269	1,886	2.4%	5,437	6.9%
Cumberland	31,840	628	2.0%	1,236	3.9%
East Greenwich	12,948	337	2.6%	606	4.7%
East Providence	48,688	1,358	2.8%	4,130	8.5%
Exeter	6,045	189	3.1%	319	5.3%
Foster	4,274	130	3.0%	143	3.3%
Glocester	9,948	145	1.5%	442	4.4%
Hopkinton	7,836	185	2.4%	370	4.7%
Jamestown	5,622	106	1.9%	163	2.9%
Johnston	28,195	673	2.4%	2,311	8.2%
Lincoln	20,898	258	1.2%	1,082	5.2%
Little Compton	3,593	58	1.6%	122	3.4%
Middletown	17,334	379	2.2%	844	4.9%
Narragansett	16,361	308	1.9%	2,615	16.0%
New Shoreham	1,010	19	1.9%	80	7.9%
Newport	26,475	1,033	3.9%	3,520	13.3%
North Kingstown	26,326	523	2.0%	1,846	7.0%
North Providence	32,411	800	2.5%	2,584	8.0%
North Smithfield	10,618	134	1.3%	359	3.4%
Pawtucket	72,958	2,553	3.5%	12,131	16.6%
Portsmouth	17,149	320	1.9%	574	3.3%
Providence	173,618	7,157	4.1%	46,688	26.9%
Richmond	7,222	216	3.0%	213	2.9%
Scituate	10,324	160	1.5%	395	3.8%
Smithfield	20,613	650	3.2%	775	3.8%
South Kingstown	27,921	1,314	4.7%	1,252	4.5%
Tiverton	15,260	414	2.7%	683	4.5%
Warren	11,360	379	3.3%	804	7.1%
Warwick	85,808	1,868	2.2%	5,033	5.9%
West Greenwich	5,085	140	2.8%	213	4.2%
West Warwick	29,581	866	2.9%	3,281	11.1%
Westerly	22,966	606	2.6%	1,516	6.6%
Woonsocket	43,224	1,314	3.0%	8,205	19.0%
Statewide TOTAL	1,048,319	29,859	2.8%	120,548	11.5%

Source: RI Statewide Planning Program / US Census 2000

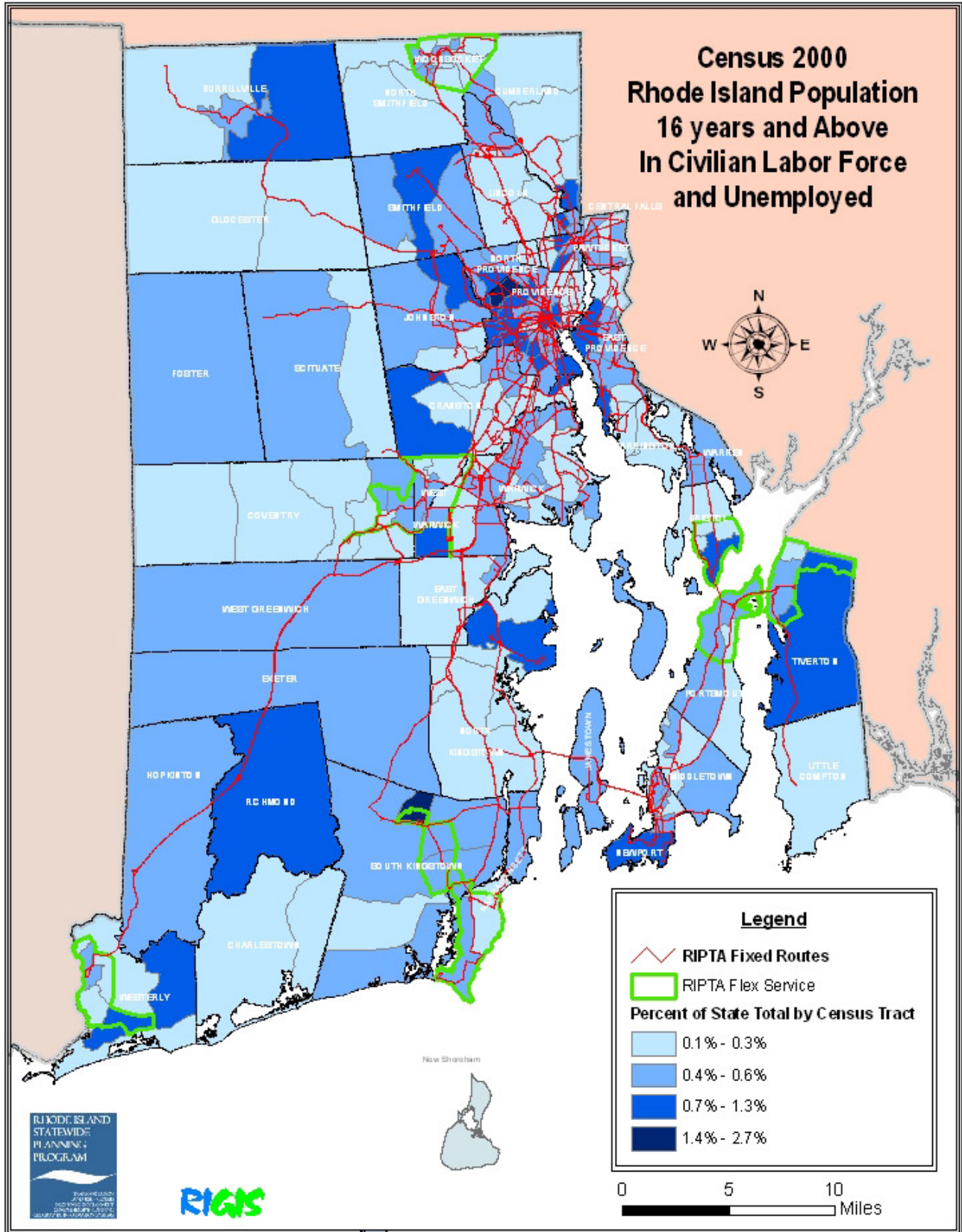


FIGURE 6

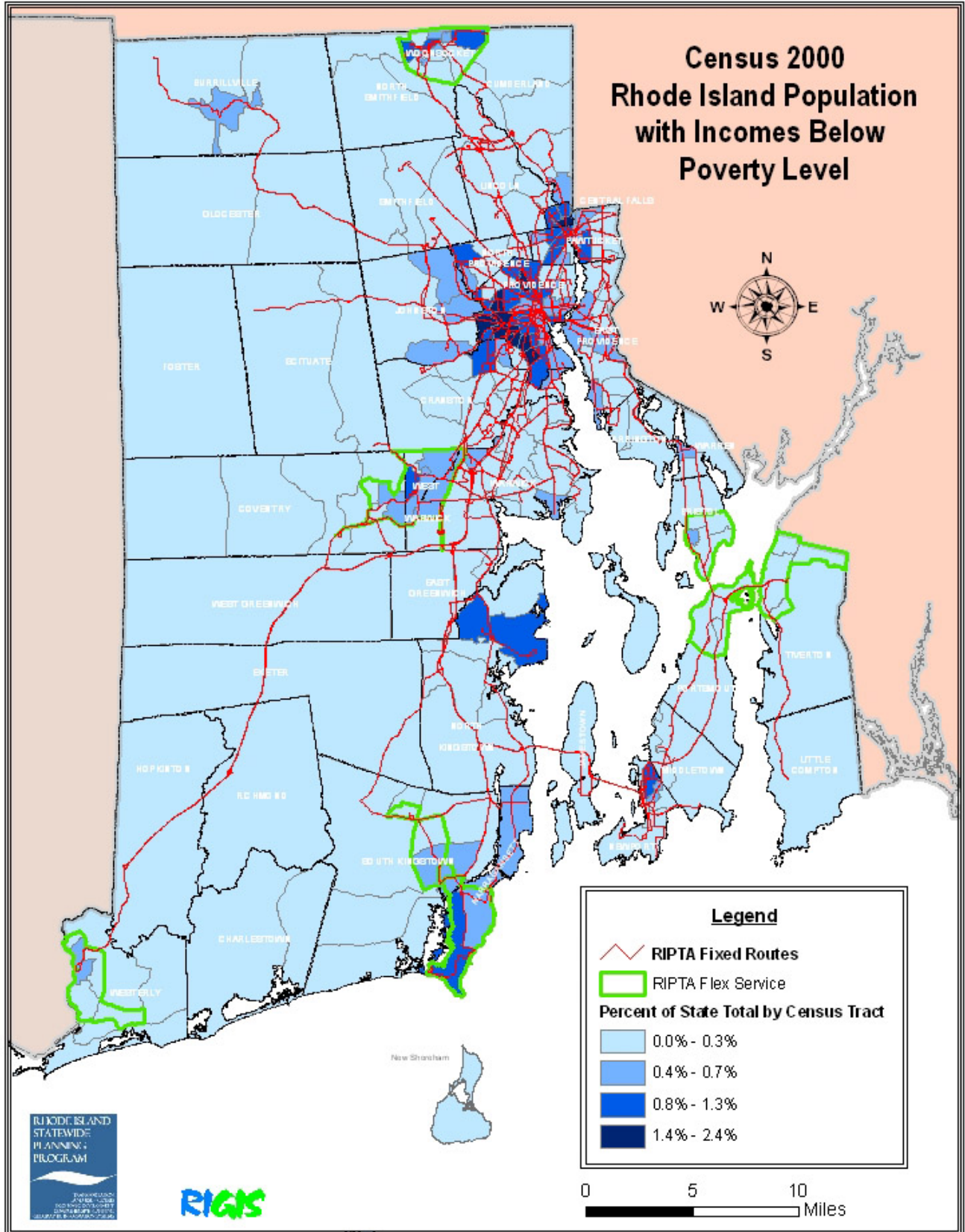


FIGURE 7

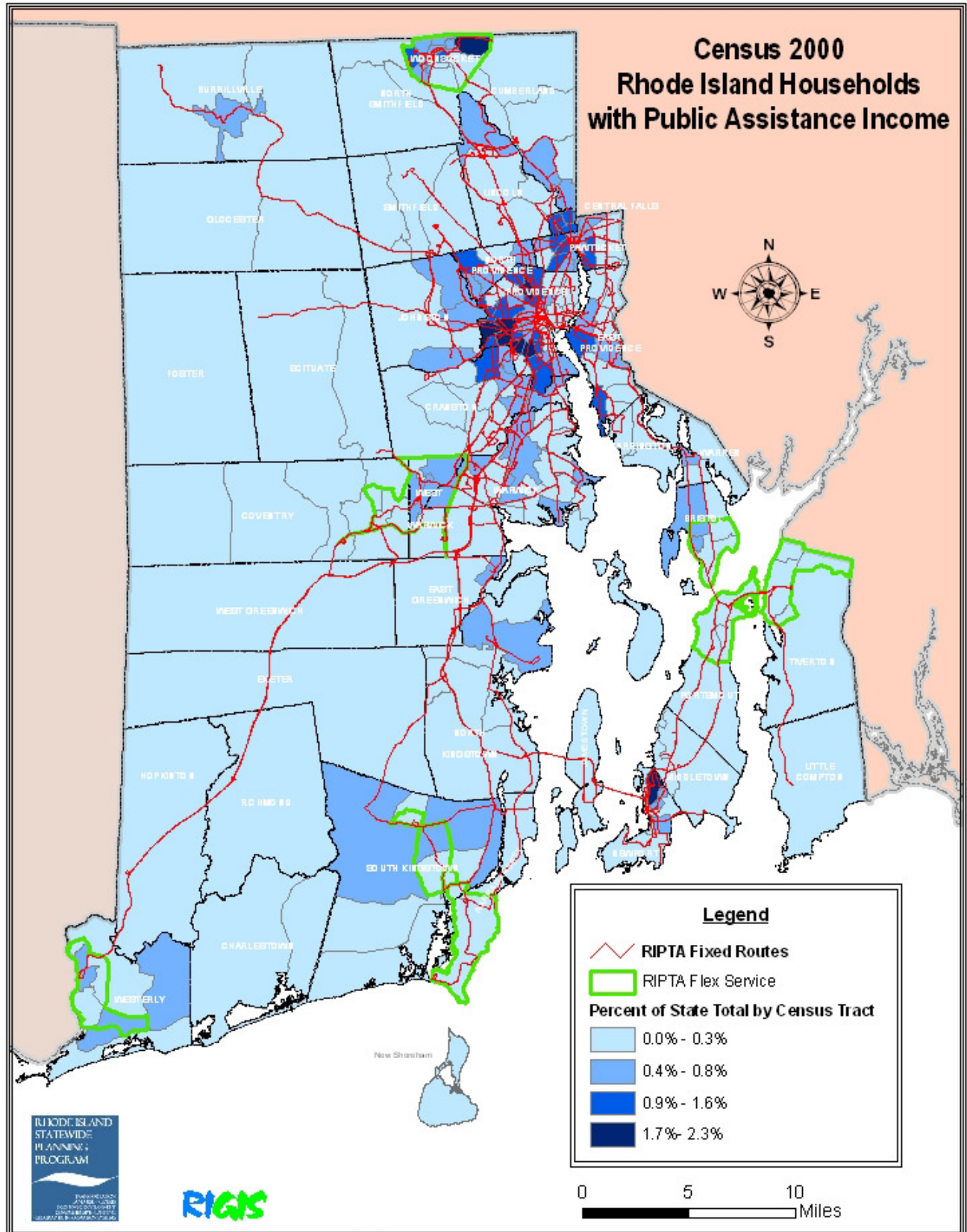


FIGURE 8

proximity to RIPTA bus routes, found that over 91% of participants live within ¼ mile of a RIPTA bus route and 95% live within ½ mile.⁵

Relatively high populations of low income residents are also found in the “secondary urban” areas (e.g. Woonsocket, Newport, Westerly, West Warwick, Wakefield, North Kingstown and Burrillville). While there is at least one RIPTA fixed route serving each of these areas, the need for greater transit services has resulted in the implementation of Flex service in many of these communities. Additional service between these communities and suburban employment centers would enhance access to employment opportunities for these residents, as well as others.

The elderly and persons with disabilities reside in relatively high concentrations across all parts of the state, including suburban and rural areas. Meeting the needs of a growing elderly population and providing a greater range of transportation services for persons with disabilities (for access to employment and other activities) will require more transportation options in suburban communities and rural areas. Providing more fixed route service would enhance access to complementary ADA service for persons with disabilities, but coordination and shared use of existing transportation assets should also be considered as a more cost-efficient alternative.

Outstanding Needs and Service Gaps

Over the past few years, the stakeholders involved with human services transportation in Rhode Island have held many public forums and conducted several client surveys to better understand the needs of the elderly, persons with disabilities and low income persons. State agencies and other human services or transportation advocates have also prepared assessments which provide additional documentation on local public-transit human services transportation needs.

Table 4 includes the list of public comments and documents reviewed to identify outstanding service needs in Rhode Island and to support the development of this Plan. A more detailed summary of the needs and issues identified from each of these sources is included in **Appendix C**.

In general, these documents call for more public transportation options - extended service hours, greater frequencies and new routes. While these are recognized as critical and valid needs, an effort was also made to identify specific actions or projects that might be addressed with the level of resources available. These needs are summarized in **Table 5**. Specific new service destinations suggested by the public or within other assessments are presented in **Figure 9**.

⁵ “Proximity & Access to Jobs in RI for Working Age Participants in the Family Independence Program”, RI Statewide Planning Program and the Providence Plan, 2002.

Table 4
Information and Reports Used to Support Needs Assessment

Public Forum Comments

- Coordinated Plan Community Planning Session (January, 2008)
- Governor’s Commission on Disabilities / Public Forum Series (2005 - 2007)
- Governor’s Commission on Disabilities / Findings of the Transportation Working Group (2005 and 2006)
- Statewide Independent Living Council / Public Forums (2006)
- Rhodes to Independence Steering Committee Focus Groups (2003)

Surveys

- Woonsocket Transportation Advisory Committee, Transportation 2007 Survey (2007)
- East Bay Educational Collaborative / Transition Advisory Council (2005)
- RIPTA / “Work Link” , Employment Transportation for People with Disabilities Pilot Project
 - Client Survey 2001
 - Agency Survey 2002

Agency Assessments / Strategic Plans

- RI DHS / Office of Rehabilitation Services and the State Rehabilitation Council / Vocational Rehabilitation Needs of Rhode Islanders with Disabilities (2005)
- RI DLT / Constructing a Demand-Driven Workforce, Two Year Strategic Plan 2007-09
- RI Developmental Disabilities Council: Five Year State Plan 2007 - 2011
- State Plan for Independent Living Plan (SPIL) FY08-FY10
Statewide Independent Living Council (2007)

Other Reports

- Transportation 2025: Long Range Transportation Plan, RI Statewide Planning (2004)
- Special Legislative Commission to Study Transit Service in RI (2007)
- RI DEA / Proposed Resolutions to the White House Conference on Aging (2005)
- White House Conference on Aging (2005)
- United We Ride, Self-Assessment Tool for States, CCAM
- United We Ride, Policy Statement on Vehicle Resource Sharing, CCAM, 2006
- Governor’s Commission on Disabilities, Ride Paratransit Service, 2003
- RI Statewide Planning and the Providence Plan / Proximity & Access to Jobs in RI for FIP Participants, (2002)

Table 5
Summary of Identified Needs

Span of Service / Service Frequency

- Limited RIde service hours affect limit travel options pickups (early AM, late PM, and weekend service hours limited). (Note: ADA complementary service operates during the times that fixed route service operates, so the span varies by the service area.)
- Repeated need for increased bus frequency, extended service hours, more vehicles.

Service Destinations (see also Figure 9)

- Desire for more public transit service in Woonsocket (expanded/late night service, better connections to adjacent communities, inter-state travel options).
- Desire for more public transit in Westerly (expanded Flex zone with evening and weekend service, access to the Bradford area, more trips to Providence).
- Accessible transportation to/from the airport is very limited and difficult to locate
- The five northwestern villages of Harrisville, Mapleville, and Glendale in Burrillville, Chepachet in Glocester, and Slatersville in North Smithfield (combined) are fairly populated, but offer little or no public transit or ADA service.
- Need for service on Jefferson Boulevard.
- Expand Metacom Avenue service for transitional students at Mt. Hope High in Bristol
- Need for transportation in rural areas.
- Service to new suburban commercial developments and residential growth areas.
- Due to the cost of land close, affordable housing is not always close to bus routes.
- Need more RIde service between Coventry, Foster, W. Warwick, Warwick & Cranston.
- Need for service to Scituate Vista apts. in Cranston (retirement/independent living)
- Need for service to nearby destinations in Massachusetts in Connecticut; RIPTA and RIde are not able to cross state lines (explore use of vanpools, carpools, volunteers).

Employment Transportation

- Improve transportation between Woonsocket and employment areas
- Need to identify major employers and make sure there is transportation serving these locations, particularly for persons with disabilities and of low income.
- Need to provide options for individuals working late night and weekend shifts.
- Need to include employers in dialogue to address transportation needs and issues.
- General need (repeatedly voiced) for improved transportation and more accessible options to support individuals with disabilities seeking employment.

Accessibility Needs

- Certain clients need driveway modifications to enable safe van access.
- Bus stops need to be cleared of snow and other debris (enforcement).

Table 5
Summary of Identified Needs (continued)

Service Quality / Ease of Use

- RIde dependability (early or late pick-up) affects employability.
- Need more direct service (less transferring between buses).
- RIde complaint process needs to be improved (busy signal at scheduling).
- RIde service is bumpy.
- RIPTA photo ID office should make more remote visits for senior/disabled passes; lengthen time for pass renewals, provide passes through schools to eligible students)
- Lengthy RIde scheduling periods restrict travel options for Medicaid/elderly riders. Desire for shorter scheduling windows or “on-demand” service.
- Driver sensitivity training is needed.

Type of Service & Service Eligibility

- More transportation options allowing persons with disabilities to use community resources and take part in community activities (e.g. evenings, weekends).
- Expand RIde trip eligibility to include non-medical transportation.
- Social/group transport, especially groups of disabled young adults.
- Consider service for persons with disabilities outside the ADA corridor.
- Affordability is an issue for many (reduce ADA fares, vouchers for homeless, etc).
- Volunteer driver programs need more support (offset costs, driver recruitment).
- Need on-demand wheelchair accessible taxi service throughout RI.

Safety & Security

- Difficult for passengers to alert/communicate with RIde vans.
- Difficult for deaf individuals to communicate with drivers.
- Safety concerns for late night RIde users; need back up system for late/missed trips.
- Disaster preparedness planning for Rhode Islanders without private transportation.

Travel Training / Information

- Address fears about safety and security.
- Lack of knowledge; better information materials and publicity needed (for Flex service, volunteer programs, available subsidies, etc.).
- Hands-on training needed (use of transit, access to transit, and route planning).
- High School transition programs are not able to utilize RIPTA bus for travel training when more than two in the class use wheelchairs.
- Parents of disabled youth need to be educated and reassured about transit use.

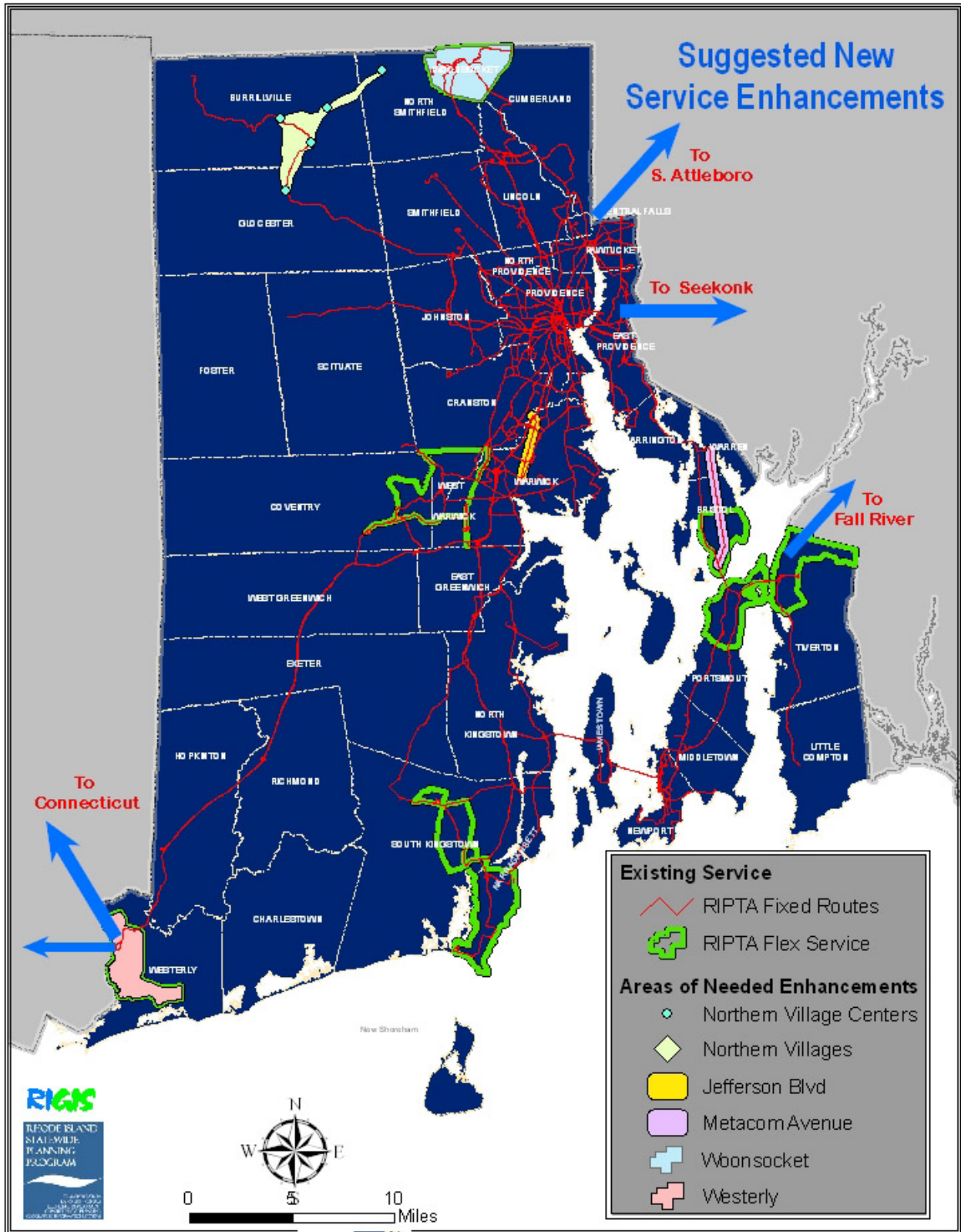


FIGURE 9

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RECOMMENDED STRATEGIES

Objectives & Strategies to Enhance Human Services Transportation in RI

Eight specific objectives have been developed to assist Rhode Island in meeting the public transit-human services transportation needs identified by the community and other stakeholders. As presented on the pages that follow, each objective is accompanied by a series of potential strategies, projects, or specific actions that would help address outstanding needs and potential system redundancies. These objectives are interrelated and are designed to be pursued concurrently as part of any effort to enhance the overall quality and efficiency of human services transportation in Rhode Island.

In order to be consistent with federal intent, this Coordinated Plan follows the guidance of the federal Interagency Coordinating Council on Access and Mobility (CCAM) as developed through the *United We Ride Initiative* and builds upon many of the strategies and actions suggested within CCAM's *Framework for Action*.

This Coordinated Plan is also designed to be consistent with Rhode Island's overall statewide transportation objectives and incorporates specific strategies related to human services transportation as stated within Rhode Island's long range transportation plan (*Transportation 2025: Long Range Transportation Plan*) and as put forth in May 2007 by the Special Legislative Commission on Transit. Strategies adopted from the *Long Range Transportation Plan* are denoted with "(LRP)" on the following pages.

Objective 1

Increase the Overall Effectiveness and Efficiency of Transportation for the Elderly, Persons with Disabilities and Low-Income People

Potential Strategies & Projects
1. Maintain the quality and level of successful, non-duplicative existing services.
2. Continue to provide that all agencies purchasing paratransit services contract with RIde and that social service agencies be located along transit routes. (LRP)
3. Continue the RIde vehicle replacement program. (LRP)
4. Better integrate demand responsive service with fixed route service. (LRP)
5. Improve coordination among transportation providers (e.g. expand stakeholder group, identify system redundancies, identify opportunities for cost or vehicle sharing).
6. Update RIde scheduling and dispatch capabilities.
7. Explore and test new on-board vehicle communications technologies for visually impaired passengers. (LRP)
8. Explore and test new on-board vehicle communications technologies for hearing impaired passengers.
9. Develop state policy on using the least-cost, most efficient mode of travel for state-funded programs (e.g., transit over paratransit with rates structured to give priority to transit usage, and service to the nearest service outlet). (LRP)
10. Coordinate all state and municipal-funded transportation services, and consolidate operations where feasible. (LRP) (e.g. make use of vehicles like senior center and municipal vans, school buses, etc. to fully use existing resources in the community.)
11. There should be no fare-free service unless supported by a 3rd party payee. (LRP)
12. Integrate scheduling, including centralized dispatch for real-time dispatching capability, through a PC-based Global Positioning System (GPS) program. (LRP)
13. Review and institute where feasible a cash-less fare collection system and automated payment program. (LRP)
14. Install Automated Announcing Equipment on all RIPTA buses.

** (LRP) indicates strategy adopted from the State's Long Range Transportation Plan.*

Objective 2

**Improve the Overall Effectiveness and Efficiency
of Public Transit Service in the State**

Potential Strategies & Projects
1. Maintain the quality and level of successful, non-duplicative existing services.
2. Expand mid-day, evening, and weekend hours of all regular RIPTA routes. (LRP)
3. Increase bus frequency and increase vehicle fleet to address overcrowding and to improve overall level of service.
4. Continue RIPTA's ongoing vehicle replacement program.
5. Maintain existing services connecting low income neighborhoods and/or employment centers (hospitals, universities, state offices, malls, major employers). Extend other routes to make such connections as funding permits.
6. Expand RIPTA's trolley service into additional Providence neighborhoods as funding permits. (LRP)
7. Improve public transportation to and between suburban communities. Circumferential transit routes and routes facilitating reverse commuting are essential to serve employers who are located in the suburbs and inner-city, lower-income people who need jobs. (LRP)
8. Work with towns in suburban and rural areas to expand demand response and Flex services to improve access by poor, elderly, and mobility-impaired residents to jobs, medical facilities and social services. (LRP)
9. Provide more public transportation in the north/northwestern part of the state, enhancing access to Providence and between adjacent communities (e.g. Woonsocket, Burrillville, and Cumberland).
10. Provide more public transportation in Westerly, Woonsocket, W. Warwick and South County (expanding Flex service zones, expanding the span of service and using more vehicles.)
11. Explore ways to make general public transportation services (fixed route and Flex) more feasible and appealing to RIde customers.
12. In suburban areas, provide a mix of services including fixed routes, point deviation, demand-response, carpooling, vanpooling, etc. (LRP)
13. Expand evening hours of RIPTA's FLEX service.

(Objective 2 continued on next page)

Objective 2

**Improve the Overall Effectiveness and Efficiency
of Public Transit Service in the State
(continued)**

Potential Strategies & Projects
14. Coordinate transit hours of service with social service agencies, medical facilities, major employers, and supermarkets/shopping centers. (LRP)
15. Continue ADA compliance monitoring program on fixed route services.
16. Continue ongoing inspection program to insure the operability of lifts on buses. Enforce restricted seating for elderly and persons with disabilities. (LRP)
17. Provide early AM/late PM trips to critical locations (e.g. methadone clinics).
18. Serve new destinations (rural areas, new employment centers, etc.)
19. Support legislation to place housing, jobs, medical facilities, and day facilities near or on public transportation routes.
20. Upgrade technology to achieve greater efficiencies and improve customer satisfaction (automated vehicle location, computer aided dispatch, improved customer communications and on-board video surveillance).
21. Provide transportation to Providence area hospitals from Westerly, Woonsocket, Washington County and other areas.

* (LRP) indicates strategy adopted from the State's Long Range Transportation Plan.

Objective 3

Enhance Employment Transportation

Potential Strategies & Projects	
1.	Maintain existing transportation for low-income people traveling to work or related activities.
2.	Provide reverse-commuting options to enable urban low-income workers to access employment in the suburbs. (LRP)
3.	Improve access to work between secondary urban centers (Woonsocket, Newport, Pawtucket and West Warwick) and suburban employment sites.
4.	Identify employment opportunities for persons with disabilities and provide transportation options to access these sites.
5.	Strive to make transit use affordable for low-income residents. Advertise existing programs that benefit economically disadvantaged residents. Consider a transportation fund to assist income-eligible individuals with the cost of bus passes. (LRP)
6.	Provide late night/early AM transportation to certain key employment sites to support 2nd/3rd shift workers. Explore use of vanpools, carpools, private transportation, etc., as well as means to connect these services with RIPTA fixed route service.
7.	In suburban areas, encourage private employer's shuttles to access fixed route public transit. (LRP)
8.	Develop program to identify available jobs along existing public transit routes and match/advertise these jobs with bus access information.
9.	Provide a range of transportation options to bring persons with disabilities to work sites and employment training programs.
10.	Provide transportation using vanpools to bring persons with disabilities and others to employment sites.
11.	Involve area employers in discussions about transportation issues to identify shared employee needs and possible solutions.
12.	Explore methods other than public transit to assist workers needing to travel to work outside of RI (vanpools, carpools, volunteer drivers, etc.).

* (LRP) indicates strategy adopted from the State's Long Range Transportation Plan.

Objective 4

Improve Transportation Options “Beyond the ADA”

Potential Strategies & Projects
1. Make accessible cabs available to provide on-demand wheelchair accessible taxi service throughout RI and especially at TF Green Airport.
2. Support Mobility Management and coordination programs (including planning activities, service promotion, individualized travel training, information centers, and planning for enhanced technologies).
3. Provide accessible vehicle(s) for social outings, accommodating more than two wheelchair passengers, particularly for groups of youth with disabilities.
4. Extend service hours for RIde users.
5. Provide the elderly, persons with disabilities and low income people with transportation options for any trip purpose (social/recreational, errands, voting, work, medical, etc.).
6. Improve/expand elder transportation in rural areas.
7. Improve airport information on accessible transit.
8. Review alternatives to allow RIPTA and RIde to cross state lines especially for employment or medical trips.
9. Enhance the level of service by providing escorts or “door-to-door” service.
10. Evaluate feasibility of program to provide taxi coupons/vouchers where disabled individuals have the option to pay a share of higher trip costs in exchange for greater convenience.

Objective 5

Improve Safety and Security

Potential Strategies & Projects
1. Ensure that all public and private transportation providers in the state operate an adequate and well maintained fleet of vehicles.
2. Implement on-board video surveillance systems for passenger security.
3. Improve late night communications between RIde customers and RIde program to ensure no individual is ever left without a ride.
4. Take action to ensure all individuals are able to readily communicate with drivers on all transportation services.
5. Undertake disaster preparedness and emergency response planning for transit dependent individuals.
6. Allow RIPTA buses to use turnarounds on Route 1 and Wampanoag Trail to bring disembarking passengers to the desired side of these highways.

Objective 6:

Improve Travel Training Programs to Support Public Transportation Use

Potential Strategies & Projects
1. Maintain the quality and level of successful, non-duplicative existing programs.
2. Implement “Train the Trainer” programs to promote travel training.
3. Develop/support programs to transition individuals from paratransit to fixed route services.
4. Develop improved informational materials to increase awareness of transportation options for the elderly, persons with disabilities and low income persons, and for dissemination via existing web-based information sites. Better publicize options (e.g. Flex service or volunteer driver services).
5. Promote hands-on peer training programs.
6. Provide one-on-one counseling to educate the elderly who must cease driving about available transportation.
7. Visit schools to educate/train students, especially those in transitional programs.
8. Use DLT workforce development centers (one Stop and netWORKri) for training efforts and distribution of information materials.

Objective 7

Develop Other Programs/Actions to Support Transportation

Potential Strategies & Projects
1. Pursue environmental modifications (e.g. curb-cuts, sidewalk improvements) to facilitate access to transportation services (as included under RIDOT’s Statewide Bicycle & Pedestrian program or using other resources).
2. Explore the development of a coordinated volunteer driver program. Address insurance liability, administrative issues and ways to offset driver costs.
3. Facilitate “sidewalk to door” assistance for those who may need this service in order to access transportation options (e.g. home modifications).
4. Evaluate the feasibility of an insurance umbrella for small transportation providers.
5. Enforce snow removal by local communities at transit stops.
6. Integrate vehicle location systems for both fixed-route and paratransit, to enable timely intermodal connections. (LRP)
7. Facilitate and promote carpooling and other non-public transportation options.
8. Explore innovative ways to support/finance transportation options on an individual/trip basis (e.g. FIP clientele pick up others in their area going to the same employment or training site; riders pay a share of costs from their daily allowance, vouchers, subsidized bus passes, etc.).
9. Facilitate/streamline the process for renewing transit passes for seniors and persons with disabilities (e.g. lengthen time between renewals, and consider other sites to process bus passes and ADA ID’s).
10. Encourage driver sensitivity training for all transportation providers.
11. Provide more outreach and information about FLEX service, the Commuter Resource RI program and other programs to educate residents about available transportation programs.

* (LRP) indicates strategy adopted from the State’s Long Range Transportation Plan.

Objective 8

Conduct More Detailed Analysis to Better Identify Opportunities for Coordinated Transportation in Rhode Island

Potential Strategies & Projects
1. Maintain an active committee of state agencies, transportation providers, consumer advocates and other stakeholders in order to better coordinate human services transportation on an ongoing basis. Bring in additional stakeholders (e.g. education, housing, veteran affairs, private providers) in order to include all aspects of human services transportation.
2. Conduct a detailed survey / inventory of all human service transportation providers in the state to determine how many vehicles are in use, what services are being offered, and how much is being spent (staff and vehicle resources) to operate these programs.
3. Review all transportation services available in the state and address duplication of efforts, including equipment. (LRP)
4. Evaluate options for vehicle sharing and fund matching across federally funded, state, private and non-profit programs.
5. Perform a “best practices” review of coordination efforts used in other states.
6. Perform a study to evaluate new strategies for improving cost-effectiveness of statewide RIde program (trip bundling, rider cost, eligibility requirements, etc.).
7. Perform a study to investigate feasibility of statewide Flex service (to reduce dependence on RIde, allow seniors to age in place, and provide options for affordable housing locations, as well as servicing persons who do not drive.
8. Perform a study to identify/map major employers or concentrations of employment, key employers for persons with disabilities, existing and planned affordable housing locations and other data to help identify transportation needs. Assess employer needs for transportation and retention of employees and propose potential transportation-related solutions.
9. Perform a study to identify other specific un-met transportation needs of persons with disabilities in RI, including trips made for social purposes and other community and life-enriching activities.
10. Prepare an assessment to document the status of past recommendations made regarding public transit and human services transportation in RI.

* (LRP) indicates strategy adopted from the State’s Long Range Transportation Plan.

Priorities for Implementation

The strategies and projects presented above represent a range of possible actions that could be undertaken by state agencies, non-profit entities and other stakeholders in Rhode Island in order to enhance human services transportation.

There are more than 60 federal programs which provide some level of transportation funding for the transportation-disadvantaged and which could be considered to support implementation of the recommended actions in this Plan. **Appendix C** provides a list of these federal programs as identified by the US Government Accounting Office (GAO). State and local funding may also be considered, as resources permit, and in accordance with individual program requirements.

The scope of this Coordinated Plan does not encompass the identification of specific funding sources for the broad range of suggested strategies and projects. Stakeholders with responsibility for federal human services transportation programs (and the associated state and local funding) will strive to consider these recommended actions as they develop transportation initiatives as part of a more coordinated approach going forward.

Despite this intent, it is clear that the level of resources available across various federal and state programs is far below the level required to implement the full range of desired actions. Therefore, the Coordinated Public-Transit Human Services Transportation Steering Committee has identified the following priorities to guide implementing agencies:

Priorities for Implementation:

1. Maintain the quality and level of successful, non-duplicative existing transportation services.
2. Encourage participation in and financial support for both existing and new coordinated efforts (e.g. the RIde program brokerage, information centers or training programs).
3. Support coordinated efforts serving multiple populations.
4. Study and inventory existing services, available resources, outstanding needs, potential duplications of effort, and opportunities to enhance service and introduce new efficiencies.
5. Better leverage available resources to enhance transportation access, minimize duplication of effort, and facilitate the development of efficient and cost effective transportation services, especially to meet the unmet needs of individuals with disabilities, older adults and people with low incomes.

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NEXT STEPS IN COORDINATED PLANNING

The Coordinated Public Transit-Human Services Transportation Steering Committee has developed the following set of goals to promote ongoing interagency and public-private cooperation and coordination and to provide a framework for the enhancement of human services transportation in Rhode Island.

1. Designate an entity to oversee the coordinated planning process and implementation of the Coordinated Public Transit-Human Services Transportation Plan.
2. Promote interagency and public-private cooperation and coordination to improve the overall effectiveness and efficiency of human services transportation in Rhode Island, and to minimize duplication and overlap of transportation services and programs.
3. Involve additional public, private and non-profit stakeholders, and community members in the coordination process.
4. Enhance the public's understanding of, and access to, the variety of transportation services and resources available.
5. Formulate administrative, data collection, policy and procedural mechanisms that promote coordinate and enhance transportation services.
6. Develop benchmarks to enable future assessments of the benefits of coordination.

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**A Coordinated Plan
for Public Transit-Human Services Transportation in
Rhode Island**

APPENDIX A

**EXISTING TRANSPORTATION SERVICES
AND PROGRAMS IN RI**

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EXISTING TRANSPORTATION SERVICES AND PROGRAMS IN RHODE ISLAND

Type of Service	Agency/Name of Program	Funding Sources	Eligibility/Trip Purpose	# trips / riders	Service Area / Service Span	Fare	# vehicles
PUBLIC TRANSIT SERVICES	RIPTA / Fixed Route Service	FHWA/CMAQ FTA/JARC State operating \$ Farebox	Accessible buses and trolleys	24.8 mil. In FY07	Statewide	\$1.50	241 buses and trolleys
	RIPTA / FLEX Service	FTA State operating \$ URI student fees Farebox	Accessible point deviation service (w/ reservations) within six different community zones.	375,995 In FY07	Westerly, Kingston, Narragansett, Tiverton/Portsmouth, W. Warwick, Woonsocket	\$1.50	17 vehicles
	The Ride Program	RIPTA State Operating \$	ADA complementary paratransit for individuals whose disability prevents use of fixed route service or access to bus stop.	224,734 In FY07	Reservation based service within ¾-mile of fixed route corridors.	\$3.00	135 vehicles
		RI DEA Jewish Senior Agency	Age 60+ and low income with disability; for dialysis, adult day care, meal sites, medical appointments	277,398 In FY07	Reservation based M-F	free	
		Town of Coventry	Elderly and persons with disabilities.		Reservation based M-F		
		MHRH	Transport to workshops for individuals with development disabilities	150,993 In FY07	Reservation based M-F	free	
		Medicaid RI DHS	Transport to medical appointments if bus service is unavailable or if medically necessary.	37,341 In FY07	Reservation based M – F, but same day trips available.	free	
	RIDE / Vehicle Acquisition	FTA §5310; State Match	Ongoing vehicle replacement program.	n/a	n/a	n/a	
	RIPTA/Ferry Service	FHWA/CMAQ State operating \$ Farebox	Accessible ferry service.	42,988 In FY07	Providence to Newport; Daily, May - Oct.	\$8.00	
	MBTA / Commuter Rail Service	State of MA FTA \$ (RI) Farebox	Accessible commuter rail service.	1,100 weekday boardings	Providence to Boston; Daily	\$7.75	n/a
Amtrak	USDOT Fares	Accessible intercity rail Service.	513,000 @ Providence in 2006	Daily to Boston & NY via Providence, Kingston & Westerly.		n/a	

EXISTING TRANSPORTATION SERVICES AND PROGRAMS IN RHODE ISLAND

Type of Service	Agency/Name of Program	Funding Sources	Eligibility/Trip Purpose	# trips / Riders	Service Area / Service Span	Fare	# vehicles
PRIVATE AND NON-PROFIT SERVICES	Interstate Navigation / Block Island Ferry	Fares	Accessible ferry service		Point Judith/Newport to Block Island , M – F	\$10.60	
	Block Island High Speed Ferry	Fares	Accessible ferry service.		Point Judith to Block Island, M – F	\$16.00	
	RI Fast Ferry	Fares	Accessible ferry service		N. Kingstown to Martha’s Vineyard Daily, May – Oct.	\$46.00	
	Prudence Island Ferry	Fares	Accessible ferry service.		Bristol to Prudence Island.	\$6.20	
	Peter Pan Bus	Fares	Intercity Bus Service		Daily to NY & thru New England.	Varies	
	Greyhound Bus	Fares	Intercity Bus Service		Daily to NY and thru New England.	Varies	
	Maher Regional Coach	Private/Fees	Provider of RIde service.		Statewide	Free	
	Northwest Transportation	Private/Fees	Provider of RIde & other services.		Depends on service provided.	Varies	
	Adaptive Mobility Equipment (AME)	Private/Fees	Accessible van rentals		Statewide	Varies	
	Taxi Services	Fares	On-demand taxi service.		Statewide	Varies	
	Seniors Helping Others	Volunteers	Medical appointments, hospital visits, errands.		Washington County & Jamestown	Free	<i>n/a</i>
	West Bay Community Action	Non-profit	Limit of 1 ride per week for Kent County residents.		E. Greenwich/Warwick, M-F; some Prov. & Sat. trips	Free	
	Central Falls YMCA	Non-profit	Service for persons age 65 and above.		Central Falls, Pawtucket & Prov.	\$1 - \$3	
	Friends in Service to Humanity	Non-profit	Exeter & N. Kingston residents; 3 monthly trips for medical/social appts.		Statewide M-F 9 to 5	Free	
	Lions Club	Volunteers	Provides rides for seniors.		Newport	Free	<i>n/a</i>
	Ocean State Senior Dining Program	Non-Profit	Transports seniors to 75 meal sites in RI		Reservation based; M-F, Statewide	Free	
	Retired & Senior Volunteer Program (RSVP)	Volunteers	Transportation provided by and for volunteers		Statewide	Free	<i>n/a</i>
	Tap-In	Volunteers	Residents of Barrington, E. Providence and Warren			Free	<i>n/a</i>
	Travelers Aid/Crossroads RI	United Way	Early AM/late PM service to homeless shelters		Providence to Cranston, Daily	Free	
Religious & Faith Based programs	Volunteers	Varies		Statewide	Free	<i>n/a</i>	
The ARCs	Non-profit	Transport for persons with developmental disabilities		Statewide	Free		

EXISTING TRANSPORTATION SERVICES AND PROGRAMS IN RHODE ISLAND

Type of Service	Agency/Name Program	Funding Sources	Eligibility/Trip Purpose	# trips / riders	Service Area / Service Span	Fare	# vehicles
COMMUNITY BASED ELDER SERVICES	Barrington	Local funds	Age 55+; weekly shopping trips and local trips only.		M-F	Free	1 vehicle
	Bristol	Local funds	Local trips for seniors.		M-F 9AM – 3 PM.	Free	1 vehicle
	Burrillville	Local funds	Age 62+ or qualifying disability		M-T-Th 9 AM–2 PM	Free	1 vehicle
	Coventry	Local funds	Age 60+ and qualifying disabilities. Local trips.		M-F	Free	1 vehicle
	Cranston TransVan	Local funds	Age 60+, serves any destination in RI.		M-F	Free	1 vehicle
	Glocester	Local funds	Local trips for seniors		M-F	Free	1 vehicle
	Lincoln	Local funds	Local trips for seniors		M-F	Free	1 vehicle
	Narragansett	Local funds	Local trips and medical appt. for seniors		M-F	Free	1 vehicle
	N. Kingstown	Local funds	Age 55+, local trips		M-W-Th-F, plus scheduled shopping trips, 10 AM -2 PM	Free	1 vehicle
	N. Providence	Local funds				Free	1 vehicle
	N. Smithfield	Local funds				Free	1 vehicle
	Pawtucket	Local funds	60+		M-F	Free	1 vehicle
	Scituate	Local funds	60+		M-Tue 9:30 – 2 PM	Free	1 vehicle
	Smithfield	Local funds				Free	1 vehicle
	South Kingstown	Local funds	Local trips for age 60+	440 month 9,124 year	M-F 9:30 – 2:30	Free	1 vehicle
	Warren	Local funds	Age 55+, local trips			Free	1 vehicle
Warwick Transwick	Local funds				Free	1 vehicle	
West Warwick	Local funds	Senior transportation			Free	1 vehicle	
Woonsocket	Local funds				Free	1 vehicle	

EXISTING TRANSPORTATION SERVICES AND PROGRAMS IN RHODE ISLAND

Type of Service	Agency/Name of Program	Funding Sources	Eligibility/Trip Purpose	# trips / riders	Service Area/Span	Fare	# vehicles
STUDENT AND CHILD CARE TRANSPORT	Special Needs Student Transport	RI Dept. of Educ.	Yellow bus transport		Statewide	None	
	Out of District Student Transport	Local funding	Yellow bus transport		Statewide	None	
	Public School Student Transport	Local funding	Yellow bus transport		Within local districts	None	
	Various private child care providers	Private			Statewide		
	Head Start	Non-profit	Child care/school trips		Statewide		
	YMCA	Non-profit	Before & after school		Statewide		
MEDICAL TRANSPORT	American Cancer Society	Non-profit Volunteer drivers	Transport to and from cancer treatment for patients/families.		Statewide Weekdays	Free	
	Care NE Home Health	Volunteer drivers	Volunteers & CNA's drive to medical appts.		Statewide 24/7	Free	
	Echo		Medical appts.		Warren/Bristol M-F 9 AM-noon		
	Koch Eye Associates	Private	Lift van for eye appts.				
	RI Hospital Shuttle		Patient shuttle		RI and nearby MA	Free	
	St. Anne's Hospital Service		Transport for oncology patients		Service to St. Anne's in Fall River	Free	
	South County Hospital/WAVE van		Accessible transport for patients		Service to Wakefield M-F 6:30 am – 5 pm	Free	
	Women & Infants Hospital Care Car		Oncology transport to Women & Infants		RI and southeastern MA & CT		
	Women & Infants La Van		Prenatal care transport to Women & Infants		Greater Providence		
	Veteran's Administration	Volunteer drivers	Medical trips for veterans			Free	

EXISTING TRANSPORTATION SERVICES AND PROGRAMS IN RHODE ISLAND

Type of Service	Agency/Name of Program	Funding Sources	Eligibility/Trip Purpose	# trips / riders	Service Area/Span	Fare	# vehicles
TRAVEL DISCOUNT & REDUCED FARE PROGRAMS	Free RIPTA Bus Passes/Riptiks	Medicaid / DHS	Free bus passes provided to low income Rite Care participants.		Statewide	Free	<i>n/a</i>
	Reduced Fare RIPTA Bus Passes	RI 1% Gas Tax	½ -fare on RIPTA during non-peak for elderly and persons w/ disabilities		Statewide	½ fare	<i>n/a</i>
	Reduced Bus Fare	Various Non-profit agencies	Agencies purchase Riptiks at bulk discount to provide to clients on an as-need basis.		Statewide	Free	<i>n/a</i>
	Vocational Rehab Programs	DHS/ORS	Travel to job training or rehabilitation programs.		Statewide		<i>n/a</i>
	Office of Housing & Comm. Dev		Makes RIPTIKS available at 7 agencies for transport to shelters.		Statewide	Free	<i>n/a</i>
	Travelers Aid/Crossroads	United Way	Bus fare provided for work trips or job search for limited time period		Statewide	Free	<i>n/a</i>
	Governor's Workforce Board	RI DLT Job Development \$	Bus fare for youth program participants.		Statewide	Free	<i>n/a</i>
	Local Workforce Investment Boards	Workforce Investment Act RI DLT	Bus fare for youth program participants.		Statewide	Free	<i>n/a</i>
	Social Security Work Incentives	Social Security Administration	Reimbursement for driver assistance/taxis for medical travel and work travel for the visually impaired.		Statewide	<i>n/a</i>	<i>n/a</i>
	City of Providence Student Transportation	Providence School Dept	RIPTA passes provided to High School students		City of Providence	Free	<i>n/a</i>
	RIPTA UPass Program	Brown, J&W, Gibbs College, Providence College, Salve Regina, RISD	Students and sometimes faculty/staff at participating schools may use school id as bus pass.	2.8 million eligible	Statewide service for most students; URI campus service only.	Free	<i>n/a</i>
	University Fare Discounts	Universities & Colleges	Schools purchase bulk Riptiks for student resale.		URI, Roger Williams, NE Tech, CCRI	½ fare	<i>n/a</i>
Keep Eddy Moving	FHWA/RIDOT	I-195 construction mitigation for commuters.		Destinations in the RI Hospital/CCRI area.	½ fare	<i>n/a</i>	

EXISTING TRANSPORTATION SERVICES AND PROGRAMS IN RHODE ISLAND

Type of Service	Agency/Name of Program	Funding Sources	Eligibility/Trip Purpose	# trips / riders	Service Area/Span	Fare	# vehicles
TRAINING PROGRAMS & INFORMATION SERVICES	The Point	US Admin. On Aging, Medicare, Medicaid	Information and referral call center for seniors	<i>n/a</i>	Available M-Sat		<i>n/a</i>
	DEA Customer Information Referral & Assistance Center	DEA	Information and referral call center for seniors	<i>n/a</i>	M-F		<i>n/a</i>
	Accessing Community Transportation (ACT)	Non-profit	Peer training to help individuals with disabilities use RIPTA public transit.	<i>n/a</i>	Statewide		<i>n/a</i>
	Commuter Resource RI	FHWA/RIDOT	Carpool matching service for commuters.		Statewide	Share of commute cost	<i>n/a</i>
	Orientation Mobility Training	US DHHS DHS/ORS	Orientation and mobility training services for the blind and persons with mobility impairments.	<i>n/a</i>	Statewide	Free	<i>n/a</i>
	RI DLT / netWORKri centers	DOL Workforce Investment Act	One Stop employment centers	<i>n/a</i>	Centers in Providence, Newport, W. Warwick, Pawtucket and Woonsocket		<i>n/a</i>
	AAA Lifelong Safe Mobility Program		Transportation options for seniors over age 55	<i>n/a</i>	Statewide		<i>n/a</i>
	Dial "211" / Crossroads RI	United Way	Phone based info on human services programs	<i>n/a</i>	Daily, 24 hours.		<i>n/a</i>
	Special Needs Emergency Registry	RI Dept of Health RI EMA	Identifies residents with special needs to facilitate emergency response.	<i>n/a</i>	Statewide	<i>n/a</i>	<i>n/a</i>
	Ask Rhody	Medicare DHS	Web based info on human services programs.	<i>n/a</i>	Statewide Multi-lingual		<i>n/a</i>
VANPOOL PROGRAMS	Easy Street	CTDOT	Vanpool system serving CT commuters.		Service between RI and CT.	Share of commute cost.	
	VPSI	Private	Vanpool system.		Availability based on commuter demand.	Share of commute cost.	

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APPENDIX B

**FEDERAL PROGRAMS
PROVIDING TRANSPORTATION TO THE
TRANSPORTATION DISADVANTAGED**

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Federal Programs Providing Transportation to the Transportation Disadvantaged

The following Federal programs allow program funds (in some way) to be used for transportation services:

Department of Agriculture DOA/Food Stamp Act of 1977

Department of Transportation DOT/Federal Transit Administration (FTA)/Capital Improvement DOT/FTA/Elderly and Persons with Disabilities DOT/FTA/Job Access Reverse Commute DOT/FTA/New Freedom DOT/FTA/Non Urbanized Formula (Rural) DOT/Urbanized Formula

Department of Education ED/Assistance for Education of All Children with Disabilities (Individuals with Disabilities Education Act) ED/Voluntary Public School Choice (No Child Left Behind Act of 2001) ED/Centers for Independent Living (Workforce Investment Act of 1998) ED/Vocational Rehabilitation Grants (Rehabilitation Act of 1973)

Department of Health and Human Services - Administration for Children and Families HHS - ACF/Community Services Block Grant Program HHS - ACF/Head Start HHS - ACF/Social Services Block Grants HHS - ACF/State Councils on Developmental Disabilities and Protection & Advocacy Systems HHS - ACF/Temporary Assistance for Needy Families (TANF) HHS - ACF/Promoting Safe and Stable Families Program HHS - ACF/Development Disabilities Project of National Significance HHS - ACF/Refugee and Entrant Assistance Discretionary Grants HHS - ACF/Refugee and Entrant Assistance State Administered Programs HHS - ACF/Refugee and Entrant Assistance Targeted Assistance HHS - ACF/Refugee and Entrant Assistance Voluntary Agency Programs

HHS-Administration on Aging HHS - Administration on Aging (AoA)/Grants for Supportive Services and Senior Centers HHS - AoA/Programs for American Indian, Alaskan Native, and Native Hawaiian Elders

HHS - Centers for Medicare and Medicaid (CMS) HHS - CMS/Medicaid HHS - CMS/State Children's Health Insurance Program

Federal Programs Providing Transportation to the Transportation Disadvantaged (continued)

HHS - Health Resources and Services Administration (HRSA)

HHS - HRSA/ Community Health Centers
HHS - HRSA/Healthy Communities Access Program
HHS - HRSA/Healthy Start Initiative
HHS - HRSA/HIV Care Formula Grants
HHS - HRSA/Rural Health Care Network
HHS - HRSA/Rural Health Care Outreach Program
HHS - HRSA/Healthy Start Initiative
HHS - HRSA/Maternal and Child Services Grants
HHS - HRSA/Ryan White CARE Act Programs

HHS - Substance Abuse Mental Health Services Administration (SAMHSA)

HHS - SAMHSA/ Community Mental Health Services Block Grant
HHS - SAMHSA/Substance Abuse Prevention and Treatment Block Grant

Department of Housing and Urban Development (HUD), Office of Community Planning and Development (OCPD)

HUD - OCPD/Community Development Block Grant
HUD - OCPD/ Housing Opportunities for Persons with AIDS
HUD - OCPD/Supportive Housing Program

HUD - Office of Public and Indian Housing

HUD - OPIH/Revitalization of Severely Distressed Public Housing

Department of the Interior, Bureau of Indian Affairs

DOI - BIA/Indian Employment Assistance
DOI - BIA/Indian Employment Training and Related Services

Department of Labor, Employment and Training Administration

DOL / Job Corps (Workforce Investment Act of 1998)
DOL / Migrant and Seasonal Farm workers (Workforce Investment Act of 1998)
DOL / Native American Employment & Training (Workforce Investment Act of 1998)
DOL / Senior Community Service Employment Program (Older Americans Act of 1995)
DOL / Trade Adjustment Assistance - Workers (Trade Act of 1974)
DOL / Welfare to Work Grants (Personal Responsibility and Work Opportunity Reconciliation Act of 1996)
DOL/Work Incentive Grants (Workforce Investment Act of 1998)
DOL/Adult Services Program (Workforce Investment Act of 1998)
DOL/Dislocated Worker Program (Workforce Investment Act of 1998)
DOL/Youth Activities (Workforce Investment Act of 1998)
DOL/Youth Opportunities Grants (Workforce Investment Act of 1998)

Federal Programs Providing Transportation to the Transportation Disadvantaged (continued)

DOL, Veterans Employment and Training Service

DOL-VETS/Homeless Veterans Reintegration Project (Homeless Veterans Comprehensive Assistance Act of 2001)

DOL-VETS/Veterans Employment Program (Workforce Investment Act of 1998)

Department of Veteran Affairs, Veterans Benefits Administration

DVA - VBA/Automobile and Adaptive Equipment for Certain Disabled Veterans and Members of the Armed Forces (Disabled Veterans Act of 1970)

Department of Veteran Affairs, Veterans Health Administration

DVA - VHA/Homeless Providers Grant and Per Diem Program

DVA - VHA, Veterans Medical Care Benefits

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**A Coordinated Plan
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APPENDIX C

**SUMMARY OF PUBLIC COMMENTS,
SURVEYS, & OTHER REPORTS USED IN NEEDS
ASSESSMENT**

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Summary of Public Comments, Surveys, Agency Assessments & Other Reports Used in Needs Assessment

Public Comments & Forums

A Coordinated Public Transit-Human Services Transportation Plan for RI Community Planning Session, January 15, 2008

A draft *Coordinated Public Transit-Human Services Transportation Plan for RI* was made available for public review in December 2007. A Community Planning Session was held in January 2008, in order to solicit public input on the identified needs, potential strategies and proposed priorities set forth in this draft. A summary of public discussion and formal comments made at this meeting, and including those submitted by mail, are presented below. These comments have been grouped into categories based on the relevant section of the draft Plan: “Outstanding Needs”, “Potential Strategies” and “Proposed Priorities”.

Outstanding Needs

- *As submitted by Elizabeth Buffum Chace Center, Warwick:* Clients (some with physical disabilities) need transportation for non-medical purposes, including court appearances, attorney meetings, and support group meetings. Mostly daytime hours, but origins/destinations vary (e.g. Foster to Kent County courthouse, N. Providence to Garraghy or Superior Court.)
- *As submitted by the Homestead Group (previously the ARC of Northern RI):* The Homestead Group has 62 vehicles, transporting 300 people an average of 1,000 miles a day. As the agency is not a participant in the Ride program, Ride does not currently serve its St. Paul Street location in North Smithfield. Agency vehicles are used to transport clients off Ride vehicles to the facility.
- *As submitted by CranstonArc:* There is a need for enhanced transportation services from the Coventry/Foster/West Warwick/Warwick areas to the Cranston rehabilitation/employment program at CranstonArc. There are currently a limited amount of Ride vehicles traveling in these areas, and individuals now experience a 2-3 hour trip.
- *As submitted by Seniors Helping Others:* Through the RSVP (Retired Senior Volunteer Program) Caregiver program, volunteers use their own vehicle to provide medical transport for homebound and disabled seniors in Washington County. Identified needs include: 1) transportation between Washington County and hospitals in Providence (it is difficult to find volunteers for these long trips); 2) more volunteers willing to transport seniors; and 3) a way to inform the public about this free service.
- *As submitted by Warm Shelter, Westerly:* This agency operates 1 van and 1 truck through the Harvest Homes program funded by RI Housing, the US Office of Housing and Community Development, and other fundraising/grants. It is a challenge to get clients to services, particularly to those in Kent or Providence County. There is a need to provide expanded FLEX service outside the core of Westerly and more than one bus a day to Providence.
- Transportation options are needed between downtown Charlestown and Wakefield, for a variety of trip purposes (employment, medical, shopping, etc.)

- RIPTA bus service in South County drops passengers at bus stops along Route 1. Passengers must cross to the opposite side of Route 1 to access their destination. Suggested use of the “turn-arounds” by buses, enhancing pedestrian safety and taking less than four minutes. A similar comment was made regarding Route 60 in Barrington. Clients accessing the East Bay Mental Health facility must cross 4 lanes of traffic, unless the bus uses a turnaround.
- General need for transportation in the Bradford area of Westerly, a low-income area that is otherwise isolated from employment and retail services.
- Transportation services for the homeless are needed.
- Need for accessible medical transportation (emergency and regular doctor’s appointments) between Westerly and Wood River Health Services. This would help low income individuals and families access medical care.
- Need for weekend and evening FLEX service in Westerly to increase employment accessibility and access to other area services.
- Need to eliminate advance reservation requirements for medical appointments on RIde. Often customers have a last minute doctor’s appointment or the doctor requires them to go for testing or see another physician in a timely manner. These clients cannot wait two weeks for such appointments.
- Need to provide options for non-medical transportation for seniors or short-notice transportation for medical needs. Commenter states he/she must drive many clients to these appointments due to the lack of other options.

Potential Strategies

- *As submitted by the RI Accessible Transportation Advisory Committee:* Use funding to purchase and fully install ADA Automated Announcing Equipment on all RIPTA buses as soon as possible. This equipment will insure that RIPTA is in compliance with the ADA law and will enable many Rhode Islander’s with disabilities to use regular RIPTA buses.
- Appendix C of the Coordinated Plan gives recommendations from the years 2001-2005. The Coordinated Plan should identify what has been done to address these past recommendations before making additional ones.
- The Coordinated Plan proposes to solve the transportation problem by stating objectives that are an even bigger problem.
- Seniors should not be charged for RIde transport to meal sites. As proposed, a \$3 fare each way (combined with a \$3 meal charge) would bring the cost of the “meal” to \$9.
- *As submitted by the Department of Human Services:* DHS envisions a coordinated transportation system to provide transportation solutions that meet the needs of all of the DHS populations (children and families, elderly individuals and persons with disabilities) that enables individuals to maintain independence in the community.

Proposed Priorities

- The first priority states that the quality and level of existing services should be maintained, but “the overall quality of existing services is poor”.

- Don't ask people to financially support a program that only provides the elderly with transportation to medical appointments scheduled in advance.

Governor's Commission on Disabilities Public Forums 2005-2007

Each year the Governor's Commission on Disabilities holds public forums throughout the state in order to identify the concerns of people with disabilities and to assist the state in developing programs to improve the lives of people with disabilities. Minutes from these meetings over the past three years were reviewed to identify comments specifically relating to public transportation, as summarized below. Also included are recommendations made by the Commission's Transportation Working Group to address identified needs in 2005 and 2006; recommendations for 2007 have not yet been put forth by this group.

2007 Public Forums

- Ride hours limit individuals ability to work afternoon shifts (until 6 PM or 7 PM)
- Saturday evening and Sunday hours are limited
- Affordable housing not always located near bus stops
- Ride dependability and confirmation are issues (late pickup, busy signal at scheduling)
- Ride complaint process needs to be improved
- Certain clients need driveway modifications to enable safe van access
- Need for service to Scituate Vista apartments

2006 Public Forum Comments (with Transportation Working Group recommendations)

- Ride does not cross state lines.
Recommendation: The Paratransit Task Force should review alternatives or modification of policy especially for employment or medical trips.
- Differing scheduling requirements for Ride (disabled vs. elderly) and also too early or late for 5 AM/5 PM pickup.
Recommendation: Better educate Ride dispatchers as to scheduling for disabled vs. elderly. Regulations / Policy changes possible, as well as better confirmation of pickup time by dispatch. Flex routes perhaps for some employment areas.
- Accessible transportation to and from the airport is very limited and difficult to locate; there isn't any wheelchair accessible taxi service in the rest of RI.
Recommendation: The Governor's Commission on Disabilities should sponsor legislation to require a percentage of each taxi fleet be accessible. Require the Airport Corporation ensure that information on their website and at curb pickups/monitors and Johnson & Wales information booth distribute information about the Ride and other accessible taxi and shuttle services.
- High School transition programs are not able to utilize RIPTA bus for travel training when more than two in the class use wheelchairs.
Recommendation: RIPTA and the educational collaborative should establish travel training programs to foster transition to community and employment

- RIPTA bus rides from the Zambarano unit in Burrillville are long and bumpy; difficult to communicate to driver in front of the bus.

2005 Public Forum Comments (with Transportation Working Group recommendations)

- RIPTA bus bike racks do not accommodate all styles of bikes.
Recommendation: Allow customer to bring bike on the bus, and store safely.
- RIPTA photo ID office doesn't visit Newport often enough.
Recommendation: Use infrastructure of Registry of Motor Vehicles and AAA offices to process bus and ADA ID's.
- Not enough RIPTA bus service in Woonsocket and no service in Westerly.
Recommendation: Need to address adding fixed route and ADA service in Westerly.
- RIPTA bus passes have to be renewed too often.
Recommendation: Renewal process should be streamlined and period should be longer than 2 or 5 years.
- Employment and transportation, routes don't go to some employers.
Recommendation: RIPTA needs to review routes where there are employment opportunities of customers with disabilities.
- Ride service is not always reliable which is especially important for employment.
Recommendation: When customers have "no-shows" there are penalties, when RIPTA causes late arrival times, either refunds of ADA fees or free rides should be given.
- Bus stops need to be cleared of snow and other debris.
Recommendation: RIPTA should demand contractors and communities comply with rules.
- There are too few trips on many RIPTA bus routes, too long between buses.
Recommendation: Don't cut any more bus routes or trips.
- Lack of transportation for community activities to enrich lives.
Recommendation: Legislation to increase the use of private entrepreneurial businesses for transportation, and making use of other vehicles like senior center vans, school buses, etc. to fully use existing resources in the community.
- Dangerous safety issue when late or no ADA pick-ups at night.
Recommendation: Ride needs a seamless back-up system to insure no disabled customer is ever stranded without a ride, especially late at night and in other hazardous situations.

Statewide Independent Living Council
Public Forum Comments Relating to Public Transportation (2006)

These comments were obtained at a series of public forums sponsored by the Statewide Independent Living Council in 2006. The forums were intended to identify the needs of people with disabilities and their families in order to assist the state in developing programs to improve the quality of lives of people with disabilities. Comments related specifically to transportation included:

- Bumpy ride on vans.
- Need to alert/signal driver (new ride vans will place mobility impaired drivers up front)
- Lack of inter-state transport
- Need for accessible taxis (especially at airport)
- Group transport for social and other events

Rhodes to Independence Steering Committee Focus Groups (2003)

The Rhodes to Independence Steering Committee convened three focus groups in 2003: one for people with disabilities, one for families of people with disabilities, and one for employers. One of the highlighted needs was a need for adequate transportation.

Client & Agency Surveys

East Bay Educational Collaborative Transition Advisory Council Surveys, 2005

This non-profit agency conducted a survey of six high schools in the East Bay to better understand needs for training to use public transit. The following specific needs were identified in the responses:

- Desire to have someone periodically visit schools to provide current transit information, demonstrate bus passes, describe transit options, provide training on bus use.
- Provide RIPTA passes through schools to eligible students
- Educate parents about transit use; explain safety and security
- Better Metacom Avenue service for Mt. Hope High School students in Bristol

“Work Link” client survey, Employment Transportation for People with Disabilities Pilot Project, Summary of Results, RIPTA (2001)

This report is based on an extensive survey of Rhode Island’s disabled community regarding their work-related transportation needs; a total of 882 completed surveys were received. The report concluded that coordination of statewide transportation services and funding allows for more efficient and cost-effective service to all, as the RIde program has proven. It also suggested that, even when transportation to work seems reliable, a person who must juggle many transportation methods, pay high fees, or rely on other people’s schedules may experience a lack of control and certainty that directly limits and excludes employment choices and opportunities. Fifty-nine (59%) of all survey respondents asserted that transportation is an issue in accepting a job.

Other specifically identified needs included:

- Twenty percent (20%) of all survey respondents were from Woonsocket, Coventry, West Warwick, Narragansett, or Westerly; 81% of these individuals cited transportation as an issue in accepting a job. (Note: At the time of the survey, RIPTA had recently introduced new, accessible transportation in the form of Jobs Access or Flex Service in at least part of each of these five communities and very few people with disabilities were accessing these services. More education and outreach has been conducted and ridership has increased in these areas).

- Tiverton and Portsmouth were identified as having the most need and least service. Since that time, RIPTA has established a Flex service zone, serving Tiverton, northern Portsmouth and Bristol.
- The five northwestern villages of Harrisville, Mapleville, and Glendale in Burrillville, Chepachet in Glocester, and Slatersville in North Smithfield combined also have a high number of respondents but little or no public transit or ADA service. The villages are fairly close together and also offer bus connections from Pascoag and Woonsocket. Current service in this area includes only the Route 9 bus, from Zambarro Hospital in Burrillville, through Pascoag, Chepachet and Smithfield, to Providence.
- Travel itinerary training is essential and is critically needed in order for any new transportation service or even the current service models to be used successfully for employment transportation. Through discussions with the participating agencies, it has become apparent that travel training is needed not only for people with disabilities, but also for staff of the agencies serving them in the form of a “train the trainer” effort. No significant dedicated funding currently exists to support these needs.

“Work Link” agency survey, RIPTA (2002)

Fifty agencies submitted responses to this survey. The respondents included 35 agencies that provide transportation (whether through an agency vehicle, a personal staff vehicle, taxi, etc.). Total annual investment in transportation by responding agencies was identified as \$4.9 million per year.

- Barriers cited in preventing greater use of public transportation include unavailability of bus service, lack of knowledge, cost, lack of training, client or family refusal, and accessibility.
- Specifically identified needs included improved bus scheduling, interstate transportation, more direct service (less transferring between buses), communication between vehicles drivers and deaf individuals, extended service hours, more vehicles, social transport for teenagers, driver training, increased trip frequency and safety enhancements.
- The most commonly identified need was for training, informational materials and hands-on training.
- Specifically identified service improvements included the need for service on Jefferson Boulevard, transportation from Woonsocket to other employment areas, and transportation in rural areas.

Woonsocket Transportation Advisory Council Transportation Survey, 2007

The Woonsocket Transportation Advisory Committee conducted a survey of Woonsocket residents in August, 2007 to identify issues that prevent residents from seeking and securing employment. A summary of issues and suggested solutions, as developed by the TAC, are shown below:

Unmet Need/Issue	Suggested Solution
RIPTA bus schedules end too early to meet the needs of working residents.	Expand bus route hours later into the evening, particularly the #87 Fairmount/Walnut Hill line. Ending bus time around 10 pm would allow residents to work in retail jobs in Diamond Hill.
Difficulty getting to nearby towns (Cumberland, Burrillville, Pawtucket, Central Falls) without having to go into Providence first.	Consider changes to RIPTA bus routes to improve transportation between Woonsocket and nearby towns.
Residents unaware of the RIPTA FLEX bus service; report difficulty using the service on a regular basis due to perceived daily 'call-ahead' requirements.	Provide more outreach and information about FLEX service including availability and how to access the service for both ad hoc and regular commuting needs. Provide general transportation education information including RIPTA's Commuter Resource RI program (tax benefits purchasing bus passes using pre-tax dollars, carpools, assistance to corporations with transportation planning, etc.)
Current Woonsocket FLEX service underutilized in afternoons.	Stagger current FLEX bus schedules, offering service in early evenings.
Need employment transportation options for 2 nd /3 rd shift workers	Explore use of vanpools, carpools, private transportation companies, coordinated volunteer driver program, car-ownership programs and other ways to assist shift workers with employment transportation.
Transportation affordability is an issue for many residents, both public transit and, with the increase in gas costs, auto transit.	Expand transportation subsidies for low-income individuals including bus passes, vouchers and gas cards/allowances.
Residents unaware of transportation subsidies that do exist.	Provide training on transportation options and subsidies to increase awareness of and access to options and assistance.
Interstate travel restrictions pose major barrier to Woonsocket residents securing employment in border towns.	Explore use of vanpools, carpools, coordinated volunteer driver program, car-ownership programs and other ways to assist workers needing to travel to work outside RI.
Car ownership is difficult for many low-income individuals; for some jobs (out of state and/or shift positions), lack of car ownership is a major barrier to employment.	Explore car-leasing, car-ownership assistance and car donation programs for low-income individuals. Integrate financial literacy/budget and car maintenance training and information.
Improve dialogue with area employers in discussing transportation problems and solutions.	Reach out to area employers to identify shared employee transportation needs and potential solutions.

Needs Assessments Performed by State & Non-Profit Agencies

2005 Needs Assessment Report: Vocational Rehabilitation Needs of Rhode Islanders with Disabilities (State of Rhode Island Department of Human Services/ Office of Rehabilitation Services in collaboration with the State Rehabilitation Council)

During the spring of 2005, the Department of Human Services/Office of Rehabilitation Services and the State Rehabilitation Council conducted a needs assessment survey. The survey was distributed to the Office of Rehabilitation Services supervisors and counselors, Community Rehabilitation Program providers, and netWORKri/One Stop Center and Department of Labor & Training staff.

The intent of the survey was to identify the interventions that people with disabilities need in order to get and keep work, the availability of these services throughout the state, the obstacles that customers confront in attempting to work, the groups of people with disabilities who are underserved, and the resource/training needs of personnel.

- Transportation was noted as a major need, yet was rated as readily available by only 28% of respondents.
- Lack of adequate transportation was rated by respondents as some of the main reasons that people with disabilities are prevented from working.
- Northern RI was cited as having the highest need.

Constructing a Demand-Driven Workforce RI Department of Labor & Training, Two Year Strategic Plan 2007 -2009

This plan focuses on the strategic efforts of DLT's workforce development centers (one Stop and netWORKri). The report suggests that the netWORKri system provides and excellent opportunity to further enhance collaboration between DLT and the Department of Human Services (DHS) through its Family Independence Program and Office of Rehabilitation Services. In addition, the Departments of Education and Elderly Affairs, and the Economic Development Corporation collaborate with DLT and DHS in the implementation of welfare reform.

The One-Stops are designed with "accessibility" as a core requirement. Each netWORKri office provides assistive technology for people with disabilities and staff is trained to maintain a welcoming environment for all customers.

RI Developmental Disabilities Council: Five Year State Plan 2007 - 2011

This plan is based on two surveys, conducted by the RIDDC in 2003.

- In a survey of 232 developmentally disabled individuals, 91.1% stated that, "being able to get a ride where you need to go" was important to them.
- In a small sample survey, six agency directors and eight special education directors were asked what could be done to make it easier for their agencies to assist people with developmental disabilities in living more independently or to help school districts better prepare students for the transition from school to work. More accessible transportation options were cited as comments to both questions.

State Plan for Independent Living Plan (SPIL) FY08-FY10
Statewide Council for Independent Living (October, 2007)

One of the goals in the SPIL is to increase access to independent living services for individuals with disabilities. This includes an objective to increase access to transportation and to provide assistance in accessing transportation.

Other Reports

Transportation 2025 Long Range Transportation Plan
Statewide Planning Program, 2004

The Rhode Island Statewide Planning Program, in cooperation with other agencies, prepares a long range (twenty-year) transportation plan every four years. The most recent plan includes the following policy statements and strategic recommendations:

Policies

- Adjust transit operations to the changing needs of a dynamic population, including the increasing proportion of elderly people, the requirements that welfare recipients find work, the increasing number of disabled people seeking to travel, and the dispersed location of many critical facilities and services. Consider routes, time of service, and other operational characteristics in selecting equipment. This is particularly important for low-income individuals, transitional housing or shelter residents, and the homeless.
- Develop state policy on using the least-cost, most efficient mode of travel for state-funded programs (e.g., transit over paratransit with rates structured to give priority to transit usage, and service to the nearest service outlet). Provide that all agencies purchasing paratransit services contract with RIde and that social service agencies be located along transit routes.
- Coordinate all state and municipal-funded transportation services, and consolidate operations where feasible. This includes fixed route, paratransit, school districts, Head Start, temporary employment agencies, and human service agencies outside of the RIde system. There should be no fare-free service unless supported by a third party payee.

Recommended Strategies

- Integrate scheduling, including centralized dispatch for real-time dispatching capability, through a PC-based Global Positioning System (GPS) program. Integrate vehicle location systems for both fixed-route and paratransit, to enable timely intermodal connections.
- Improve the flow of data from transmittal of manifests to carriers, with actual trip data provided and transmitted back to RIde for billing and statistical purposes.
- Automate all transactions, including fare collection. Review and institute where feasible a cash-less fare collection system.
- Provide fixed-route transit utilizing large buses in the urbanized areas of the state. For suburban areas, provide a mix of services including fixed routes, point deviation, demand-response, carpooling, vanpooling, etc. Private employers are encouraged to provide shuttle service to fixed route public transit.

- Improve the present overall level of RIPTA transit and demand response service and better integrate with fixed route service.
- Provide reverse-commuting options, utilizing various methodologies and models to enable urban low-income workers to access employment in the suburbs, including Massachusetts and Connecticut residents who work in Rhode Island.
- Integrate RIPTA and human service agencies efforts with an enhanced and expanded ITS Senior Mobility Program, while ensuring sensitivity to clients' specialized needs.
- Explore and test new on-board vehicle communications technologies for visually impaired passengers.
- Improve public transportation to and between suburban communities. Circumferential transit routes and routes facilitating reverse commuting are essential to serve employers who are located in the suburbs and inner-city, lower-income people who need jobs.
- Work with towns in suburban and rural areas to expand demand response and flex route systems to improve access by poor, elderly, and mobility-impaired residents to jobs, medical facilities and social services.
- Expand mid-day, evening, and weekend hours of all regular RIPTA routes. Use of vans or trolleys may help offset costs of operating of operating large buses during off-peak times.
- Expand RIPTA's trolley service into additional Providence neighborhoods as funding permits.
- Coordinate transit hours of service with social service agencies, medical facilities, major employers, and supermarkets/shopping centers. Consider offering flexible alternatives for residents using transit for activities such as grocery shopping.
- Assure that transit services consider the special needs of disabled and elderly customers and support the goal of independent living. Regularly inspect to insure the operability of lifts for handicapped accessibility on buses. Enforce restricted seating for elderly and handicapped riders.
- Strive to make transit use affordable for low-income residents. Advertise existing programs that benefit economically disadvantaged residents. Develop more convenient options for Rite Care recipients to access free bus passes. Consider a transportation fund to assist income-eligible individuals with the cost of bus passes.
- Review all transportation services available in the state and address duplication of efforts, including equipment. Services include: fixed-route transit, RIDE paratransit services, other paratransit operations (including municipal), school buses (including special education), Head Start, day care and recreational programs.

Special Legislative Commission on Transit Summary Report and Recommendations, May 2007

In May 2004 the Rhode Island General Assembly authorized the creation of a Special Legislative Commission to Study Transit Services in the State of Rhode Island. Three years later, in May, 2007, a summary report was released, recommending that RIPTA be transformed into the state's Mobility Manager, serving as a major resource in the solution of Rhode Island's transportation problems rather than as a limited service provider. Other recommendations included the following:

- Provide predictable and long-term dedicated funding sources for a statewide public transit system.
- Update RIPTA's enabling statute to reflect its mission and programs and to provide for the type of public transit system the state should invest in and maintain.
- Require RIPTA, RIDOT and Statewide Planning to develop a public transit strategy for Rhode Island that maximizes financial investments and connects all forms of transit such as pedestrian, bike, rail, ferry, bus, airport, etc.
- Plan public transit services and connections as the defining element of new construction and redevelopment rather than as an auxiliary part of communities.
- Invest in new technology and equipment to provide efficient, accurate and informed scheduling of services, and data-driven decision-making.
- Identify new revenue sources such as those used by other states.

Proposed Resolutions from the State of RI to the White House Conference on Aging Policy Committee RI Department of Elderly Affairs, 2005

In 2005, the RI DEA, in conjunction with the Office of the Governor, convened elders, disabled adults, and baby boomers, from every region of the state, to propose those issues that they feel should be the foremost priorities of a national public policy on aging for the next decade. As a follow-up, the RI DEA and interested stakeholders came together to further refine the priority issues and to generate resolutions for consideration by the White House Conference on Aging Policy Committee. These recommendations included a resolution that national a public policy to meet the needs of a growing senior population must include:

- flexibility and innovation in services and program design;
- adequate resources to support same day, urgent medical transportation;
- support of volunteer driver programs;
- the expansion of community options such as, delivery services, coordinated group trips to consumer destinations, private sponsorship of transportation to businesses/agencies for access to services;
- effective outreach and education about transportation options;
- improved coordination of existing public transit systems; and,
- adequate federal funding to expand and improve transportation services to allow seniors to remain independent in the community.

White House Conference on Aging (2005)

The 2005 White House Conference on Aging was convened to identify strategies that would help guide the President and Congress on the development of national policy related to aging and elderly individuals. One of the key resolutions of the Conference included the need to ensure that older Americans have transportation options to retain their mobility and independence. Conference participants recognized that the number of transit dependent individuals is rapidly increasing and it will take many transit options - rail, fixed route bus, paratransit, taxi, and volunteers - and both public and private action, to adequately meet the mobility needs of the aging population.

The following highlights some of the specific implementation strategies identified:

- Increase public and community transportation investment and expand cost effective transportation options.
- Facilitate coordination of human service transportation, with a focus on rural and suburban areas.
- Improve coordination among public and private transportation providers.
- Require public transportation organizations and local governments to participate in disaster preparedness planning for evaluation of seniors without transportation with funding by the Department of Homeland Security (DHS).
- Consider land use planning to prevent sprawl and promote better pedestrian access.
- Promote community based volunteer transportation options. Facilitate expansion of volunteer transportation services and provide tax incentives for individuals who volunteer or donate vehicles.
- Protect volunteer drivers from unreasonable insurance premiums. Local and state governments need to work with insurance companies to develop (and fund) policies that cover volunteer drivers for door to door and door through door transportation services.
- Make federal transit job corps monies flexible to permit funding for “On Demand” systems using idle faith-based and non-profit vehicles, reimbursing for insurance, fuel, maintenance, and out of pocket expenses, and paying a stipend for volunteers.
- Increase the use of technology to facilitate the payment and coordination of transportation services for the elderly and people with disabilities.
- Promote coordination in local planning of transportation options for seniors including the use of private and public systems.
- Provide one-to-once counseling services through the Aging Network for seniors who must cease or limit their driving and learn other modes of transportation.

Interagency Transportation Coordinating Council on Access and Mobility (CCAM)
The United We Ride Framework for Action

“United We Ride,” is a federal campaign designed to support states and local governments in their delivery of coordinated human services transportation. The United We Ride program grew out of the federal Interagency Transportation Coordinating Council on Access and Mobility (or CCAM, as established Executive Order 13330 in February 2004).

A Framework for Action: Self Assessment Tool for States

The CCAM has developed a self-assessment tool for states and communities called “A Framework for Action” which provides support and information on human services coordination activities.

- **Leadership:** This strategy recommends that the Governor and senior cabinet officials make transportation a priority issues.
- **Collaborative Development:** This strategy recommends the periodic update of a human services transportation assessment, identifying assets, expenditures, services provided, service gaps, duplication of services, specific mobility needs of the target populations and opportunities for improvement.
- **Customer Focused Strategies:** This recommends that customers and their advocates be actively engaged in the assessment, planning, resource allocation and decision making for coordinating transportation services.
- **Mobility Strategies:** State agencies are encouraged to work together to create funding mechanisms that support shared ownership of funding responsibilities.
- **Technology:** Technology should be used to design and manage transportation systems with greater efficiency and effectiveness.
- **Moving People Efficiently:** This strategy recommends that the state establish and designate a mobility manager to work with various local agencies and transportation providers.

CCAM Policy Statement on Vehicle Resource Sharing, October 2006

In October, 2006, the CCAM issued a policy statement to clarify that Federal cost principles do not restrict grantees to serving only their own clients. To the contrary, applicable cost principles enable grantees to share the use of their own vehicles if the cost of providing transportation to the community is also shared. This maximizes the use of all available vehicles and facilitates access for persons with disabilities, persons with low income, children, and senior citizens to community and medical services, employment and training opportunities, and other necessary services. Such arrangements can enhance transportation services by increasing the pool of transportation resources, reducing the amount of time that vehicles are idle, and reducing or eliminating duplication of routes and services in the community.

Federal program grantees may make equipment available for use on other projects or programs, providing that such use will not interfere with the work on the project or program for which it was originally acquired (nor compete unfairly with private companies). First preference for other use shall be given to other programs or projects supported by the awarding agency. User fees should be considered if appropriate. In summary, vehicles and transportation resources may be shared among multiple programs, as long as each program pays its allocated (fair) share of costs in accordance with relative benefits received.

Possibilities for Meeting Transportation Needs/Suggested Strategies from CCAM

- Partner with other program agencies (expand program eligibility via a cost-sharing agreement with other agencies). (e.g. RIDE)
- Maximize use. (rent idle vehicles to another program with different service span requirements, for example Head Start school transport and senior medical trips).
- Pool resources from several agencies to start a shuttle service or feeder service. (e.g. Community Service Block Grants, Community Development Block Grants, Social Service Block Grants, Community Mental Health Block Grant and/or Substance Abuse Prevention and Treatment Block Grants teamed up with the State's Labor Department and agency that administers the Temporary Assistance for Needy Families program)
- Partner with non-profit or other community organizations. (For example, hospitals and other medical facilities, child care centers, senior citizen centers, selected employment sites, and prisons for family visitation purposes.
- Engage the business community. (For example, various programs within the State's transportation department, labor department, the TANF agency, and agencies that provide community health care and assistance for the aged worked with employers in the area to contribute to the expansion of a local transportation system. The private system provides shuttle service to selected employment sites and curb-to-curb services to community service locations in the area.
- Facilitate car-pooling. (For example, Workforce Investment Board clientele with reliable cars may pay to pick-up other people in their area going to the same employment or training site. Participating riders pay a fare to ride. The State's TANF agency and the State's Office for the Aging defray a portion of the fare for their riders and/or pay a share of for necessary car repairs and insurance costs)
- Arrange ride sharing amongst agency programs and vehicles.
- Earn income using idle vehicles for other fare-based transportation uses; income can be used to defray operating or other program costs.

Ride Paratransit Service

Governor's Commission on Disabilities, August 2003

A review of the Ride program performed by the Governor's Commission on Disabilities in 2003 identified the following unmet needs:

- Additional service capacity is needed for Medicaid and Elder riders who are not serviced due to lengthy scheduling time or because medical provider is " out of district " .
- A means tested reduce ADA Fares should be established for low-income persons who are unable to use RIPTA (fixed route) services. Persons with the severest disabilities are paying the most for public transportation services. Many restrict their travel to the barest essentials, isolating themselves from their community.

- To encourage persons with disabilities and elders to use RIPTA (fixed route) services, a continuous training program on the use of mass transit, sidewalks and crosswalks, route planning, etc. must be established. The program needs to reassure persons with disabilities, elders, their families and service providers that mass transit is a safe and independent method of travel.
- For non-Medicaid riders, under 60 years old:
 - Transportation for health care is non-existent if you do not have access to a private automobile and need a wheelchair lift equipped vehicle. Taxis are available for individuals who do not need a wheelchair lift equipped vehicle, but can be cost-prohibitive for regular visits when needed two or three times a week.
 - Transportation to and from senior meals sites is needed.
- For ORS/MHRH consumers, opportunities are limited to ORS or MHRH funded training. They are denied the opportunity to participate in other “ mainstream ” programs.
- For non ORS/MHRH consumers there is a need for education and training trips (including evenings and weekends). The lack of transportation to: colleges, adult education programs, and other training opportunities for individuals who are transportation dependent limits their ability to become independent and self-sufficient.
- For persons with disabilities (regardless of age), transportation is needed for work, community activities, shopping and errands. The inability to maintain oneself independently is a major cause of increased medical needs and institutionalization.

Proximity and Access to Jobs

RI Statewide Planning Program and the Providence Plan, 2002

A 2002 study by the Statewide Planning Program and the Providence Plan evaluated the location of 2002 Family Independence Program (FIP) participants and their proximity to RIPTA bus routes. An evaluation of address matched FIP data found that over 91% of participants live within ¼ mile of a RIPTA bus route and 95% live within ½ mile.

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**A Coordinated Plan
for Public Transit-Human Services Transportation
in Rhode Island**

APPENDIX D

SOURCES

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SOURCES

- East Bay Educational Collaborative. "Transitional Advisory Council Surveys". 2005
- Federal Interagency Coordinating Council on Access & Mobility (CCAM). A Framework for Action, Building Fully Coordinated Transportation Systems. United We Ride,
- Federal Interagency Coordinating Council on Access & Mobility (CCAM). Vehicle Resource Sharing, Final Policy Statement. United We Ride. October, 2006.
- Federal Interagency Coordinating Council on Access & Mobility (CCAM). Coordinated Human Services Transportation Planning, Final Policy Statement. United We Ride. October, 2006.
- New Public Transit Alliance. Public Transit Solutions for RI
- Rhode Island. Statewide Independent Living Council. Public Forum Comments, 2006
- Rhode Island. Department of Elderly Affairs. State Plan of Aging, FY04-FY07. October, 2003.
- Rhode Island Department of Elderly Affairs. Pocket Manual of Elder Services. 2007
- Rhode Island Department of Human Services/Office of Rehabilitation Services and the State Rehabilitation Council. Needs Assessment Survey/Report: Vocational Rehabilitation Needs of Rhode Islanders with Disabilities. 2005.
- Rhode Island Department of Labor & Training. Constructing a Demand Driven Workforce, DLT Strategic Plan 2007 - 2009. 2007.
- Rhode Island. Development Disabilities Council. Five Year State Plan 2007 - 2011. 2007.
- Rhode Island. General Assembly. Special Legislative Commission to Study Transit in RI. Summary Report and Recommendations. May 2007.
- Rhode Island. The Governor's Commission on Disabilities. Report on the Concerns of People with Disabilities and their Families. July, 2007.
- Rhode Island. The Governor's Commission on Disabilities. Report on the Concerns of People with Disabilities and their Families. July, 2006.
- Rhode Island. The Governor's Commission on Disabilities. Report on the Concerns of People with Disabilities and their Families. July, 2005.
- Rhode Island. The Governor's Commission on Disabilities. Findings & Recommendations of the Transportation Working Group (draft). September, 2002
- Rhode Island. The Governor's Commission on Disabilities. Rhode Paratransit Service. August, 2003.
- Rhode Island. Long Term-Care Coordinating Council. A Profile of Rhode Island's Elderly Population. August 2003.

SOURCES

(continued)

- Rhode Island. Rhode Island Public Transit Authority. Rhode Island Guide to Mobility Management.
- Rhode Island. Rhode Island Public Transit Authority. The Rhode Program, Annual Report Fiscal Year 2005 (draft).
- Rhode Island. Rhode Island Public Transit Authority. Employment Transportation for People with Disabilities, Survey Results and Discussion of Pilot Project. August, 2001.
- Rhode Island. Statewide Council for Independent Living. State Plan for Independent Living (SPIL) FY08-FY10. October, 2007
- Rhode Island Statewide Planning Program and the Providence Plan. Proximity & Access to Jobs in RI for Working Age Participants in the Family Independence Program. November, 2002.
- Rhode Island Statewide Planning Program. Transportation 2025: The Long Range Transportation Plan. 2004.
- Transit 2020 Working Group. Growing Smart with Transit. Providence, Rhode Island. February, 2007
- United States. Bureau of the Census. "Summary File 3, Data for Rhode and Cities and Towns." Census 2000.
- United States. Federal Transit Administration. "Elderly Individuals and Individuals with Disabilities, Job Access and Reverse Commute, and New Freedom Programs: Coordinated Planning Guidance for FY 2007 and Proposed Circulars." Federal Register. Volume 71 Number 172. September 6, 2006.
- United States. Federal Transit Administration. New Freedom Program Guidance and Application Instructions. Circular 9045.1. May, 2007.
- United States. General Accounting Office. Transportation Disadvantaged Populations. Some Coordination Efforts Among Programs Provide Transportation Services, but Obstacles Persist. June, 2003.
- United States. Office of the President. Executive Order Human Services Transportation Coordination. February, 2004.
- West, D. and J. Combs. The Disabled Population in RI. Taubman Center of Public Policy, Brown University. December, 2002.
- White House Conference on Aging (2005)
- Woonsocket Transportation Advisory Committee, "Transportation Survey 2007", 2007.

MAPPING

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