



COORDINATED PUBLIC TRANSIT- HUMAN SERVICES TRANSPORTATION PLAN

November 2017

DRAFT



METROPOLITAN TRANSPORTATION COMMISSION

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DRAFT SUMMARY



“How can MTC and its partners provide mobility options for seniors, people with disabilities, veterans, and people with low incomes that are also cost efficient for the region?”

SETTING THE VISION

This is a forward-thinking, big picture plan for the region that guides MTC’s coordination with partners throughout the Bay Area.



This Coordinated Public Transit-Human Services Transportation Plans goes beyond its basic federal requirements—considering the mobility needs of seniors, people with disabilities, people on low-incomes, and veterans—and designates strategies to guide MTC’s efforts over the next four years.

This plan asks the question:

How can MTC and its partners provide mobility options for seniors, people with disabilities, veterans, and people with low incomes that are also cost efficient for the region?

WHO IS SERVED?

The Coordinated Plan envisions a cost-effective expansion of services for seniors, people with disabilities, veterans, and those with low incomes.

Existing Targeted Services	Seniors	People with Disabilities	Veterans	Low-Income Populations
Fixed-route transit	✓	✓	✓	✓
ADA-mandated paratransit		✓		
Community-based shuttles	✓	✓	✓	✓
Private demand-response transportation	✓	✓	✓	✓
Subsidized fare or voucher programs	✓	✓		✓
Volunteer driver programs	✓		✓	
Information and referral	✓	✓	✓	✓
Travel training	✓	✓		
Mobility management	✓	✓	✓	✓

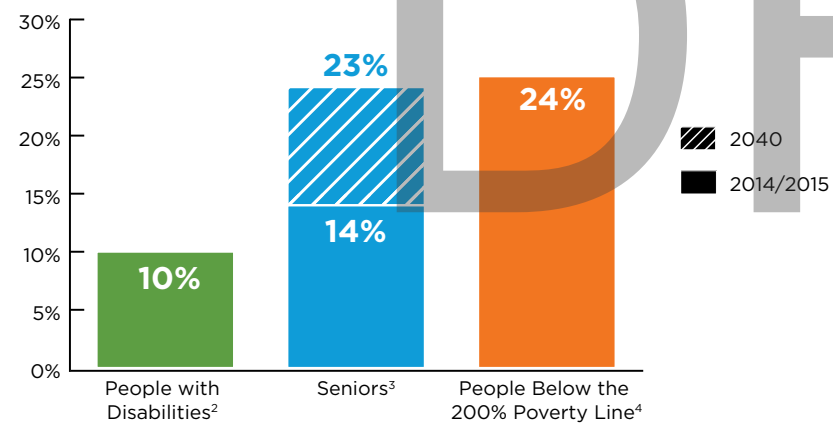
KEY CHALLENGES FOR THE REGION

The Bay Area's population is aging, and the portion of the population living in poverty has increased and suburbanized in the last decade. Combined with a growing share of the population that lacks access to a vehicle, this means that **fewer of the most vulnerable people in our region have access to opportunities.**

WHAT DOES THE DATA TELL US?

Predictions for the region's growth through the year 2040 indicate that the **senior population will grow from 14% of today's population to 23% of the 2040 population.**¹ However, those seniors are expected to stay healthy longer, with almost no growth expected in the portion of the population that is disabled.

Bay Area Demographics



The cost of providing paratransit is increasing. According to the Federal Transit Administration, between 1999 and 2012, the average cost per trip on ADA paratransit services increased 138%, from \$13.76 to \$32.74.⁵

Today, 24% live in poverty in the Bay Area. Poverty has risen faster in suburban than urban areas, particularly in Solano, Contra Costa, and Marin counties. Low-income populations increasingly have less access to public transit and public services.

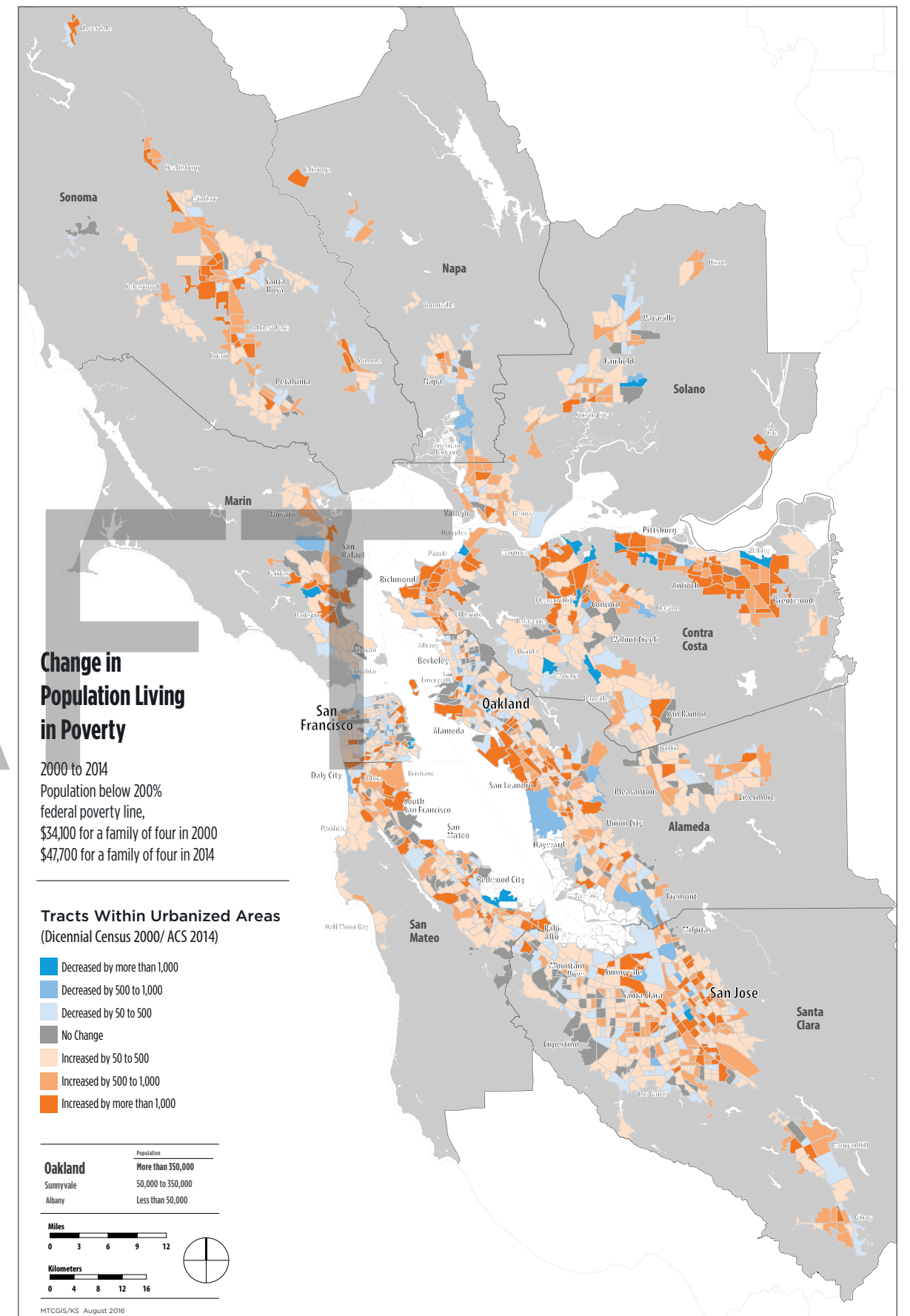
1. 2014 American Community Survey 5-Year Estimate S0101; Metropolitan Transportation Commission and Association of Bay Area Governments, Plan Bay Area 2040 Projections, Scenario 2040_03_116

2. 2014 American Community Survey 1-Year Estimate S0103

3. 2014 American Community Survey 5-Year Estimate S0101; Metropolitan Transportation Commission and Association of Bay Area Governments, Plan Bay Area 2040 Projections, Scenario 2040_03_116

4. 2015 American Community Survey 1-year Estimate B17002

5. FTA Report No. 0081, Accessible Transit Services for All



WHAT DO REGIONAL STAKEHOLDERS SEE AS THE BIGGEST GAPS?

Representatives from over 30 Bay Area stakeholder groups were asked to identify the biggest mobility gaps faced by their constituents. These are the most common themes heard.

- **Spatial gaps**—areas of our region that are either difficult or impossible to reach by public transportation—continue to be a key need expressed throughout the region
- **Temporal gaps**—points in time that lack service—also constrain the mobility of target populations
- With regional consolidation of facilities and growing rates of disease, **healthcare access** is a major concern in the region
- Transit and paratransit **fares are unaffordable** for many people in all parts of the Bay Area
- **Funding needs** are growing faster than revenues
- Constituents recognize that **safety investments for pedestrians and people on bicycles** improve mobility for all, and increase access to transit
- While suggestions were made to leverage emerging mobility service providers to assist in solving mobility gaps, people are concerned about the **lack of accessibility of both taxis and ride-hailing services**
- Stakeholders highlight the importance of **transportation information availability** and associated referral services to steer people to gap-filling services
- Consistent with the 2013 Plan, **transfers** on both the fixed-route transit network as well as between ADA Paratransit service providers (when trips cross county lines, for example) are barriers



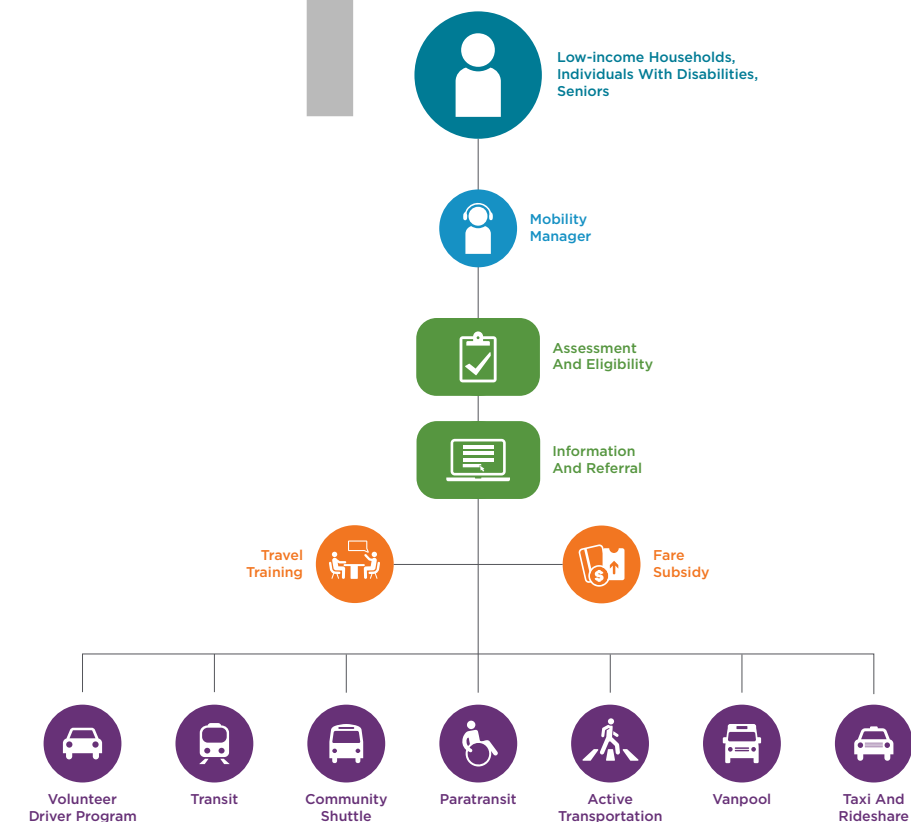
COORDINATION STRATEGIES

Strategies are big picture initiatives that MTC and its local partners can implement or facilitate. The plan identifies the following strategies for MTC and its partners:

IMPLEMENT COUNTY-BASED MOBILITY MANAGEMENT

Develop **County-Based Mobility Management Across the Region** that will direct passengers to all available transportation options and increase efficiency through coordination. A county-based mobility management program should include in-person eligibility assessments, travel training, and information and referral services.

The graphic below describes the typical Mobility Management process, in which an individual seeking mobility services works with a Mobility Manager to assess their needs, and to be referred to services, subsidy programs, or training opportunities for which they are eligible.





ACTION PLAN

To cost efficiently serve seniors, people with disabilities, veterans, and people with low incomes with a range of mobility options, this plan outlines key actions for MTC and its regional partners over the next four years.

IMPROVE PARATRANSIT

Address Access to Healthcare by supporting cost sharing agreements between transportation providers and healthcare clinics, and by exploring Medi-Cal cost recovery programs for public and private providers in the Bay Area.

Reduce the Cost of Providing ADA Paratransit. Implementation of mobility management strategies will help address paratransit per-rider costs, including in-person eligibility assessments and software upgrades to allow for trip screening or Interactive Voice Response systems.

Make it Easier for Customers to Pay by exploring potential solutions with Clipper 2.0

PROVIDE MOBILITY SOLUTIONS TO SUBURBAN AREAS

Increase Suburban Mobility Options. MTC can provide guidance on public-private partnerships, increasing the availability of subsidized same-day trip programs, increasing the functionality of information and referral systems such as “one-call/one-click” solutions, and subsidizing low-income carshare pilots or vehicle loan programs.

REGIONAL MEANS-BASED TRANSIT FARE PROGRAM

Pilot Means-Based Fares. To make transit more affordable for low-income people, MTC and partners should implement a financially viable and administratively feasible pilot program.

SHARED AND FUTURE MOBILITY

Advocate for the Accessibility of Shared Mobility Solutions and Autonomous Vehicles. MTC and partners ensure equity and accessibility of bikeshare, carshare, ride-hailing, and other new mobility options by issuing policy guidance and technical assistance for agencies and non-profits entering into partnerships.

IMPROVE MOBILITY FOR VETERANS

Support Veterans'-Specific Mobility Services. Serve localized and long-distance medical trips for veterans and create opportunities for veterans to advise MTC on mobility needs.



1 KEEP THE MOMENTUM (6-12 months)

In the first year of the 2017 Coordinated Plan’s adoption, MTC and its regional partners—transit operators, human service providers, Congestion Management Agencies, and others—should keep the momentum from the planning process by setting policies and establishing internal frameworks.

2 IMPLEMENT THE BASICS (1-2 years)

One to two years after adoption, the region should begin to see visible impacts of the planning process, with service pilots, coordination summits, and other basic programs being implemented.

3 BUILD OUT THE PROGRAM (3-4 years)

In the three to four year time frame, the major strategies for the region—county-based mobility management, means-based fares, in-person eligibility, access to health care, and an open dialog with shared mobility service providers—should come to fruition.

FOR MORE INFORMATION

Please contact:

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TABLE OF CONTENTS

DRAFT

- 1. INTRODUCTION AND METHODOLOGY 2**
 - Plan Goals 3
 - Planning Requirements 3
 - Federal and State Roles to Promote Human Service Transportation Coordination 4
 - How was the plan developed? 5

- 2. BAY AREA DEMOGRAPHICS 8**
 - Key Findings 9
 - Seniors 9
 - People With Disabilities 12
 - Poverty 14
 - Access To Vehicles 18
 - Veterans 19

- 3. TRANSPORTATION RESOURCES 24**
 - Regional Transportation Resources 25
 - Overview of Projects Funded Under Previous Coordinated Plans 38

- 4. OUTREACH AND STAKEHOLDER GAP IDENTIFICATION 42**
 - Summary of Gaps 43
 - Community Input Opportunities 45
 - Summary Of Feedback By County 47

- 5. REGIONAL STRATEGIES FOR COORDINATION 50**
 - Strategy 1: County-Based Mobility Management 51
 - Strategy 2: Improve Paratransit 53
 - Strategy 3: Provide Mobility Solutions To Suburban Areas 56
 - Strategy 4: Means-Based Fares 58
 - Strategy 5: Shared And Future Mobility Opportunities 58
 - Strategy 6: Improve Mobility For Veterans 59
 - Recommendations Timeline 59
 - Progress Reporting 60

TABLE OF APPENDICES

APPENDIX A	62
Demographics	
APPENDIX B	66
List of Feedback Themes	
APPENDIX C	68
List of Feedback Comments	
APPENDIX D	102
Consolidated Transportation Service Agencies – MTC Designation Process	
APPENDIX E	104
Project Types Eligible for Funding	
APPENDIX F	110
Promote Walkable Communities, Complete Streets, and the Integration of Transportation and Land Use Decisions	
APPENDIX G	112
What is Mobility Management?	

TABLE OF FIGURES

Figure 2.1	Percent of Senior Population (2000-2040)	10
Figure 2.2	Percent Change in Seniors (local geography)	11
Figure 2.3	Percent of Population with a Disability (2010-2014).....	12
Figure 2.4	Percent of Seniors with a Disability (2010-2014)	13
Figure 2.5	Percent of Population Living in Poverty (2000-2015).....	15
Figure 2.6	Percent of Seniors Living in Poverty (2015)	16
Figure 2.7	Percent Change for Population Living in Poverty (local geography)	17
Figure 2.8	Comparison of General Public to Seniors without Access to a Vehicle (2015).....	18
Figure 2.9	Percent of Population (18 and over) who are Veterans (2000-2014).....	19
Figure 2.10	Percent of Veterans who are Seniors (2014)	20
Figure 2.11	Percent Change in Veterans (local geography)	21
Figure 3.1	Mobility Management Process	25
Figure 3.2	Types of Transportation Resources in the Bay Area	26
Figure 3.3	Providers of Fixed-Route and ADA-Mandated Paratransit in the San Francisco Bay Area	28-29
Figure 3.4	Volunteer Driver Partners in the Bay Area	33
Figure 3.5	Information and Referral Services in the San Francisco Bay Area	34
Figure 3.6	Mobility Management Providers in the San Francisco Bay Area	35-36
Figure 3.7	FTA Specialized Program Funding by Urbanized Area (UA), Since 2012 Coordinated Plan	38
Figure 3.8	JARC/5307 Funding by Project Type, FY 2011 – FY 2016	39
Figure 3.9	New Freedom Funding by Project Type, FY 2012	40
Figure 3.10	5310 Funding by Project Type, FY 2013 – FY 2017	40
Figure 4.1	Community Engagement and Outreach Activities	45-46
Figure 5.1	Ride Connection Support Services Provided to Service Partners	52
Figure 5.2	Access Services Paratransit Payment Methods	55
Figure 5.3	Implementation Timeline	60
Figure A.1	Existing 2014 Population Breakdown	63
Figure A2	Veteran Statistics.....	65
Figure B.1	List of Feedback Received in Order of Frequency	67
Figure C.1	List of Feedback Comments	69-100
Figure E.1	Project Types Eligible for Funding	105-108

DRAFT

1. INTRODUCTION AND METHODOLOGY

To serve the needs of seniors, people with disabilities, those with low incomes, and veterans, the 2017 Coordinated Public Transit-Human Services Transportation Plan sets regional priorities for transportation investments and initiatives for human services and public transit coordination. It also serves as a federally required update to the 2013 Coordinated Public Transit-Human Services Transportation Plan, and is being completed in concert with the region's long-range regional transportation plan, Plan Bay Area 2040.

Through the involvement of the Technical Advisory Committee (TAC)—a group of regional stakeholders representing the plan's target populations,¹ this Coordinated Plan considers numerous existing or ongoing planning efforts focused on the transportation needs of low-income, senior, disabled, and veteran residents in the Bay Area. These include the Means-Based Fare Study and the Plan Bay Area Equity Analysis. Extensive, locally targeted outreach with residents and users of the system, regional stakeholders, and local advisory groups identified the transportation gaps that strategies and projects were designed to address.



¹ The 2017 Coordinated Plan TAC includes representatives from Golden Gate Transit, Sonoma County Human Services Area Agency on Aging, Choice in Aging (Contra Costa County), City of Fremont, SamTrans, Outreach (Santa Clara County), San Francisco Municipal Transportation Agency, and Solano Transportation Authority.