Southern Alleghenies
Coordinated Public Transit-Human Services Transportation Plan

July 2016
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Introduction

The Southern Alleghenies Planning & Development Commission and the Southern Alleghenies Rural Planning Organization

The Southern Alleghenies Planning and Development Commission (SAP&DC) is a non-profit regional economic and community development organization that serves Bedford, Blair, Cambria, Fulton, Huntingdon, and Somerset Counties and is designated as a Local Development District (LDD) by the Appalachian Regional Commission (ARC). Through various programs and funding sources, SAP&DC provides a broad range of services to member counties through its mission to address human resource development, encourage the creation and retention of jobs, and to improve the quality of life for residents of the Alleghenies.

On April 2, 2003 an Intergovernmental Agreement was signed between the Pennsylvania Department of Transportation (PennDOT) and SAP&DC, which designated the organization as a Rural Planning Organization (RPO). This designation as an RPO has made SAP&DC responsible for implementing a Rural Transportation Work Program that focuses on transportation planning for the region.

SAP&DC has established a Rural Transportation Technical Committee and a Rural Transportation Coordinating Committee to oversee the development and implementation of regional transportation planning projects. The Technical Committee is responsible for the development and analyses of transportation plans and programs, and makes recommendations to the Coordinating Committee. The Coordinating Committee establishes transportation policy and makes final decisions on courses of action.
The Southern Alleghenies Rural Planning Organization Long Range Transportation Plan

As an RPO, SAP&DC is responsible for developing a project specific Long Range Transportation Plan (LRTP) with a minimum 20-year planning horizon. The LRTP is fiscally-constrained and serves as a springboard for identifying and recommending projects for inclusion in the State’s Twelve Year Program (TYP) and the Statewide Transportation Improvement Program (STIP). The Transportation Improvement Program (TIP) is subordinate to the STIP and is derived from the LRTP. The TIP is a listing of fiscally-constrained projects to be completed during the first four-year period of the LRTP and the TYP.

SAP&DC adopted the 2013-2037 Long Range Transportation Plan in November 2012. The LRTP outlines the “vision” for future transportation in the Southern Alleghenies region through a series of goals and objectives (shown in Table 1). These goals and objectives are broad, with the expectation that they will address the myriad of transportation needs of the entire Southern Alleghenies RPO region. Additionally, the LRTP provides a framework for the community to make decisions about its overall transportation system.

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<tr>
<th>GOAL</th>
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Table 1: SAP&DC Long Range Transportation Plan Vision, Goals, and Objectives
The broad nature of the LRTP goals and objectives presents an opportunity for the Coordinated Public Transit – Human Services Transportation Plan to further refine implementation strategies specific to human services transportation, and to help move transportation forward in the Southern Alleghenies Region.

**Coordinated Public Transit – Human Services Transportation Planning in the Southern Alleghenies**

In 2005, Congress authorized the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU). SAFETEA-LU substantially increased funding for public transportation programs, including those administered by human service agencies. The legislation included several specific transportation programs that benefited senior citizens, persons with disabilities, and low-income individuals. As a condition of receiving program funds for specific projects, SAFETEA-LU required planning organizations to create a locally developed Coordinated Public Transit-Human Services Transportation Plan (Coordinated Plan).

Effective May 1, 2007, the Federal Transit Administration (FTA) issued final guidance regarding locally developed Coordinated Plans for Federal Fiscal Year (FFY) 2008 and beyond. SAFETEA-LU required that projects selected for funding under the Elderly Individuals and Individuals with Disabilities (Section 5310), Job Access and Reverse Commute (JARC), and New Freedoms programs are derived from a locally developed coordinated plan.

In 2012, the Moving Ahead for Progress in the 21st Century (MAP-21) Act retained the requirement for a Coordinated Plan and consolidated several transportation programs identified under SAFETEA-LU. As a result of funding consolidation, the JARC program was eliminated and the New Freedoms program was consolidated, leaving the Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program as the only FTA funding program dedicated to groups identified through the Coordinated Plan. These changes essentially eliminated the requirement for Coordinated Plans to include low-income individuals in the planning process. Despite these requirements, SAP&DC recognizes the critical nature of serving low-income individuals through human services transportation, and made the conscious decision to continue to include this group in the coordinated planning process.

In December 2015, President Obama signed into law the Fixing America’s Surface Transportation Act, or “FAST Act”. The FAST Act largely continued the existing Section 5310 program unchanged, and carried forward the requirement for locally developed coordinated plans.

**The Coordinated Planning Process**

Coordinated planning is intended to be a cyclical process coinciding with regular updates of the region’s LRTP every four to five years. For many agencies, updates to the Coordinated Plan begin with a comprehensive review of the region's previous plan. The existing Southern Alleghenies

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**Required Elements of a Coordinated Plan**

- Inventory of existing transportation services
- Assessment of transportation needs for older adults, persons with disabilities, and individuals with limited incomes
- Identification of coordination strategies to eliminate or reduce duplication in services and to improve utilization of transportation resources
- Framework for addressing identified gaps in services
- Prioritization of implementation strategies
Coordinated Plan was approved in June 2008 and was developed by SAP&DC staff with the assistance of various stakeholders, including human service agencies, transportation providers, workforce development agencies, and related government entities. SAP&DC initiated plan update activities in the fall of 2015, with the adoption of the plan occurring in the summer of 2016.

The coordinated planning process relies heavily on a robust stakeholder and public engagement effort. In fact, FTA regulations require planning agencies to provide evidence that:

“... The coordinated plan was developed and approved through a process that included participation by seniors; individuals with disabilities; representatives of public, private, and nonprofit transportation and human services providers; and other members of the public...”

The Southern Alleghenies Coordinated Plan utilized a multi-prong approach to stakeholder and public engagement to ensure the plan meets the needs of senior citizens, persons with disabilities, and low-income individuals and reflects the current environment of the region.

**Steering Committee**

In order to assist with the development of a regional vision for coordinated transportation and guide the overall planning process, a steering committee was formed at the beginning of the plan update. The steering committee consisted of 20 individuals that represent a broad spectrum of human services and transportation interests. In the 8 month plan update timeframe, the steering committee met on four occasions with the following objectives:

- **Meeting 1 – November 17, 2015**: Establish a regional vision for coordinated transportation in the Southern Alleghenies.
- **Meeting 2 – January 26, 2016**: Review input gathered from public meetings and survey responses and develop a strengths, weaknesses, opportunities, and threats (SWOT) analysis.
- **Meeting 3 – February 19, 2016**: Identify key issues in human services transportation and prioritize areas for action
- **Meeting 4 – March 29, 2016**: Review draft plan and develop an implementation plan

Input and guidance from the steering committee was critical in defining a future vision for coordinating transportation across the region and identifying actions for improving mobility for all residents.

**Public Involvement: Human Services Agency Listening Sessions**

Beginning in December 2015 and continuing through March 2016, SAP&DC conducted a series of listening sessions with human services agencies throughout the Southern Alleghenies RPO region. More than 35 transportation providers participated in these meetings, with over 60 participants:

- **Bedford County Human Services Council – January 13, 2016**
- **Fulton County Family Partnership – January 17, 2016**
- **Huntingdon County Human Services Council – January 20, 2016**
- **Somerset County Human Services Development Fund – February 12, 2016**

Through these meetings, SAP&DC was able to collect valuable input about the unique transportation barriers faced by the agencies’ clientele. Additionally, human services providers were able to learn more about coordinated transportation planning and potential strategies for improving mobility throughout the region.
Public Involvement: Targeted Transportation User Listening Sessions

In addition to meeting with human services agencies, SAP&DC held listening sessions throughout the Southern Alleghenies region to gather information from users or potential users of public transportation. Meetings were held in each county and coordinated with local human services agencies and County planning staff to reach the greatest number of participants in the focus demographics. Each county had a publicly advertised meeting in compliance with SAP&DC’s public participation requirements.

**Bedford County**

- Bedford Senior Center – January 22, 2016
- Bedford County Courthouse – January 27, 2016

**Fulton County**

- McConnellsburg Senior Center – January 19, 2016
- Cardinal Glen Apartments (McConnellsburg) – January 19, 2016

**Huntingdon County**

- Taylor Apartments (Mt Union) – January 20, 2016

**Somerset County**

- Quemahoming Towers (Windber) – January 22, 2016
- Somerset Senior Center – February 29, 2016
- The Ridge Church (Somerset) – March 8, 2016

The results of the listening sessions, when taken with the results of the human service agency meetings, provide a more complete picture of human services transportation from both sides of the equation. Over 200 individuals participated in the transportation user listening sessions, with representation from all four RPO counties.

Public Involvement: User Surveys and Phone Interviews

The final tactic for maximizing public involvement was the utilization of user surveys and phone interviews. Survey questions were tailored to address the FTA required elements of the Coordinated Plan, specifically prompting the respondent to answer questions related to transportation barriers, service participation, and potential strategies for closing service gaps.

For this plan, three different survey approaches were used:

- **MetroQuest**: A web-based, interactive survey tool that can be accessed via desktop or laptop computer, tablet, or mobile phone. Each survey has five screens that collect a variety of responses. MetroQuest surveys have mapping capabilities, which provide a spatial component in assessing public feedback. The MetroQuest survey was heavily marketed throughout the region utilizing graphic postcards and fliers, email marketing to County Planning Directors and others, and information presented on the SAP&DC website.
• **Paper Surveys:** To account for residents who may not have computer or mobile device access, or who simply prefer non-digital communication channels, a paper survey was made available. The paper survey format mirrored the digital MetroQuest survey to ensure consistency among survey respondents.

• **Phone Interviews:** In addition to digital and paper surveys, the Coordinated Plan update included voluntary phone interviews with residents who are users of local human services and/or transportation services. The purpose of the phone interviews was to gather anecdotal information on the barriers to transportation within the Southern Alleghenies region from actual transit or human services users that were seniors, disabled, or low-income. Contact information of phone interviewees was provided by human service agencies throughout the region. Survey respondents are kept confidential. In total, 10 interviews were completed.

Public outreach meeting minutes, MetroQuest and paper survey responses, and phone interview transcripts can be found in **Appendix A: Coordinated Plan Outreach Documentation.**
Focus of the Coordinated Plan

Given the rural landscape that dominates the four county RPO region, it is not surprising that the primary mode of transportation for the majority of people in the Southern Alleghenies is a personal automobile. However, for individuals with specialized transportation needs, driving a car is not always an available option. For the purposes of this Coordinated Plan, the following transportation services were considered:

- **Fixed route services** include any transit service in which vehicles follow a predetermined route on a set schedule. Examples of fixed route services include buses, trolleys, light rail, and commuter rail. Only one agency, the Cambria County Transit Authority (CamTran), provides limited fixed route services in the Southern Alleghenies RPO region. The Senior Free Transit Program, which is funded by the Pennsylvania Lottery and administered by the Pennsylvania Department of Transportation (PennDOT), offers free public bus transportation for senior citizens age 65 and older and a reduced fare to persons with disabilities.

- **Public shared-ride/demand response services** allow users to travel from one destination to another, either curb-to-curb or door-to-door, along a route that is not fixed. Alternately, shared-ride vehicles travel throughout the community according to the specific requests of passengers. For eligible participants, PennDOT will reimburse 85% of all shared-ride fares; either clients or their sponsoring organization are responsible for the remaining 15%. The Federal Transit Administration (FTA) requires all fixed route operators to provide complimentary paratransit services courtesy of the Americans with Disabilities Act (ADA) if the point of origin is within ¾ miles of a fixed route.

- **Non-profit/program/volunteer services** provide transportation to certain groups for specific trip purposes. Because transportation availability is often a vital link between individuals and critical life services (e.g. healthcare and employment), an organization may provide transportation services for disadvantaged clients to address that need, even if transportation is not the primary service provided.

- **Private transportation services** are for-profit entities that include taxi cab companies, ride sharing services such as Uber and Lyft, and private intercity bus carriers like Greyhound.

The Coordinated Plan will focus on users and potential users of the above transportation services, with a focus on seniors, persons with disabilities, and low-income individuals.
Mobility in the Southern Alleghenies Today

This section will provide an overview of existing mobility conditions in the Southern Alleghenies region, including:

- Inventory of transportation programs and services
- Cost of transportation services
- Socioeconomic profiles of transit dependent populations
- Identification of major origins and destinations in the region

Transportation Providers

The transportation programs and services described previously are provided by public, private, and non-profit providers. The agencies and organizations providing these services fall into one of three categories: public transportation, program/volunteer transportation, and private transportation. A brief description of each provider type is outlined below, followed by a list of individual providers identified during the plan update. A detailed inventory of all known transportation services in the Southern Alleghenies can be found in Appendix B: Transportation Providers in the Southern Alleghenies.

Public Transportation Providers

For many, public transportation is often associated with fixed route buses and light rail vehicles. However, public transportation providers in the Southern Alleghenies region are predominately agencies offering demand response services. Many of these providers operate under Shared-Ride, Medical Assistance Transportation (MATP), and Persons with Disabilities Programs to focus on providing targeted, curb-to-curb service. Public transportation in the region is provided by the following public agencies:

- Cambria County Transit Authority (CamTran)
- Huntingdon-Bedford-Fulton Area Agency on Aging (CART)
- Fulton County Family Partnership (FCFP)
- Somerset County Transportation System (SCTS)

Program/Volunteer Transportation Providers

Program transportation providers include a broad range of services that are designed to meet client-specific needs and are not necessarily open to the general public. The following list of program transportation providers in the region was identified through outreach meetings and survey responses:

- Bedford County Children & Youth Services
- Bedford/Somerset Mental Health/Intellectual Disabilities (MH/ID)
- Center for Community Action (CCA)
- Franklin/Fulton Mental Health/Intellectual Disabilities (MH/ID)
- Mifflin/Juniata Mental Health/Intellectual Disabilities (MH/ID)
- Disabled American Veterans (DAV)
- First Choice Medical
- Grace Community Church
- Hospice Care
- Koot Kart
- Love, Inc.
- Meadows Psychiatric Center
- Pennsylvania Association for the Blind
- Somerset Ministries (SamVan)
- Somerset County Vans for Vets
- Universal Community Behavioral Health
- Your Safe Haven
Private Transportation Providers

In addition to program/volunteer transportation providers, private transportation services can be used to address gaps in public transportation service. However, private transportation providers often come at a higher price, which may be a hindrance for individuals with fixed or irregular income. The following private transportation providers operate in the Southern Alleghenies region:

- Bedford Taxi
- Peck Transportation Services
- Health Ride
- Maidens Taxi Service
- Med-Van
- Raystown Coach
- Will’s Taxi Service

Transportation Cost

Transportation costs to the user vary widely by the provider and type of transportation. The table below summarizes the cost of these services by provider identified in previous sections. It is important to note that many services are subsidized by various state and federal programs. In general, the following programs reduce the cost of transportation for eligible recipients:

- **PennDOT Senior Citizen Lottery Program** – Offers free transportation on fixed route service for persons over the age of 65, and cover 85% of the full public fare for shared-ride transportation, requiring the rider or a third-party sponsor to cover the remaining 15%.
- **PennDOT Persons with Disabilities Program (PwD)** – Covers 85% of the full public fare for shared-ride transportation for persons with a disability ages 18-64.
- **Pennsylvania Medical Assistance Transportation Program (MATP)** – Administered by the Pennsylvania Department of Human Services (DHS), provides free medical transportation to those receiving Medical Assistance.
- **Pennsylvania Welfare to Work Program (W2W)** – A transition program administered by PennDOT to fund various transportation costs to provide access to jobs and child care.
- **Area Agency on Aging (AAA) Sponsorships** – Many AAAs cover the 15% required copay for shared-ride trips deemed eligible, most frequently to senior citizen centers.

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Provider Name</th>
<th>Programs Operated</th>
<th>Full Fare</th>
<th>Subsidized Rate</th>
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<tr>
<td>Public</td>
<td>CamTran</td>
<td>Fixed route</td>
<td>$1.55 base fare $0.30 transfer</td>
<td>Reduced ADA fares available, seniors ride free</td>
</tr>
<tr>
<td>Transportation</td>
<td>CART</td>
<td>Shared-ride PwD MATP</td>
<td>Zone 1: $15.00 Zone 2: $30.00</td>
<td>Zone 1 65+ copay: $1.75 Zone 1 PwD copay: $2.25 Zone 2 65+ copay: $4.50 Zone 2 PwD copay: $4.50 Trips to/from senior center: free</td>
</tr>
<tr>
<td></td>
<td>SCTS</td>
<td>Shared-ride PwD MATP</td>
<td>17 zones: $13.00 - $23.00</td>
<td>All zones 60+ copay: $1.25 PwD copay: 15%</td>
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<td></td>
<td>FCFP</td>
<td>MATP W2W</td>
<td>N/A</td>
<td>W2W (per round trip): Month 1: $2.00 Month 2: $3.00 Months 3-6: $5.00 Mileage reimbursement MATP: Free for MA recipients</td>
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<td>Program/Volunteer</td>
<td>Varies by Program</td>
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<td>Private</td>
<td>Varies by Provider</td>
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Socio-Economic Profiles of Transit-Dependent Populations

This section will provide an overview of the state of transit dependent populations and the transportation systems that serve them in the Southern Alleghenies region, specifically reviewing:

- Socio-economic profiles of transit-dependent populations identified in the Coordinated Plan
- Identification of major origins and destinations in the region
- Overview of transportation services and programs available in the region

The Southern Alleghenies Coordinated Plan identifies transit-dependent populations as seniors age 65 or older, individuals with one or more disabilities, and low-income individuals. Reasons for mobility challenges throughout the region are varied and include:

- An elderly person may not feel comfortable driving
- Medical patients and disabled persons may not be able to drive themselves
- Low-income individuals may not be able to afford to own, maintain, or insure a personal vehicle

Additionally, the rural landscape of the Southern Alleghenies does not lend itself to public transportation. Transit-dependent individuals benefit the most from coordinated transportation systems and a critical first step is reviewing demographic and economic trends.

Data Assumptions

Data are presented throughout this analysis for the RPO and, where applicable, the state, individual counties within the RPO, and the Southern Alleghenies Local Development District (LDD), which includes the RPO counties as well as Blair and Cambria Counties.

Data sources used to prepare this analysis include:

- U.S. Decennial Census, 2000
- U.S. Decennial Census, 2010
- U.S. Census American Community Survey (ACS), 2009-2013 5-Year Estimates
  - With each ACS estimate, the Census Bureau reports a Margin of Error (MOE). The purpose of the MOE is to allow users of the data to measure the amount of uncertainty around each estimate. The greater the MOE, the lower the accuracy of the estimate.
- HUD Program Income Limits, 2015
  - Section 8 Rental Certificate Program
  - Section 221(d)(3) Below-Market Interest Rate Program
  - Section 235 Mortgage Insurance and Assistance Program
  - Section 236 Preservation Program

As appropriate, data were compared to information included in the previous Coordinated Plan (prepared in 2008), the SAP&DC Long Range Transportation Plan (updated in 2012), the SAP&DC Comprehensive Economic Development Strategy (CEDS) (updated in 2014), and the Southern Alleghenies Workforce Development Board Commuting Patterns report (2015) to demonstrate trends over the past several years.

Trends and Impacts

The following table summarizes the trends and associated impacts identified through this section’s data analysis and, along with input collected through the listening sessions in each region, provides information to support the Coordinated Plan strategies for implementation.
<table>
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<tr>
<th><strong>People</strong></th>
<th>The number of older citizens in the RPO is increasing, while the number of younger citizens is decreasing. As citizens in the region continue to age, solutions should be developed to meet a potential increase in public transportation needs. With the number of younger citizens decreasing, regional efforts should be developed to retain younger citizens and attract new citizens.</th>
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<td>Citizens are geographically dispersed throughout the region. This is an important factor to consider when planning for efficient and cost effective transportation systems as traditional public transportation options such as fixed route buses are not always financially viable.</td>
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<td>The number of citizens in the RPO with some level of college education or an associate’s degree has increased. This trend potentially demonstrates a marked increase in technical training in the region over the past decade. An educated workforce generally means better job opportunities.</td>
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<th><strong>Economic Distress</strong></th>
<th>The region’s unemployment rate is decreasing and was back at pre-recession levels by the end of 2015. This trend suggests increased job opportunities for the region’s citizens seeking employment.</th>
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<td>The poverty rate in the RPO has increased slightly, although it is not as high as the state poverty rate. Households in poverty may not have access to reliable transportation. Strategies should be developed to ensure these households have both reliable and affordable transportation options.</td>
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<td>The poverty rate for the region’s households headed by females is greater than both national and state rates. In addition, the percentage of female headed households in poverty without a high school diploma (30.5%) is much greater than all households in poverty in the region without a high school diploma (15.0%). This trend signals that education is a driving factor for poverty in female headed households. Strategies should be developed to ensure these vulnerable households have both reliable and affordable transportation options.</td>
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<td>The number of Supplemental Security Income (SSI) and Supplemental Nutrition Assistance Program (SNAP) recipients has increased in the region. Increases in both SSI and SNAP recipients are signs of economic distress and may signal a potential increased demand for public transportation.</td>
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<td>Several communities within the region are low income and low access to food according to the USDA’s Food Access Research Atlas. This trend suggests that citizens in the region may need assistance in finding reliable and cost efficient transportation to grocery stores.</td>
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### Housing

A greater number of households is headed by seniors.

**The number of senior headed households is increasing.** As many seniors face mobility issues, public transportation solutions to meet the changing mobility needs of older residents are required.

**Seniors in the region have smaller median household incomes.** Smaller median household incomes mean less disposable income, requiring cost effective public transportation solutions.

### Workplace Commuting

Overall, residents experience longer travel times and travel to work alone.

**More workers are leaving each of the counties in the RPO than are coming to the counties for employment.** With more workers leaving each county for work, commute times are longer, an average of 28.1 minutes up from 27.8 in 2000, which could put a financial strain on households if wages are low. Strategies to retain residents for work, i.e. convert out-commuters to non-commuters, could help reverse this trend.

**The number of workers driving alone continues to increase.** Similarly, carpooling has decreased nearly 6 percent since 1990 from 16.6% to 10.7%. Strategies to reverse this trend would be beneficial to reduce transportation costs for citizens in the region.

**While a small percentage of workers have no access to a vehicle (2%), over 45% of workers had access to three or more vehicles.** While some of these vehicles may not be reliable, there could be opportunities to lend vehicles to or carpool with citizens who do not have affordable and reliable transportation to and from work.

### Population and Population Change

Population within the RPO remained relatively stable between 2000 and 2010, with a slight decrease of 0.8% occurring in the ten year period. This trend continued with a nearly 2% population decline between 2000 and 2013. The population decrease occurring in the RPO counties is not as great as that experienced within the LDD, where population decreased by over 4% between 2000 and 2013. This trend likely reflects a continuing population outflow from the more urbanized areas within Blair and Cambria counties, as identified in the Southern Alleghenies 2014 CEDS update.

Fulton and Huntingdon counties both experienced population increases between 2000 and 2013, seeing residential totals increasing by 3.0% and 0.6% respectively. Bedford and Somerset counties, however, experienced population loss to the tune of -1.7% and -4.1%, respectively. At the state level, population continued to increase slightly between 2000 and 2013 at a rate of 4.1%. **Table 1** provides a detailed review of population figures and percent changes for the counties in the RPO and LDD, as well as for the state of Pennsylvania.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bedford</td>
<td>49,984</td>
<td>49,762</td>
<td>49,133</td>
<td>-0.4%</td>
<td>-1.7%</td>
</tr>
<tr>
<td>Fulton</td>
<td>14,261</td>
<td>14,845</td>
<td>14,694</td>
<td>4.1%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Huntingdon</td>
<td>45,586</td>
<td>45,913</td>
<td>45,871</td>
<td>0.7%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Somerset</td>
<td>80,023</td>
<td>77,742</td>
<td>76,722</td>
<td>-2.9%</td>
<td>-4.1%</td>
</tr>
<tr>
<td>RPO</td>
<td>189,854</td>
<td>188,262</td>
<td>186,420</td>
<td>-0.8%</td>
<td>-1.8%</td>
</tr>
<tr>
<td>LDD</td>
<td>471,596</td>
<td>459,030</td>
<td>451,699</td>
<td>-2.7%</td>
<td>-4.2%</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>12,281,054</td>
<td>12,702,379</td>
<td>12,781,296</td>
<td>3.4%</td>
<td>4.1%</td>
</tr>
</tbody>
</table>

Table 1: Population Change in the Southern Alleghenies, US Census Bureau 2000 and 2010, ACS 2013 Estimates

Figure 1 illustrates population change between 2000 and 2013 at the municipal level for the counties within the RPO. Seven Springs Borough in Somerset County, Valley-Hi Borough in Fulton County, and Coalmont Borough in Huntingdon County experienced the most significant population decline in the region, with a respective decrease in 88%, 70%, and 47%, in the thirteen year timeframe. Conversely, Shade Gap Borough in Huntingdon County and Wellersburg Borough in Huntingdon County saw the greatest population increase throughout the Southern Alleghenies at 54% and 41%, respectively.

Figure 1: Municipal Population Change 2000 – 2013, US Census Bureau 2000 and ACS 2013 Estimates

Based on historical population change, the Southern Alleghenies can anticipate continued population decreases throughout the region. The Southern Alleghenies CEDS report reviewed population projections through 2020 and determined there would be a 7% decrease in total regional population. An examination of projections by county indicate an uneven distribution of population loss, as indicated in Table 2.
Population Distribution

Population is widely dispersed throughout the RPO with the majority of the region having a population density of less than 100 people per square mile, as shown in Figure 2. No area in Fulton County has a population density exceeding 100 people per square mile, and population density is greatest around larger communities such as Somerset, Windber, and Bedford, with densities greater than 1,500 people per square mile. Population density is an important consideration when planning for efficient and cost effective transportation systems. Because citizens are so geographically dispersed, traditional public transportation options such as fixed route buses are not always finically viable.

Citizens are geographically dispersed throughout the region - an important factor to consider when planning for efficient and cost effective transportation systems.

**Table 2: Population Projections by County, SAP&DC CEDS 2012**

<table>
<thead>
<tr>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bedford</td>
<td>49,980</td>
<td>49,860</td>
<td>49,740</td>
<td>49,200</td>
<td>48,840</td>
<td>-1,140</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-2.3%</td>
</tr>
<tr>
<td>Fulton</td>
<td>14,260</td>
<td>14,660</td>
<td>15,060</td>
<td>15,240</td>
<td>15,600</td>
<td>1,340</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9.4%</td>
</tr>
<tr>
<td>Huntingdon</td>
<td>45,590</td>
<td>45,770</td>
<td>45,950</td>
<td>45,700</td>
<td>45,770</td>
<td>180</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.4%</td>
</tr>
<tr>
<td>Somerset</td>
<td>80,020</td>
<td>78,800</td>
<td>77,580</td>
<td>75,760</td>
<td>74,210</td>
<td>-5,810</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-7.3%</td>
</tr>
<tr>
<td>RPO</td>
<td>189,850</td>
<td>189,090</td>
<td>188,330</td>
<td>185,900</td>
<td>184,420</td>
<td>-5,430</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-2.9%</td>
</tr>
<tr>
<td>LDD</td>
<td>471,590</td>
<td>463,460</td>
<td>455,330</td>
<td>446,170</td>
<td>437,750</td>
<td>-33,840</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-7.2%</td>
</tr>
</tbody>
</table>
Age and Gender

The median age of citizens in the RPO and LDD continued to exceed the median age in Pennsylvania, as shown in Figure 3. The median age in 2013 in the RPO was 43.4, which was slightly higher than the LDD and greater than the state median age of 40.3 years. The regional trend of aging in place is demonstrated in Figures 4, which shows the percentage of population in age cohorts from 1990 to 2013.

Since 1990, the percentage of population in the younger age cohorts, particularly age 34 and younger, has contracted, while the percentage of citizens age 45 and older has increased. Figure 5 demonstrates a breakdown of the regional population by age cohort and gender, which provides further evidence of an aging population. As citizens in the region are aging, solutions are needed to meet a potential increase in public transportation demand.

**Figure 3: Median Age.** US Census 2000 & 2010, ACS 2013 Estimates

**Figure 4: Change in Age Cohorts.** US Census 2000 & 2010, ACS 2013 Estimates

**Figure 5: Southern Alleghenies RPO Population Pyramid.** ACS 2013 Estimates
In 2000, approximately 20% of the region’s civilian non-institutionalized population age five years or older had a reported disability. This percentage dropped to nearly 17% according to ACS 2013 estimates. The percentage of citizens over age five with a sensory disability increased from 4.7% to 8.5%, while the percentage with a physical disability decreased slightly. Fulton County had the highest percentage of citizens over age five with a disability in 2013. A more detailed breakdown in regional disability status can be found in Table 3.

### Table 3: Disability Status, SAP&DC LRTP & ACS 2013 Estimates

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population 5 years or older</td>
<td>46,588</td>
<td>46,403</td>
<td>13,309</td>
<td>13,871</td>
<td>39,485</td>
<td>39,718</td>
<td>72,582</td>
<td>69,644</td>
<td>42,991</td>
<td>42,409</td>
</tr>
<tr>
<td>% of population 5 years or older with disabilities</td>
<td>20.20</td>
<td>17.79</td>
<td>20.60</td>
<td>16.22</td>
<td>19.50</td>
<td>16.32</td>
<td>21.00</td>
<td>17.44</td>
<td>20.33</td>
<td>16.94</td>
</tr>
<tr>
<td>% of population 5 years or older With Sensory Disability</td>
<td>4.70</td>
<td>10.18</td>
<td>4.10</td>
<td>6.76</td>
<td>4.80</td>
<td>8.44</td>
<td>5.10</td>
<td>8.50</td>
<td>4.68</td>
<td>8.47</td>
</tr>
<tr>
<td>% of population 5 years or older With Physical Disability</td>
<td>9.50</td>
<td>7.61</td>
<td>10.20</td>
<td>9.47</td>
<td>9.00</td>
<td>7.88</td>
<td>10.80</td>
<td>8.94</td>
<td>9.88</td>
<td>8.47</td>
</tr>
</tbody>
</table>

**Educational Attainment**

The percentage of citizens in the RPO with a high school diploma continued to increase, and according to 2013 estimates, it greatly outpaced the state rate of 37.8%. Figure 6 provides an illustration of this change. However, and as noted in the SAP&DC CEDS report, the state has a much higher population age 25 and older with a Bachelors, Graduate, or Professional degree.

![Figure 6: Educational Attainment for the RPO and the State. ACS 2013 Estimates](image)

**Figure 7** illustrates educational attainment levels for citizens over age 25 in the RPO since 2000. The percentage of citizens with some college or an associate’s degree has increased significantly:
from 12.5% to 21.5% since 2000. This trend potentially demonstrates a marked increase in technical training in the region over the past decade.

An educated workforce generally means better job opportunities, which may be reflected in the region’s declining unemployment rate. As presented in the SAP&DC CEDS report, the Southern Alleghenies Workforce Investment Area (WIA) annual unemployment rate peaked in 2010 at 9.0%. Since that time, the region’s unemployment rate continued to decline, as shown in Figure 8. As of November 2015, the unemployment rate was back to its pre-recession level of 5.7%. The region’s unemployment rate is, however, higher than the state rate of 4.8%.

It is worth noting that while overall unemployment rates dropped between 2013 and 2014, there was significant regional job loss in the coal and natural gas industries that is not reflected in Figure 8.

**Income**

Median household income in the RPO increased by 26% between 2000 and 2010, from $32,959 to $41,596 (2010 inflation-adjusted dollars), with the increase continuing between 2000 and 2013 by
36.2% (2013 inflation-adjusted dollars). Fulton County has the highest median household income in the RPO at $48,461, with a +/- $1,917 margin of error. Overall, median household income at the state level outpaces the RPO and LDD. Table 4 and Figure 9 demonstrate these changes.

<table>
<thead>
<tr>
<th>Year</th>
<th>Bedford</th>
<th>Fulton</th>
<th>Huntingdon</th>
<th>Somerset</th>
<th>RPO</th>
<th>Pennsylvania</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>$32,731</td>
<td>$34,882</td>
<td>$33,313</td>
<td>$30,911</td>
<td>$32,959</td>
<td>$40,106</td>
</tr>
<tr>
<td>2010</td>
<td>$40,249</td>
<td>$45,240</td>
<td>$41,700</td>
<td>$39,194</td>
<td>$41,596</td>
<td>$50,398</td>
</tr>
<tr>
<td>2013</td>
<td>$43,290</td>
<td>$43,947</td>
<td>$44,183</td>
<td>$43,597</td>
<td>$44,883</td>
<td>$52,548</td>
</tr>
</tbody>
</table>

The U.S. Department of Housing and Urban Development (HUD) sets family income limits for its programs for “low income” and “very low income” households. Low income households are below 80% of area median household income and very low income households are 50% of area median household income. The percentages of both low income and very low income families in the RPO and LDD were greater than that of the state. Income limits in the RPO and LDD in 2013 were essentially the same, as shown in Figure 10.

Poverty and Economic Distress Indicators

Since the 2008 Coordinated Plan was prepared, the poverty level in the RPO increased slightly from 8.6% in 2009 to 8.7% in 2013. During the same time period, the poverty rate at the state increased from 8.3% to 9.2%, while the national poverty level increased from 9.9% to 11.3%. Changes in regional, statewide, and national poverty rates from 2009 to 2013 are shown in Figure 11.

However, the poverty level for families in the RPO headed by females is higher than both the state and the nation. The percentage of households in poverty headed by females exceeds poverty levels for total families in poverty. It also exceeds the poverty level for female headed households in the nation, as shown in Figure 12. The percentage of female headed households in the region is 32.2%, which exceeds the state percentage of 28.9% and the national percentage of 30.6%. Additional
coordination strategies may need to be developed to ensure adequate transportation is available to assist these households.

While households in poverty without a high school diploma at the national and state level were 28.6% and 24.6% respectively, the rate was only 15% in the Southern Alleghenies region. For female headed households without a high school diploma, these rates increased to 48.7% at the national level, 49.8% at the state level, and 30.5% regionally (shown in Figure 13). This trend suggests that education is a driving factor for poverty in female headed households in the RPO.
Supplemental Security Income

Supplemental Security Income (SSI) helps elderly, blind, and disabled citizens who have little or no income and provides cash to meet basic needs for food, clothing, and shelter. Increases in SSI recipients may signal a potential increased demand for public transportation. The number of SSI recipients has increased not only in the RPO counties, but also in LDD counties and the state, shown in Figure 14. The RPO experienced a 21.3% increase in the number of SSI recipients between 2000 and 2013.

![Figure 14: SSI Recipients from 2000 - 2013. US Census 2000 & 2010, ACS 2013 Estimates](image)

SNAP Recipients

The number of participants in the Supplemental Nutrition Assistance Program (SNAP) has increased in the RPO, the LDD, and in Pennsylvania over the past several years. This trend is consistent with national levels as well and although some of the increase can be attributed in part to changes in eligibility standards so that many citizens who would not have qualified in the past are now eligible. Figure 15 demonstrates this yearly increase from 2009 to 2013. Percentage-wise, fewer households received food stamps at the state level than in the RPO or LDD. Increased need for food stamps is an economic distress indicator.

Food Access

Access to food is essential to quality of life for families and a lack of access for low income families is an additional indicator of economic distress. The United States Department of Agriculture (USDA) has assembled data to show areas throughout the country with low income and low access to food by Census tract. Low access is defined by the USDA as being far from a supermarket, supercenter, or large grocery store. A Census tract has low access status if a certain number of individuals in the tract live far from a supermarket. A Census tract is considered low access if there are at least 500 people or 33% of the population within the tract with low access. Bedford, Fulton, and Somerset counties have areas of low income and low access to food, as shown in Figure 16. Strategies may be needed to ensure low income citizens have adequate transportation to buy groceries.

Figure 16: Low Access to Food by Census Tract in the RPO (2013), USDA Food Access Research Atlas

Housing

Owner occupied homes are by far the most common type of housing tenure in the RPO and LDD, as well as in the state. The vacancy rate for the RPO in 2013, shown in Figure 17, was 20%, higher than both the state at 10.9% and the LDD at 14.2%. The vacancy rate in the RPO has increased since 2000, which is illustrated in Figure 18. Increasing vacancy rates puts a stress on the economic well-being of a community by decreasing the amount of local spending generated by a household, potentially declining real estate taxes in the event of an abandoned vacant property, future blight conditions, and a possible decrease in property values in the long term. However, as noted in the 2014 CEDS update, vacant housing units could represent a mix of both year-round and seasonal homes. The number of households in the RPO headed by citizens age 65 or older is increasing.

The number of households in the RPO headed by citizens age 65 or older is increasing.
CEDS update notes a market for seasonal homes for retirees and recreational areas such as Raystown Lake. Figure 18 shows housing vacancy percentages across the RPO, LDD, and Pennsylvania.

The number of households headed by citizens age 65 or older is steadily increasing in the RPO from 28.0% in 2000 to 29.9% in 2013, shown in Figure 19. These percentages are consistent with the aging population in the RPO. Addressing this trend requires developing public transportation solutions to meet the changing mobility needs of older residents.

The median household income for citizens in the RPO age 65 or older is $28,537, which is 36% less than median household income for total households in the region. A greater percentage of households headed by citizens age 65 or older tend to have household incomes that are on the lower income scale as compared to all households in the RPO, shown in Figure 20. Similarly, there are fewer senior headed households whose household incomes are on the higher income scale. Decreased income levels for senior citizens means less disposable income may be available for transportation.
As the region continues to age, the demand for housing will change over time, as will the corresponding need for varied transportation services. Figure 21 shows that in 2000, over 50% of households in the RPO were headed by people in their mid-20s to mid-40s. In 2013, more than 50% were headed by citizens age 55 or older. Over the next 10 years, public transportation strategies will need to consider the region’s aging population.

Figure 21: Housing Demand by Age Cohort in the RPO, US Census Bureau 2000 & 2010, ACS 2013 Estimates
Workplace Commuting

In August 2015, a Commuting Patterns Report was prepared for Southern Alleghenies Workforce Development Board to analyze the flow of workers between where they live and where they work. Non-commuters live and work in the same county, an out-commuter travels outside of their county to work, and an in-commuter travels to another county for work. According to data included in the report, more workers are leaving each of counties in the RPO for employment. An infographic of detailed commuter inflows and outflows can be found in Appendix C: CEDS Report – Commuting to Work.

<table>
<thead>
<tr>
<th>County</th>
<th>Non-Commuters</th>
<th>In-Commuters</th>
<th>Out-Commuters</th>
<th>Net Flow</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bedford</td>
<td>8,200</td>
<td>6,000</td>
<td>10,600</td>
<td>-4,600</td>
</tr>
<tr>
<td>Fulton</td>
<td>1,900</td>
<td>2,800</td>
<td>3,400</td>
<td>-600</td>
</tr>
<tr>
<td>Huntingdon</td>
<td>5,600</td>
<td>5,500</td>
<td>15,400</td>
<td>-9,900</td>
</tr>
<tr>
<td>Somerset</td>
<td>13,200</td>
<td>8,500</td>
<td>17,400</td>
<td>-9,000</td>
</tr>
<tr>
<td>RPO Region</td>
<td>28,900</td>
<td>22,800</td>
<td>46,800</td>
<td>-24,000</td>
</tr>
</tbody>
</table>

Table 5: Commuting Patterns for Counties in the RPO (2011-2013), Southern Alleghenies Workforce Development Board Commuting Patterns (August 2015)

Workers in all age groups are leaving the counties in the RPO for different types of jobs. Knowing the number of workers leaving by age, what these workers are earning, and what types of jobs they are leaving for could be helpful for the region to begin to develop strategies to retain residents for work, i.e. convert out-commuters to non-commuters. As noted in the Commuting Patterns Report, some commuters could be travelling outside of their home county with no connection to type of job or skill set. Shown in Table 6, there are a significant number of workers aged 30 to 54 leaving Bedford, Huntingdon, and Somerset counties for work for many types of jobs. Targeted business attraction strategies combined with workforce training could help reverse the trend of out-commuting which could in turn help citizens reduce their transportation cost by decreasing the amount of time they travel to work.

<table>
<thead>
<tr>
<th></th>
<th>Bedford</th>
<th>Fulton</th>
<th>Huntingdon</th>
<th>Somerset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>8,200</td>
<td>-4,600</td>
<td>5,600</td>
<td>13,200</td>
</tr>
<tr>
<td>Aged 29 or</td>
<td>1,600</td>
<td>-700</td>
<td>1,000</td>
<td>2,500</td>
</tr>
<tr>
<td>Aged 30 to 54</td>
<td>4,500</td>
<td>-2,900</td>
<td>3,100</td>
<td>7,300</td>
</tr>
<tr>
<td>Aged 55 or older</td>
<td>2,100</td>
<td>-1,000</td>
<td>1,500</td>
<td>3,400</td>
</tr>
<tr>
<td>Earning $1,250 per month or less</td>
<td>2,300</td>
<td>-500</td>
<td>400</td>
<td>1,500</td>
</tr>
<tr>
<td>Earning $1,251 to $3,333 per month</td>
<td>3,800</td>
<td>-2,200</td>
<td>700</td>
<td>2,400</td>
</tr>
<tr>
<td>Earning More than $3,333 per month</td>
<td>2,100</td>
<td>-1,900</td>
<td>800</td>
<td>1,800</td>
</tr>
<tr>
<td>&quot;Goods Producing&quot; Industry Class</td>
<td>2,000</td>
<td>-1,300</td>
<td>900</td>
<td>1,300</td>
</tr>
</tbody>
</table>
While there is a net out flow of residents from the RPO who drive to work, the number of workers who drive to work alone is rising. Over 80% of workers age 16 or older who live in the RPO drove to work alone. This number increased by over 8% since 1990, while carpooling decreased by nearly 6%. Table 7 reflects this change. Given that the RPO serves a rural region with residences and businesses widely dispersed and public transportation services are not readily available, the percentage of workers who use public transportation to get to and from work is small. It has been slowly decreasing since 1990, from 0.24% to an estimated 0.15% in 2013.

Table 7 also shows the percentage of workers in the RPO taking public transportation to work is very low and reflects the rural nature of the region. A total of 0.2% of workers age 16 or older take public transportation. This number has been constant since 2000. Both LDD and statewide public transportation rates have increased slightly and are currently 0.5% and 5.4%, respectively. Table 8 provides an overview of means of traveling to work in the RPO region, the LDD region, and across the state.

<table>
<thead>
<tr>
<th></th>
<th>1990</th>
<th>2000</th>
<th>2010</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drove alone to</td>
<td>71.9%</td>
<td>77.9%</td>
<td>78.7%</td>
<td>80.4%</td>
</tr>
<tr>
<td>work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carpoled to work</td>
<td>16.6%</td>
<td>13.3%</td>
<td>11.6%</td>
<td>10.7%</td>
</tr>
<tr>
<td>Took public transportation to work</td>
<td>0.2%</td>
<td>0.2%</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Worked at home</td>
<td>4.9%</td>
<td>4.3%</td>
<td>4.2%</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

Table 7: Means of Traveling to Work for Workers Age 16 or Older in the RPO; U.S. Census Bureau 1990, 2000, & 2010, ACS 2013 Estimates

While the percentage of workers carpooling has decreased, it is currently greater than both the state (8.9%) and the LDD (9.8%). Since homes and businesses are dispersed throughout the RPO, this carpooling statistic is to be expected. The increased use of carpooling strategies could be explored as part of the Coordinated Plan.

<table>
<thead>
<tr>
<th></th>
<th>RPO</th>
<th>LDD</th>
<th>Pennsylvania</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drove alone to</td>
<td>80.4%</td>
<td>81.7%</td>
<td>76.7%</td>
</tr>
<tr>
<td>work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carpoled to work</td>
<td>10.7%</td>
<td>9.8%</td>
<td>8.9%</td>
</tr>
<tr>
<td>Took public transportation to work</td>
<td>0.2%</td>
<td>0.5%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Worked at home</td>
<td>2.2%</td>
<td>2.5%</td>
<td>3.8%</td>
</tr>
</tbody>
</table>

Table 8: Means of Traveling to Work for Workers Age 16 or Older in the RPO, LDD, and State; ACS 2013 Estimates
Available Vehicles

A small percentage of workers in the RPO (2%) had no access to a vehicle in 2013. While this percentage is smaller than the state, there are still an estimated 1,578 workers in the region without access to a vehicle. Conversely, 45.4% of workers in the RPO have access to 3 or more vehicles, much higher than the state rate of 31%, shown in Figure 22.

Travel Time to Work

The mean travel time to work in the RPO increased marginally between 2000 and 2013. It is longer than both the LDD and the state, which is expected due to the geographic dispersion of land uses throughout the region. Refer to Figure 23.
Major Destinations in the Southern Alleghenies

Individuals with specialized transportation needs live in every RPO county. It is important to have viable options in place so they can reliably get where they need to go. Specific travel destinations may include work, school, medical appointments, recreational activities, personal errands, and more. Given the varied reasons people travel, it is not feasible to identify every trip or destination. For the purposes of this Coordinated Plan, only major destinations are considered. These include senior centers, medical facilities, employment or training centers, community centers, and shopping centers.

Seniors, Persons with Disabilities, and Low-Income Care Facilities

Special healthcare, daycare, and housing facilities are available to assist seniors, persons with disabilities, and low-income individuals in meeting their basic needs. While hospitals are more centrally located in the boroughs of Huntingdon, McConnellsburg, Somerset, and Windber, other specialized facilities can be found in remote areas of the region. Figure 24 illustrates where care facilities are located in the Southern Alleghenies RPO counties.

Figure 24: Care Facilities for Seniors, Persons with Disabilities, and Low-Income Individuals, SAP&DC 2016
Workforce Development, Education, and Training Facilities

Transit-dependent populations, specifically persons with disabilities and low-income individuals, can face many barriers to employment, both during the job seeking process and once employment is secured. Safe and reliable transportation options can reduce these barriers and ensure improved access to employment. Figure 25 shows the location of workforce development, education, and training facilities throughout the Southern Alleghenies region.

![Figure 25: Workforce Development, Education, and Training Facilities. SAP&DC 2016.](image)
Human Service Agencies

Human service agencies are tasked with improving the quality of life within the community they serve. Figure 26 lists human service agencies by county and shows the clustering of services within each county seat.

**Bedford**
- Alleghenies United Cerebral Palsy
- Allegheny Lutheran Social Ministries
- Alternative Community Resource Program, Inc.
- Area Agency on Aging
- Bedford-Somerset
- MH/MR
- Bedford County Assistance Office
- Bedford County Housing Authority
- Center for Community Action
- Northwestern Human Services, Laurel Springs Center
- South Central Blind Association
- State Health Center - Bedford County
- Universal Community Behavioral Health

**Fulton**
- Center for Community Action
- Fulton County Assistance Office
- Fulton County Partnership
- Fulton County Services for Children
- Area Agency on Aging
- Tri-State Community Health Center

**Huntingdon**
- Center for Community Action
- Area Agency on Aging
- Huntingdon County Assistance Office

**Somerset**
- Bedford-Somerset MH/MR
- Community Action
- Partnership for Somerset County - Tableland Services
- Somerset County Area Agency on Aging
- Somerset County Assistance Office
- Somerset County Blind Center

*Figure 26: Human Service Agencies in the Southern Alleghenies, SAP&DC 2016*
Transportation Needs and Gaps Assessment

Federal legislation mandates that the Coordinated Plan identify needs and gaps in the existing regional transportation system for senior citizens and individuals with disabilities. The following sections outline needs and gaps that were determined through geospatial and demographic analysis, as well as through outreach to local transportation users and the human service agencies who serve them. Findings from this section were used to inform the creation of coordination strategies that will guide transportation and human service providers in overcoming these gaps.

Transportation Needs

Transportation needs vary from person to person. At a minimum, all residents of the Southern Alleghenies region need to be able to have their basic needs met without an undue cost or time burden. However, individual transportation needs are influenced by a variety of factors, including home and workplace locations, family obligations, and medical appointments. Through outreach meetings with human service agencies, transportation providers, and transportation users, the following transportation needs were identified for transit-dependent populations in the Southern Alleghenies region:

- Reliable transportation outside of peak hours (e.g. evening and weekend)
- Affordable transportation options, for both users and human services agencies
- Up-to-date, easily available information on transportation resources
- Reasonable travel times, including time spent waiting for transportation, time on the vehicle, and time waiting for a return trip
- Access to destinations in nearby metro regions (e.g. Pittsburgh, Johnstown, and Harrisburg)
- Access to destinations in nearby states (e.g. Maryland and West Virginia)
- Convenient trip planning and scheduling
- Safe, secure, and comfortable transportation services

Transportation Barriers and Gaps

A significant portion of the Coordinated Plan update included identifying transportation barriers and gaps throughout the region. Through outreach meetings in each RPO county and targeted survey efforts, transportation gaps in the Southern Alleghenies can be categorized into one of the following seven categories:

1. Education, Information, and Communication
2. Reliable Transportation Access to Jobs and Training for Low-Income Individuals
3. Access to Areas Outside of Local Destinations
4. Service Availability and Cost
5. Funding Program Rules and Regulations
6. Non-Medical Trips
7. Service Quality

This section explains each transportation gap in detail and provides specific examples of where and how these gaps are occurring.

Education, Information, and Communication

For many individuals, understanding how to access and use transportation options can be a difficult task. Education, information, and communication gaps occur when individuals and human service
agencies are not fully aware of available service options. Based on input from 35 different human
services agencies, specific education, information, and knowledge gaps include:

- Many human service agencies are not aware of all transportation options available to their
  clients.
- Individuals with specialized transportation needs are not always aware of the options
  available to them.
- There is no central entity for human services and transportation resources; according to
  survey responses, word-of-mouth was the most common means of gathering information
  about transportation services.
- Agencies and individuals may know of certain transportation options, but could be unaware
  of program restrictions (e.g. age, disability status, etc.)
- For seniors in Somerset County who use the CamTran fixed route service, bus service can be
  confusing.
- Some individuals want to learn how to drive but they do not have the resources to accomplish
  it (e.g. no car to practice, no instructor to teach).
- Access to transportation is not a component for case managers needs assessments.
- Sidewalks are not always properly maintained (e.g. snow or debris has not been removed,
  sidewalk surface is cracked and uneven, etc.) and may be an obstacle for a senior or person
  with a disability. Agencies and individuals often cited this as a physical barrier to completing
  trips within the more walkable boroughs, but often did not know who is responsible for
  infrastructure maintenance.

**Reliable Transportation Access to Jobs and Training for Young Low-Income Individuals**

A common theme brought to the forefront by human service agencies was how difficult it can be for
low-income individuals to access employment and training opportunities, especially if they do not
have access to an automobile. Transportation programs and services targeting low-income
populations are not as abundant as those used to accommodate seniors and persons with disabilities.
Common themes related to this barrier include:

- For young, low-income individuals with children, many existing transportation services do
  not have car seats available.
- Some services only allow children to ride for free or at a reduced rate if the child is the client.
- There is a lack of childcare services for low-income parents who wish to maintain their
  current employment or find new opportunities.
- Employment opportunities in the region are dispersed and more limited.
- In some cases, it can be easier for a human service agency to provide aid to someone who is
  unemployed.
- Mileage reimbursement programs require an expenditure first and some low-income
  individuals do not have the money to begin with.
- Single parents are finding it almost impossible to get their children to day care and to their
  place of employment.

**Access to Areas outside of Local Destinations**

It is not cost-efficient to operate transit services across a large region with low population density.
For individuals with special transportation needs, these geographic gaps can be disruptive to daily
life. The rural, mountainous nature of the Southern Alleghenies region was a common theme
identified in each RPO county. Specific issues of access to and from rural communities include:
• Crossing the mountains poses a geographic barrier for transportation, in terms of wear-and-tear on vehicles and safety to passengers.

• Accessing resources outside of the local territory is difficult. For example, it is easiest to make trips to the county seat, more difficult to make trips within the county, and most difficult to make trips outside of the county.

• General lack of public transit has always been an issue in the region.

• Most human services and transportation agencies are centrally located in one of the county seats; there is a lack of satellite offices for these agencies.

• Transportation services are only available a couple of days each week for some rural areas (e.g. Confluence Borough in Somerset County)

In addition to traveling within the region, the topic of making trips outside of the region was frequently mentioned as a significant barrier. The purpose of longer trips outside of the Southern Alleghenies varied greatly, but the underlying sentiment was certain destinations simply are not available regionally. Examples of these accessibility barriers include:

• Specialized healthcare services are mostly available in larger cities (e.g. Pittsburgh, Philadelphia, Harrisburg, State College, etc.)

• There is no intercity bus service (e.g. Greyhound or Megabus) to connect the RPO counties with the rest of the state. Even if intercity bus services did exist, there is not adequate transit service from rural areas to major activity centers, specifically the larger boroughs.

• Cities and towns in Maryland and West Virginia are often just as close as those in Pennsylvania, but program restrictions do not allow for trips outside of the state.

**Service Availability and Cost**

Whether public transportation is provided via fixed route bus, shared-ride van, or automobile, service operations are costly, which is why all public transportation trips are subsidized to some degree. Additionally, many seniors, persons with disabilities, and low-income individuals are living on irregular or fixed incomes. The cost of transportation services, even if heavily subsidized, can still be prohibitive to daily life. For human service agencies and other transportation providers, the cost of providing service can cause a decrease in service availability. During outreach meetings, the following issues were presented as being especially problematic:

• Urgent care and same day trips are difficult with shared-ride agencies requiring scheduling to occur one day in advance.

• Agencies hours of service are limited, which leads to scheduling challenges for clients. Many transit users noted that medical providers end their day at 4 p.m., which makes afternoon appointments difficult.

• Weekend transportation services are limited or non-existent.

• Many agencies have to rely on volunteers to provide transportation.

• Healthcare insurance providers tend to dictate where an individual can receive care; the closest doctor may not be an option for an individual because their insurance is not accepted at that location.

• The MATP service has an income limit and if a person’s income is above that limit, they cannot get subsidized trips outside of the region.

• Taxi service is available, but expensive.

• Some shared-ride services are too expensive to take regularly because there is a charge per stop.
- Drug and alcohol trips (e.g. Methadone clinics, drug counseling) are difficult to make as some may not eligible for shared-ride services.
- Some government programs, such as Temporary Assistance for Needy Families (TANF), require participants to be in attendance at certain programs to receive benefits and it can be a challenge for individuals who cannot drive.
- There is limited space on the shared-ride vans and if a person wants to combine trips (e.g. go shopping after a doctor’s appointment), he/she might have to wait.
- Fixed route transit service only exists in Somerset County and is very limited.
- Car insurance is often too high for most veteran organizations to create their own transit service.
- In talking with individuals from the Veteran Community Initiative (VCI) and the Veterans Leadership Program (VLP), lack of reliable transportation is the number one issue veteran's face while searching for employment or pursuing educational options.

**Funding Program Rules and Regulations**

SAP&DC heard from many stakeholders that the rules and regulations associated with human service programs provided little to no flexibility in terms of how their clientele’s needs could be met. This issue is cross-cutting and is included in nearly every other barrier to transportation. Specific issues include:

- One-day advance reservation for the shared-ride program is a barrier to many, especially for last-minute appointments or follow-on tasks like stopping at a pharmacy to pick up a prescription after an appointment.
- MATP service as a “service-of-last-resort” means passengers over the age of 65 have different service than those under 65.
- Requirements of each destination being one “trip” reduces incentive to make multiple stops during one-trip.

**Transportation for Non-Medical Trips**

In addition to problems causes by program rules and regulations, transportation users frequently indicated they had difficulty making non-medical trips. While access to quality healthcare is a key component in improving quality of life, there are other factors to consider, such as gainful employment, community involvement, and access to nutritious food that are falling through the cracks.

**Transportation Service Quality**

Users of transportation services often cited service quality could be improved.

- Some shared-ride vans are not comfortable for long-distance trips (e.g. heating and cooling is not consistent).
- Many shared-ride clients said they had to wait a long time for return trip services.
- Shared-ride drivers are not always courteous and friendly.
- It is difficult to use the shared-ride vans when the wheel chair ramps are out of order.
Forecasts from the Southern Alleghenies Comprehensive Economic Development Strategy (CEDS) show a total population decrease of 34,000 persons between 2000 and 2020. The report notes that the greatest loss in population will occur among younger residents, specifically those under the age of 34, and as a result there will not be new household formation in the region to replace the growing older population. As seniors begin to represent the age cohort with the largest proportion of individuals requiring unique transportation needs, this will likely result in greater demand for specialized transportation services. To ensure that the regional transportation network is able to meet the needs of the most transit-dependent populations, organizations and agencies will need to continue coordinating their efforts to effectively deliver services. This section will outline the region’s approach to moving forward with coordinated transportation planning in the Southern Alleghenies region.

**SAP&DC’s Role in Coordinated Transportation Planning**

SAP&DC is responsible for developing and updating the Coordinated Plan. With this role, SAP&DC must convene a dedicated group of transportation and human service agencies for discussing special needs mobility issues. The process is an ongoing effort that is maintained and facilitated by SAP&DC, with implementation strategies carried out through collaboration and resource sharing of the region’s transportation providers, human service agencies, elected officials, and users of human services. The Coordinated Plan is a living document that can be used to identify potential projects that help overcome barriers to coordinated transportation.

**A Vision for Coordinated Transportation Services in the Southern Alleghenies**

A critical component of the 2016 Coordinated Plan was the development of a vision statement to guide the update of the plan and future coordination efforts. The steering committee was responsible for the formation of a vision statement and endorsed the following:

A coordinated regional network of transportation services and facilities that continuously works to strengthen transportation access for all residents in the Southern Alleghenies region. The Region strives to accomplish this by:

- Providing a coordinated voice for regional transportation issues
- Educating the public and elected officials on coordinated transportation efforts
- Identifying regional best practices for service coordination
- Working with 211 services to improve available information on transportation services
- Identifying gaps to universally available transportation
- Developing multimodal strategies that include active transportation options
Strategies and Best Practices

Gaps in transportation networks must be overcome for coordinated transportation to become a reality in the Southern Alleghenies. Through the identification of major gaps and their associated transportation issues, it became evident that many groups and individuals are actively working to improve transportation for seniors, persons with disabilities, and low-income individuals. However, these activities are taking place in such a way that focuses on specific groups or localities with little direction or coordination at the regional level. As a result, the steering committee sought to develop the Coordinated Plan such that it was actionable and set a direction for future improvements. This direction calls for a definition of each identified transportation gap, the specific transportation issues that characterize the gap, and potential solutions and best practices that could eliminate the specified gap to coordinated transportation.
### Education, Information, and Communication

*A lack of information about available transportation options and their service requirements can hinder an individual’s ability to travel to critical life services.*

<table>
<thead>
<tr>
<th>Issues</th>
<th>Potential Solutions</th>
</tr>
</thead>
</table>
| Human service agencies may not be aware of transportation options available to clients. | • Develop an overview (“cheat sheet”) of existing services and a flow chart for eligibility  
• Convene stakeholders on a quarterly basis  
• Distribution list of human service agencies  
• Comprehensive, central resource for service information |
| Individuals with transportation needs may not be aware of options available to them. | • Brochures/marketing/wallet card  
• Service provider educational programs  
• Contact information displayed prominently on all public transportation vehicles |
| Program regulations and requirements are confusing and not well understood by the general public. | • One page overview for the general public and a flow chart to determine transportation program eligibility |
| Resources for adults who want to learn to how drive may not readily available. | • Engage a volunteer network to teach driving skills and lend vehicles  
• Identify private companies that may be able to provide services at a subsidized or reduced cost |
| There is a general lack of understanding of the inherent connection between transportation and human services. | • Add transportation to community health needs assessments  
• Transportation provider participation in human services council meetings  
• Regular interaction between county assistance offices and transportation providers |

### Ideas for Implementation and Best Practices:

- Best practices seminar coordinated by SAP&DC
- FindMyRidePA is currently being implemented as a one-call one-click transportation information and scheduling resource
- Area Agency on Aging 1-B in Southeast Michigan has a Mobility Outreach Program that seeks to educate and engage seniors and adults with disabilities on transportation policy decision making and coordinate involvement in the transportation planning process
### Reliable Transportation Access to Jobs and Training for Young Low-Income Individuals

Without a personal automobile, it is difficult to find reliable and affordable transportation options. Program policies and regulations limit agencies’ ability to meet the needs of young low-income job seekers and the newly employed.

<table>
<thead>
<tr>
<th>Issues</th>
<th>Potential Solutions</th>
</tr>
</thead>
</table>
| Transportation for newly employed or those in job training programs is difficult if they are not eligible for services due to age or familial status. | • Identify agencies that have available transportation resources and connect with agencies support these groups  
• Develop programs to subsidize traditional transportation for a set period of time (mileage reimbursement, car purchase/rehabilitation program)  
• Work with employers to focus employees without cars on one shift |
| Program rules for individuals with children vary widely. In many cases children cannot be transported with their parents, creating a significant barrier for single parents. | • Educate clients on what services work for their family needs  
• Educate human service agencies on the needs of families (especially single parent households) and encourage programs to ease access to services  
• Assemble volunteer resources to provide transportation to fill this gap  
• Partner with local day cares, pre-schools, and primary schools to help solve the problem |
| Young low-income individuals are not eligible for most transportation programs, particularly if they are non-medical in nature. | • Change program regulations to allow for a lower fare for qualified young low-income persons to get out of poverty  
• Utilize funds to focus on measurably improving transportation for this group |
| Car seat availability in existing transportation services for low-income individuals with children is sparse. | • Evaluate the potential for a car seat pilot program to expand access  
• Educate transportation providers on the need for car seat utilization in vehicles |

### Ideas for Implementation and Best Practices:
- Heartland Community Action Agency, Inc. in Minnesota developed a transportation donation initiative to provide resources to low-income job seekers. Donations included (but were not limited to):
  - Vehicles
  - Vehicle repair shop services
  - Free garage space to store vehicles
  - Free advertising space for donated vehicles
  - Free car washes
  - Reduced-price gas
### Access to Areas Outside of Local Destinations

*Rural areas with low population density are not easily served by public transportation and critical destinations span wide distances.*

<table>
<thead>
<tr>
<th>Issues</th>
<th>Potential Solutions</th>
</tr>
</thead>
</table>
| Services are condensed within more urban areas within each county with little options outside of the county seat. | • Implement shared satellite facilities to bring services closer to the clients (bring services to clients, not clients to services)  
• Encourage affordable housing options near county seats to minimize distances between clients and services |
| Specialized medical services are mainly available in metropolitan areas outside of the immediate Southern Alleghenies region (Harrisburg/Hershey, Pittsburgh, Baltimore) | • Work with medical providers to schedules appointments for a given region on the same day/time  
• Identify resources to encourage services to be provided locally  
• Identify programs and service providers that are more efficient in providing out of county trips |
| Travel outside the state is complicated for those who live in the southern portion of the service area where it is closer to cross state lines. | • Make case to government representatives about program restrictions and rural geography  
• Document the cost to benefit ratio of using an instate provider at a further distance or an out-of-state provider that is closer. |
| Lack of intercity bus service connection the Southern Alleghenies region with the rest of the state. | • Develop a regional marketing proposal to attract new service, likely through a tourism bureau  
• Develop revenue guarantee fund for potential intercity bus service providers |
| Connections to Altoona and Johnstown are the most common yet are difficult to make. | • Create a fixed route/shared-ride “hub”. For example, build a parking lot for connecting shared-ride to fixed route service near county borders.  
• Utilize group trips through the shared-ride programs to encourage more efficient utilization of resources |

**Ideas for Implementation and Best Practices:**

- Independent Transportation Network (ITN America) – volunteers drive and bank miles as a commodity.
- Fulton County Family Partnership (FCFP) utilizes various funding sources to provide out-of-state medical trips.
### Service Availability and Cost

*Transportation services are costly to provide and dependence on public subsidies for operations impacts the quantity, quality, and affordability of the services that exist.*

<table>
<thead>
<tr>
<th>Issues</th>
<th>Potential Solutions</th>
</tr>
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</table>
| Existing service hours and days of service are limited (8 a.m. – 4 p.m. weekdays with no weekend service) | • Establish new partnerships to expand services and funding  
• Utilize pilot programs to test expansion. For example, begin by expanding service once a week for evening hours. |
| Existing transportation systems limit service in rural areas to a couple of days per week. | • Increase availability of service information (provide brochures) and educate about existing services  
• Implement satellite offices for human service agencies – identify pilot project funding  
• Utilize special group trips to meet demand outside of advertised service |
| Urgent same day trips are difficult to make and are expensive.          | • Identify an agency that can provide an “emergency vehicle” to meet demand  
• Explore “premium” same-day trips where users pay extra  
• Educate medical providers on limitations of funding programs |
| There is disconnect between health insurance companies’ eligible medical providers and service areas for transportation. | • Work with clients to educate insurance providers on transportation eligibility limitations  
• Work with local medical providers to expand health insurance acceptance where high-volume trips occur |
| There is a lack of fixed route transit service and connections to existing fixed route transit service. | • Establishing new partnerships to expand transportation options  
• Utilize transfers to CamTran or Amtran where possible to reduce burden on shared-ride for out of county trips |

**Ideas for Implementation and Best Practices:**

- Center for Community Action has dedicated funding for CART non-medical trips to serve clients that don’t meet general shared-ride or MATP eligibility.
- DARTS, a non-profit agency operator based in Dakota County, Minnesota, established a Vehicle Maintenance Service subsidiary that maintains vehicles for 90 organizations; this service is available to organizations located throughout the region that operate specialized vehicles and allows participating organizations to decrease their operating costs and improve vehicle safety for riders.
### Funding Program Rules and Regulations

*Programs exist to provide transportation, however the rules and regulations often inhibit true mobility, especially for those on fixed incomes.*

<table>
<thead>
<tr>
<th>Issues</th>
<th>Potential Solutions</th>
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<tbody>
<tr>
<td>Linking destinations within one trip is the same as completing separate trips as riders are charged “per stop”. This creates problems for those on fixed incomes and limits efficiency of the service by inducing unnecessary trips.</td>
<td>• Work with program regulators to identify ways to encourage efficient “linked-trips” rather than multiple one-way trips.</td>
</tr>
</tbody>
</table>
| Those utilizing MATP service under the age 65 have more flexibility and better service than those over the age of 65. | • Encourage providers to work together to provide similar levels of service  
• Utilize contracting to provide service through the same MATP provider regardless of age |
| Requirement for prior day reservation poses a problem for those that require urgent/emergency trips. | • Create one “on call” driver/vehicle to handle urgent trips (would need to identify source of funding – HSDF as an example)  
• Enter into an interagency agreement with County Assistance Offices for job readiness transports for job interviews and other same-day needs. |
| No-shows and late cancellations are expensive and taxing on a transportation provider. | • Provide more education with clients regarding cancellations  
• Enforce cancellation and no-show policy  
• Develop a program to call before arriving to verify trip will be completed (preferably through technology) |

### Ideas for Implementation and Best Practices:

- Upcoming PennDOT shared ride pilot programs charged with providing the same service with streamlined rules and regulations.
- The Southwestern Pennsylvania Commission (SPC) administers a special program, the *Alliance for Transportation Working in Communities (ATWIC)*, that meets regularly to identify transportation issues, perform regional advocacy on human services transportation, and implements projects to improve transportation
## Transportation for Non-Medical Trips

*While medical trips are prioritized through multiple funding programs, transportation for employment, shopping, food access, and leisure activities is frequently lacking.*

<table>
<thead>
<tr>
<th>Issues</th>
<th>Potential Solutions</th>
</tr>
</thead>
</table>
| Leisure and socialization trips, especially for senior citizens, are the lowest priority and may not be able to be taken by many. | • Develop a volunteer network of drivers for “fun” trips.  
• Educate shared-ride providers on regulations regarding group trips and encourage their use  
• Piggy-back on existing trips being taken by outside groups (i.e. retirement communities) |
| Transportation access to food (grocery stores, food baskets/pantries) is challenging. | • Develop a designated “food day” for trips to encourage efficiency and develop critical mass  
• Utilize existing transportation to transport food stuffs to designated pick-up points throughout the county |
| Some volunteer programs exist but are not well known and for many transportation is not within the purview of the program. | • Include best practices at human service agency meetings to increase awareness  
• Develop a legal framework to encourage volunteer transportation networks (i.e. liability waivers, insurance requirements) |

### Ideas for Implementation and Best Practices:

- Love, Inc (Bedford County) provides free use of two ADA accessible vans for personal use on a first-come first-served basis.
- Independent Transportation Network (ITN America) – volunteers drive and bank miles as a commodity.
- Ride Connections in Portland, Oregon is a private, non-profit organization that was created to meet the needs of seniors and persons with disabilities by coordinating transportation services provided by local social service agencies and volunteers through a variety of services, including:
  - **Ride Together Mileage Reimbursement** – riders are able to recruit their own drivers who are reimbursed through the program
  - **Shared Vehicle Program** – program was implemented in order to use shared ride vehicles to their full potential: the program offers vehicles to individuals, agencies, or groups when they are not in use, particularly on the weekends.
  - **Veterans Helping Veterans Program** – program targets veterans and their families that are in need of transportation by recruiting volunteer drivers who are also veterans.
## Transportation Service Quality

*Transportation services that do exist may not provide high quality service for a variety of reasons (cost to upgrade equipment, distance between home and destination, etc.).*

<table>
<thead>
<tr>
<th>Issues</th>
<th>Potential Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared-ride vehicles are uncomfortable for long distance trips (heating and cooling, seats)</td>
<td>- Investigate flexible vehicle options for passengers with long trips</td>
</tr>
<tr>
<td>Long wait times for return trips.</td>
<td>- Increase rider education on program procedures and anticipate wait times</td>
</tr>
<tr>
<td></td>
<td>- Increase coordination with medical offices and/or other providers and dispatchers to minimize wait times</td>
</tr>
<tr>
<td></td>
<td>- Develop program to alert riders of estimated pick-up times.</td>
</tr>
<tr>
<td>There is no advance notice of pick-up (i.e. 15-minute call ahead). If a client must find another transportation source due to late public transportation, a no-show is counted.</td>
<td>- Ensure pick-up times are provided correctly to client</td>
</tr>
<tr>
<td></td>
<td>- Investigate utilizing a program to provide advance notice of pick-up to assist riders and to provide for more efficient pick-up.</td>
</tr>
<tr>
<td></td>
<td>- Measure progress with available data</td>
</tr>
</tbody>
</table>

### Best Practices:
- Many agencies throughout Pennsylvania utilize Interactive Voice Response (IVR) technology to automatically call 15 minutes prior to pick-up time.
- Online scheduling software, such as the statewide paratransit scheduling software ECOLANE, allows for more efficient schedule and easier reservations for clients.
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Implementing the Coordinated Plan

Through the identification of transportation issues, the Southern Alleghenies Public Transit-Human Services Coordinated Transportation Plan establishes areas in which improvements may be made to improve the level of coordinated transportation in the Southern Alleghenies region. The issues are broadly defined to allow for flexibility in implementation as new technologies and better ways of doing business surface.

On the following pages, each transportation gap is presented alongside potential action items that were the product of discussions with the steering committee and survey responses from the general public. Each action item is assigned a timeframe for implementation based on the level of coordination and available resources required to complete the action. Goals are set for each action item by including a “Measure” of performance and the “Benchmark” of success in achieving the action. Finally, each action is delegated to an “Owner” who is responsible for championing the effort.

The matrix has been completed up to the point of identifying an action owner and is only to be used as a starting point for future regional efforts. The matrix should be reviewed with regional stakeholders to confirm that the direction and action items align with regional priorities and should be updated on a regular basis.
<table>
<thead>
<tr>
<th>Transportation Gap</th>
<th>Action Item</th>
<th>Timeframe for Implementation</th>
<th>Performance Tracking</th>
<th>Action Item Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Create a regionally inclusive transportation partnership, composed of stakeholders from partnering agencies and senior or disabled clientele. (Start with project steering committee)</td>
<td>Short</td>
<td>Meetings of a regional inclusive transportation partnership</td>
<td>Quarterly meetings</td>
</tr>
<tr>
<td></td>
<td>Develop plan to explain link between Human Services and Transportation and gain broader support and understanding of transportation</td>
<td>Short</td>
<td>Presentations to human services stakeholders</td>
<td>2 per year</td>
</tr>
<tr>
<td></td>
<td>Develop an overview of existing services and flow-chart of eligibility requirements</td>
<td>Short</td>
<td>Distribution of developed materials</td>
<td>Full dissemination through human services councils</td>
</tr>
<tr>
<td></td>
<td>Establish a comprehensive, central resource for service information for the Southern Alleghenies region.</td>
<td>Long</td>
<td>Number of locations needed to determine service information</td>
<td>One</td>
</tr>
<tr>
<td></td>
<td>Develop regional training programs for human service providers with a particular focus on the transportation needs of the agencies and their clients.</td>
<td>Medium</td>
<td>Training programs provided</td>
<td>2 per year</td>
</tr>
<tr>
<td></td>
<td>Provide service information on agency vehicles (e.g. agency contact information prominently displayed on vans, service brochures readily available on vehicles, etc.).</td>
<td>Short</td>
<td>Vehicles with contact information</td>
<td>100%</td>
</tr>
<tr>
<td>Transportation Gap</td>
<td>Action Item</td>
<td>Timeframe for Implementation</td>
<td>Performance Tracking</td>
<td>Action Item Owner</td>
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<td></td>
<td></td>
<td>Short – &lt;1 year</td>
<td>Medium – 2-3 years</td>
<td>Long – 4-5 years</td>
</tr>
<tr>
<td>Education, Information, and Communication</td>
<td>Incorporate transportation into community health needs assessments.</td>
<td>Medium</td>
<td>Number of community health assessments with transportation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Incorporate transportation into existing Human Services Councils in each county as a standing agenda item to identify issues and offer existing or future solutions.</td>
<td>Short</td>
<td>Transportation presentations at human services council meetings.</td>
<td></td>
</tr>
<tr>
<td>Reliable Transportation Access to Jobs and Training for Young Low-Income Individuals</td>
<td>Inventory transportation resource availability to connect with needs.</td>
<td>Medium</td>
<td>Catalog of available capacity</td>
<td>All existing service providers</td>
</tr>
<tr>
<td></td>
<td>Identify potential new grant funding opportunities (e.g. Inclusive Planning Impact Grants, administered by the Community Transportation Association of America (CTAA)) for projects related to job access.</td>
<td>Medium</td>
<td>Example: Number of grant funding opportunities identified and success rate in obtaining</td>
<td>Example: 1 new grant annually</td>
</tr>
<tr>
<td></td>
<td>Identify programs to subsidize transportation for qualified young low-income persons.</td>
<td>Long</td>
<td>Number of programs</td>
<td>1 new program per year</td>
</tr>
<tr>
<td></td>
<td>Investigate car seat pilot program for public transportation.</td>
<td>Medium</td>
<td>Number of pilot programs</td>
<td>1 new pilot program per year</td>
</tr>
<tr>
<td>Access to Areas Outside of Local Destinations</td>
<td>Assess the availability of potential satellite offices for human service agencies in more rural destinations to shorten travel distances.</td>
<td>Short</td>
<td>Completion of assessment</td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td>Implement satellite office structure if deemed feasible.</td>
<td>Long</td>
<td>Number of pilot programs established</td>
<td>1 county</td>
</tr>
<tr>
<td>Transportation Gap</td>
<td>Action Item</td>
<td>Timeframe for Implementation</td>
<td>Performance Tracking</td>
<td>Action Item Owner</td>
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<td></td>
<td></td>
<td>Short – &lt;1 year</td>
<td>Completion of assessment</td>
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<td></td>
<td></td>
<td>Medium – 2-3 years</td>
<td>Completed</td>
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<td>Long – 4-5 years</td>
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<tr>
<td>Access to Areas</td>
<td>Determine the feasibility of a fixed route/shared-ride “hub” – e.g., a</td>
<td>Short</td>
<td></td>
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</tr>
<tr>
<td>Outside of Local</td>
<td>parking lot for connecting shared-rides to fixed route service.</td>
<td></td>
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<td>Destinations</td>
<td></td>
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<tr>
<td></td>
<td>Implement fixed route/shared-ride &quot;hub&quot; if deemed feasible.</td>
<td>Long</td>
<td>Number of hubs</td>
<td>1 hub</td>
</tr>
<tr>
<td></td>
<td>Partner with tourism bureau or other agency on a regional marketing</td>
<td>Long</td>
<td>Number of intercity</td>
<td>1 carrier</td>
</tr>
<tr>
<td></td>
<td>proposal to draw in potential intercity bus service.</td>
<td></td>
<td>bus carriers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identify one-seat ride solution to major out of county areas like Altoona</td>
<td>Long</td>
<td>Number of 1 seat</td>
<td>25% improvement</td>
</tr>
<tr>
<td></td>
<td>and Johnstown (similar to a fixed route).</td>
<td></td>
<td>rides provided</td>
<td>annually</td>
</tr>
<tr>
<td>Service Availability</td>
<td>Investigate and implement a pilot project for expanded service hours</td>
<td>Short</td>
<td>Expanded service</td>
<td>5% expansion</td>
</tr>
<tr>
<td>and Cost</td>
<td>(dependent on service provider).</td>
<td></td>
<td>hours</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Develop creative funding initiatives, such as collaborative purchasing</td>
<td>Medium</td>
<td>Number of funding</td>
<td>1 new per year</td>
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<td></td>
<td>agreements, that pool resources and leverage state and federal funding with</td>
<td></td>
<td>initiatives</td>
<td></td>
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<td></td>
<td>required local match.</td>
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</tbody>
</table>

**Measure**

**Benchmark**
<table>
<thead>
<tr>
<th>Transportation Gap</th>
<th>Action Item</th>
<th>Timeframe for Implementation</th>
<th>Performance Tracking</th>
<th>Action Item Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Short – &lt;1 year</td>
<td>Measure</td>
<td>Benchmark</td>
</tr>
<tr>
<td>Service Availability and Cost</td>
<td>Increase availability of service information.</td>
<td>Short</td>
<td>New locations for service information</td>
<td>25% increase in locations</td>
</tr>
<tr>
<td></td>
<td>Advocate for new funding regulations that increase the ability of individuals to access life-critical resources and economic opportunities.</td>
<td>Short</td>
<td>Number of advocacy efforts</td>
<td>2 per year</td>
</tr>
<tr>
<td></td>
<td>Develop partnerships with private industry, including hospitals, medical providers, and employers, to help reduce service availability and funding gaps that are present in human services transportation.</td>
<td>Short</td>
<td>Active partnerships</td>
<td>1-2 new partnerships per year</td>
</tr>
<tr>
<td>Funding Program Rules and Regulations</td>
<td>Identify local champions in the Southern Alleghenies to serve as the regional voice in statewide human services decision-making and advocate for better human service transportation policies (e.g. remove the requirement that escorts pay for a shared-ride trip).</td>
<td>Short</td>
<td>Identify champions</td>
<td>List of active champions</td>
</tr>
<tr>
<td></td>
<td>Identify list of onerous funding regulations to market to legislators and funding partners</td>
<td>Short</td>
<td>Create list</td>
<td>List created and disseminated to champions</td>
</tr>
<tr>
<td></td>
<td>Identify a solution to same-day trip problem, for example designate an “emergency vehicle” for the sole purpose of providing last minute trips.</td>
<td>Long</td>
<td>Implemented solutions</td>
<td>1 per county</td>
</tr>
<tr>
<td>Transportation Gap</td>
<td>Action Item</td>
<td>Timeframe for Implementation</td>
<td>Performance Tracking</td>
<td>Action Item Owner</td>
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<tr>
<td>Funding Program Rules and Regulations</td>
<td>Conduct a peer exchange on no-show and cancellation policies and develop a regionally similar policy that can be (and is) enforced.</td>
<td>Medium</td>
<td>Peer exchanges conducted</td>
<td>1 per year</td>
</tr>
<tr>
<td>Transportation for Non-Medical Trips</td>
<td>Expand utilization of group trips in the region.</td>
<td>Medium</td>
<td>Increase in group shared-ride trips</td>
<td>10% increase</td>
</tr>
<tr>
<td></td>
<td>Identify action steps necessary to expand access to food, i.e. &quot;food day&quot;.</td>
<td>Medium</td>
<td>Action steps identified</td>
<td>Identification complete</td>
</tr>
<tr>
<td></td>
<td>Develop volunteer network for leisure trips for seniors and other groups as deemed appropriate.</td>
<td>Long</td>
<td>New volunteer programs implemented</td>
<td>1 new regional program</td>
</tr>
<tr>
<td></td>
<td>Identify the legal framework and necessary support to protect vehicle owners and drivers from liability.</td>
<td>Long</td>
<td>Legal framework created and implemented</td>
<td>Framework utilized by one new program</td>
</tr>
<tr>
<td>Transportation Service Quality</td>
<td>Investigate implementing EcoLane for better schedule creation/ease of reservation (statewide paratransit scheduling software).</td>
<td>Short</td>
<td>Ecolane implementation</td>
<td>By the end of 2016</td>
</tr>
<tr>
<td></td>
<td>Educate the public about the definition of shared-ride service and set expectations for ride quality, trip length, etc. for riders to make informed decisions.</td>
<td>Medium</td>
<td>Rider education programs administered</td>
<td>2 per year</td>
</tr>
<tr>
<td></td>
<td>Collaboratively develop regional service standards and share with both customers and end-destinations to establish common expectations.</td>
<td>Medium</td>
<td>Service metrics</td>
<td>1 report per year</td>
</tr>
<tr>
<td></td>
<td>Investigate implementing IVR system</td>
<td>Long</td>
<td>IVR implementation timetable</td>
<td>Timeline in place by end of 2017</td>
</tr>
</tbody>
</table>
Appendix A: Coordinated Plan Outreach Documentation

Public Outreach Meeting Summaries

January 13, 2016: Bedford County Human Services Council

- Number of Agencies Represented: 13
- Number of Individuals Participating: 14

Who provides transportation?

- Raystown Coach – private paid transportation
- Medvan – private paid transportation
- Bedford Taxi – private paid transportation
- CART – Shared-ride public transportation
- Love Inc Wheels Away – Program free use of 2 accessible vans if qualified
- Hospice Care – contracts with private providers
- First Choice Medical – provides mileage reimbursement for patients
- MH/ID – staff vehicles
- UPMC Bedford – Staff assist if necessary, provides bus vouchers where able to
- CYS – Case workers provide transportation, 2 part time transporters (approx. 50% of case workers day is transportation related)
- VA – Disabled American Veterans (DAV) provides volunteer medical and outpatient transportation. Homeless division staff provide transportation with own vehicles when necessary
- Bayada Pediatrics – staff helps out when necessary
- Careerlink – company vehicles is used for transportation when needed
- Your Safe Haven – Staff provides transportation with their own vehicles when needed

What are the issues with Human Services Transportation in Bedford County?

- Non-medical trips are the most difficult to provide and make for clientele. Many medical programs are available but very few programs outside of shared-ride for non-medical trips.
- Follow-up medical appointments (and general travel) to Pittsburgh is very difficult
- Drug and Alcohol Trips (i.e. Methodone Clinics, drug counseling) are difficult to make as many are not eligible for shared-ride services
- Getting to employment services and job training (story about single mother who can’t get to GED classes but needs GED to get job)
- Hours of service are an issue, good span of service but no weekend coverage. Question about what the actual hours of services are for CART (published is wide span but actual scheduling much shorter)
- Raystown doesn’t provide weekend service either
- The cost to provide transportation to clients is prohibitively expensive
- Travel assistants (escorts) are difficult to find for those that need help
- There is a gap in the knowledge of available services and who is eligible for the services
• The timeliness of trips – especially when there are multiple legs, is a barrier. For example, if a person has a dr. appointment at 9 and schedules another for 11, they may not get the next trip in time to make the appointment.
• Generally, transportation to jobs is difficult for those who don’t have cars
• The reliability of personal automobiles (vehicle maintenance) is a big issue, especially for those families who only have one vehicle for multiple people
• Same day non-emergency trips are very difficult (i.e. need to go to hospital after dr. appointment)
• No-shows (CART) are costly and hurt others being able to use the system
• Grocery trips are difficult to make
• Anything outside of the local territory is difficult to make. Like 3 rings, Bedford is easiest, Bedford County is next, outside of Bedford County is the hardest.
• Trips south to Maryland are many times more useful than other places in Bedford County to residents in Southern area, but they are difficult to provide and take in a public transit setting
• No solutions like Uber
January 19, 2016: Cardinal Glen Apartments, Fulton County

- Number of Individuals Participating: 4

**Who provides transportation?**

- Fulton County Family Partnership
- CART
- Using neighbors/friends vehicles

**What are the issues with transportation in Fulton County?**

- Cannot use Fulton Family Partnership because of age restriction
- Will not use CART because of the long period of time spend on the CART vehicle, but issue was resolved with Todd's direct involvement based on the client's specific medical treatment needs.
- Partnership will not provide trip to medical service providers that are outside of the MATP health insurance network.
- Lengthy trips for CART
- Utilize Partnership for medical trips to Harrisburg
- Partnership also provides medical trips to Baltimore and Johnstown too.
- Orthopedic Institute in Camp Hill just closed their McConnellsburg office location requiring trips to Camp Hill.
- Partnership's transportation service hours are limited, which leads to challenges with clients scheduling their appointments.
- CART vehicles are not accommodating for people with disabilities and are not comfortable for long-distance trips.
- CART now runs to Chambersburg 5 days a week.
- More education may be needed pertaining to AAA PwD services. Some consumers are not aware of the eligibility requirements.
- Would use CART if the vehicles were more comfortable and accommodating to PwDs and if they had the assurance that the drivers were reliable, courteous and had a safe driving record. Also, assurance that the cost was reasonable.
- CART could contract with the Partnership to provide transportation to persons 65+.
- Partnership limits trips to only those persons that are needing the service (dependents such as children are not permitted to ride unless the appointment is for the dependent and needs to be accompanied by an adult).
- More than two no show appointments precludes scheduling transportation via the Partnership for the next 3 months, this has created challenges for some who missed trips due to vehicles not reportedly arriving on time.
- Pecks Transportation Services - contracted provider to the Partnership, but transportation services are now limited to 8 AM - 4 PM.
- Partnership will not provide medical transportation services unless the person can confirm the appointment. But certain medical services such as blood work, x-rays, etc. cannot be provided because they are not scheduled appointments.
January 19, 2016: Fulton County Human Services Council

- Number of Agencies Represented: 14
- Number of Individuals Participating: 18

Who provides transportation?

- CART (65+, PwD, 65+ MATP)
- FCFP
  - FC residents
  - MATP client trips (under 65)
    - Travel provided to anywhere per program eligibility
  - Helps to provide services to meet gaps (i.e. job training and placement, employment, child health appointments)
- Peck Transportation Services
  - Direct provider
  - Subcontractor to FCFP
  - Employment training
  - Bedford, Fulton, Huntingdon, etc.
- Franklin-Fulton MH/MD
  - Provider via contract services, e.g. Peck, local MATP, etc.
- Cancer Society links cancer patients with transportation

What are the issues with transportation in Fulton County?

- Lack of transportation to Fulton County Food Basket (approx. 400/month served)
  - Serving all of Fulton county
  - Distance is a challenge
  - Connecting with Senior centers may be key
- Lack of and/or reliance on Volunteers
  - Most travel via family members providing the services
- Urgent care trips/same day trips. General challenge with 24hour advance notice required
- Geographic nature
  - Southern Fulton County’s remote nature
    - Tends to be individualized trips vs. group trips
  - Western part of Fulton county needs to go to Bedford/Altoona
  - Central Fulton tends to need to go to Chambersburg (Franklin Co.)
- Health related trips to Harrisburg region are a challenge, Fulton County Medical Center has a partnership with Pinnacle Health in Harrisburg
- Insurance carriers tend to drive/dictate health care locations, not necessarily the closest facility
- Non-medical trips remain the most difficult to accomplish
  - Day-to-day needs can be provided by CART but at a cost (~$4.50/trip out of pocket)
- FCFP provides family education and other youth services – however transportation for these services are lacking
- Fulton County Medical Center – Training and education services are also limited by transportation
• Food education and nutrition programs are challenged by the lack of transportation services
• Adult employment training programs don’t allow for child care services, creating a challenge for families (including transporting to two different locations)
• Employment opportunities and access to jobs is limited in Fulton County
• McConnellsburg is the only place in Fulton County that you can walk or bike to services
• Local pharmacies in McConnellsburg provide delivery services to county residents – helps to solve the transportation gap
• Crossing the mountains poses a real geographic barrier for transportation (hard on vehicles, poor vehicle maintenance)
• Many cannot afford the costs for transportation
• Knowing the transportation needs and what programs are available is a challenge (both from agencies and for potential consumers)
• Lack of an active 2-1-1 line
• Organized group trips for 65+ need a volunteer driver from a senior center and are free, but volunteers are sometimes hard to find
• Wait times for shared-ride services are long (return trip)
• Service focused transportation vs. need-based
• Shared ride vs. human services transportation
January 19, 2016: McConnellsburg Senior Center, Fulton County

- Number of Individuals Participating: 15

Who provides transportation?

- CART
- Family members
- Blind Association
- Personal vehicle

What are the issues with transportation in Fulton County?

- CART sometimes doesn’t have enough volunteer drivers for the group trips
- CART drivers are courteous and friendly
- CART vehicles should have seatbelts
- Timeliness of return trips of CART, some talked about waiting hours for a pick-up (or were not picked up)
- Medical transportation program has an income limit, if they are part of this program that transportation can get them anywhere, but if they are outside of the income limit they cannot get public transit trips to other areas (i.e. Harrisburg region)
- Many cannot use FCFP services for Medical trips due to age restriction (over 65)
- Most love using FCFP services when available

Where do you want to go that you can’t or have difficulty getting to?

- Out of county trips especially for medical needs:
  - Hagerstown
  - Chambersburg
  - Altoona
  - Shippensburg
  - Hershey Medical Center
  - Harrisburg
  - Baltimore (Johns Hopkins)
- Trips within 4 county region outside of Fulton County
- Leisure trips (like seeing the holiday lights in Altoona)
January 20, 2016: Huntingdon County Human Services Council

- Number of Agencies Represented: 12
- Number of Individuals Participating: 16

Who provides transportation?

- Universal Community Behavioral Health – provides emergency transportation
- Maidens Taxi Service – $3 flat rate, $1.50 per mile, provides service day and night but not on Sundays
- PA Waiver Program – non-medical program that reimburses transportation up to $250 per month
- American Cancer Society – provides transportation for patients getting treatment free of charge
- CareerLink
- Veterans Transportation – Center for Community Action has a trip coordinator that schedules trips for veterans
- Meadows Psychiatric Center – provides transportation to clients to and from hospital
- CART – in addition to seniors and persons with disabilities, CART is available to the general public

What are the issues with Human Services Transportation in Huntingdon County?

- Transportation services are limited in when and where they can go
- If a passenger reaches the destination, he or she may get stranded due to transportation service hours of operation
- One provider only has service Monday, Wednesday, and Friday, which makes it difficult for people who need to see a doctor on Tuesday or Thursday
- Children cannot ride CART for free, unless the doctor’s appointment is for the child
- Agencies don’t always know what is available to clients and how much it will cost them
- Mount Union is a difficult area to serve
- TANF requires participants to be in attendance at certain programs (e.g. a person has to be at a training at a certain date/time/location) and it can be difficult for people who cannot drive
- Anything outside of Huntingdon borough is difficult to serve (e.g. services are in Huntingdon, but people are not)
- Many nurses transport clients voluntarily
- Some people want to learn how to drive but they do not have the resources to accomplish it (e.g. no car to practice on, no person to teach)
- Limited space on CART vans (e.g. if a person wants to combine trips, like doctor’s appointment and shopping, they might have to wait)
- Some people need specialized care and the best options are in Pittsburgh, Philadelphia, Johnstown, Geisinger Danville, or Altoona – not easy trips to make without a car
- Access to transportation is not a component of all needs assessments
- Some case managers cannot bill time for transporting clients
January 20, 2016: Taylor Apartments, Huntingdon County

- Number of Individuals Participating: 11

Who provides transportation?

- CART – mostly used for medical trips; only goes to Lewistown on Mondays and Altoona two days a week
- Walk – Mt. Union is walkable, residents can reach the medical center, Rite Aid, Weis, etc.
- Family member
- Friend at church
- Veteran services in Danville
- Grace Community Church has a van that is used for church functions

What are the issues with Human Services Transportation in Huntingdon County?

- Passengers using CART often had to wait a while for the return trip
- One resident noted that CART once forgot him and he had to have a family member pick him up
- Hours of operation are not ideal – many medical providers want to end their day at 4, which makes later appointments difficult
- One resident said an appointment ran late and CART would not pick him up because it was after hours
- When asked if anybody had to change doctors because of transportation issues, many residents said yes
- There is no intercity bus service (no Greyhound or Megabus)
- Taxis are available, but expensive
- Weather prohibits walking to nearby destinations – some residents do not shovel their sidewalks and it makes them unsafe
- Parking at the apartment building is bad – drivers have to pick up residents in front of the building
- General agreement that CART vehicles are safe
- Residents have to call CART between 3 p.m. and 4 p.m. to confirm their next-day trip
- Making trips on the weekend is difficult because many services aren’t available

Where do you want to go but can’t?

- Lewistown
- State College
- Bedford
- Harrisburg
- Raystown
- West Virginia
Where do you find out about transportation services?

- Welfare office
- Newspaper
- Word of mouth
January 22, 2016: Bedford Senior Center, Bedford County

- Number of Individuals Participating: 50

**Who provides transportation?**

- CART (1/2 of group)
- Drive own personal vehicle (1/2 of group)
- Family and friends
- Van/vehicle from the Methodist church in Bedford
- Hotel Pennsylvania and Mountain Valley Apartments have a vehicle for residents (sr. housing)
- Walk
- Love INC (very popular, must book well in advance)

**What are the issues with transportation in Bedford County?**

- No Sunday service/weekend service was an issue for many
- Wasted miles/fuel for CART is seen as a problem (empty vans rolling around)
- More efficient services – many times the van goes into town, goes back out of town, and then back to town
- Heating/cooling is not good on vehicles
- CART vehicles are not good in the snow
- Drivers are good
- Trips are too long
- CART does meal delivery on Tuesday and it impacts everyone’s schedule (only one driver for area typically)
- Not enough drivers to meet the demand
- CART vehicles deteriorate quickly
- Getting on/off vehicles is relatively easy
- A shuttle just for Bedford would be good
- Too expensive to take trips (charge per stop, for group trips multiple stops by others that are seniors charges the person every time)
- Getting personal vehicles repaired (maybe volunteers to help elderly/widows?)
- AAA budget is an issue

**Where do you want to go that you can't or have difficulty getting to?**

- Pittsburgh
- Altoona
- Cumberland, MD
- Hagerstown
- McConnellsburg
- Can’t get to different senior centers (i.e. Everett), must go to the closest
January 22, 2016: Quemahoning Towers, Somerset County

- Number of Individuals Participating: 12

Who provides transportation?

- CamTran Bus (go to Walmart, Mall, Dr)
- Friend or family drives
- Personal develop
- DAV (very little)
- SCTS
- Taxi
- Koot Kart
- Walk (to the dollar store, grocery store, drug store)

What are the issues with transportation in Somerset County?

- Bus is confusing to use
  - Windber bus sometime misses the #9 bus, only connects one per hour and if missed has to come home or wait the hour
- Accessibility of vehicles
- Information on what is available, when, and how much is costs
- Weekend service (esp. Sundays)
- Sr. bus cards – how do I get one?
- Unsure of how to take the SCTS vans
- Hard to get into SCTS vans if the ramp is out of order
- Drivers are generally good

Where do you want to go that you can’t or have difficulty getting to?

- Holsoppel
- Carpenters Park
- Tire Hill
- Out to eat in general
- Group tips in general (shopping, Johnstown, Somerset, Altoona)
- Trips to go shopping
February 12, 2016: Somerset County Human Services Development Fund

- Number of Agencies Represented: 6
- Number of Individuals Participating: 7

Who provides transportation?

- Somerset County Transportation Service (SCTS) provided by CAPFSC Tableland (Shared-ride and MATP coordinator)
- CYS uses cars for home visits and appointments
- SAM VAN (Somerset Ministries)
  - Leaves from church, must get there first
- DAV
- Med Van
- Health Ride
- Will’s Taxi
- Koot Kart (Windber Area School District only) – funded by donation
- Probation offices transportation for juveniles
- School districts provide afterhours transportation
- Friends and family
- Blind Association

What are the issues with Human Services Transportation in Somerset County?

- Lack of public transit has always been an issue
- For children, many parents lack reliable transportation (have car but can’t count on it)
- Some can’t afford gas if they have a vehicle
  - CYS sometimes buys gas cards to help
- Paying for car repairs is an issue
- Drug and Alcohol treatment and counseling is not considered medical except for methadone clinic trips, of which there are none in Somerset County
- CYS offers a bus pass reimbursement
- Non-medical trips are the hardest to take
- Rural areas offer more limited service (2-3 times /week for SCTS)
- HSDF is limited (usually spent within first week of the month)
- Out of county trips are difficult, especially if not MATP, if not on MATP can’t take out of county medical trips
- Somerset is the hub of the county, everyone has to get there to go anywhere
- Wait times for transportation is an issue
- Windber in general has better transportation access
- For shared ride if there aren’t a certain number of people from a rural area the trip won’t run (if not necessary medical).
- If in certain programs (like TANF) must attend programs to be eligible for benefits, but if they can’t get there they lose benefits
- In many cases, can provide more help for someone if they don’t have a job than if they are employed
• Reimbursement program for mileage requires expenditure first, what if they don’t have the money to begin with?
• There is a need for satellite offices for human services (would help HS employees and clients) – easier to get 2 miles than to Somerset
• Tableland operates a family center that could be used as an example
• Biggest gap is low income with no medical assistance services
• 18-24 out of school unemployed is a target area for training opportunities, but also have transportation needs
• Many clients walk (many miles in some cases)
February 29, 2016: Somerset County Senior Center

- Number of Individuals Participating: 35

Who provides transportation?

- Drive
- Family/friends give rides
- SCTS/Tableland
- Common destination is the senior center
- Sam Van
- Veterans Van

What are the issues with Human Services Transportation in Somerset County?

- Want a greyhound stop to come back
- Cost is a challenge
- Fare structure is confusing
- Lack of bus schedule is limiting
- Individuals learn about transportation sources from the web, yellow pages, word of mouth, AAA/senior center, airports
- Same day trips are a challenge
- People want to get to Pittsburgh, Eastern PA, and outside of the state but can’t – access anywhere outside of Somerset County is a challenge
- Medical trips provided by the Sam van are good
- There is a VA in Johnstown and Altoona but they’re harder to get to.
- Difficult to make non-medical trips, especially for shopping (Walmart, grocery store, mall)
- Need more fixed-route buses
- Want a train station back in Rockwood – the 7 springs bus will connect
March 8, 2016: Somerset County Public Meeting

- Number of Individuals Participating: 9

Who provides transportation?

- County homemakers (home health care – only non-medical/groceries)
- SCTS
- Walking
- Friends/family
- Church van – rides to church
- Somerset blind association
- Vet Van
- MH/ID transportation to its own facilities
  - TCI (tri-county) private

What are the issues with Human Services Transportation in Somerset County?

- Reservations in advance
- SCTS hours
- Night driving/winter driving is challenging
- Night/weekend jobs make transportation difficult
- Meetings @ hospital/counseling
- Classes/job training to receive benefits
- Sidewalks to tableland services can be difficult/unsafe
- Getting to and from the PTC interchange is an issue
- Days for outlying areas is a big issue with specialists
- Enforcement of sidewalk snow removal
- Sidewalk conditions
- Small fixed route circulator to Somerset
- Workers at ski resorts (low paying jobs)
- Grocery stores are not easy to get to
- Grocery home delivery is one opportunity
- Vehicle purchase/maintenance is an issue
- Cabs are available but expensive
- Walmart
- Many people use SCTS for socialization
- SCTS has van service to senior centers
- Food pantry is hard to get to
- Older population has difficulties
- Old buildings are not accessible and hard to retrofit
- Healthy food access
- Some stores are close but have limited selection
- Can’t get to farmers market Friday after 3, Saturday from 8 – 1
- Mobile food bank has some fresh foods
- Too much red tape
- Transportation to daycare
- Non-profit volunteers
- Lack of Uber
- Maryland border is an issue
- Dr. appointments are critical
- Calling day before surgery is an issue with transportation
- Getting to Johnstown is difficult
- After getting out of hospital, can’t get to follow-ups and end up back in hospital
- Visiting family/friends is difficult
- Intercity bus needed
- Younger low-income people need transportation
**MetroQuest Survey Summary**

During winter of 2015 and spring of 2016, SAP&DC conducted an online, interactive survey through MetroQuest to solicit feedback from the community on transportation issues in the region. The survey questions were developed with input from the steering committee to ensure meaningful responses from the general public. Once live, the survey was promoted at county listening sessions and through the SAP&DC website. Survey results are summarized below.

**General Results**

The online survey was available from December 23, 2015 to April 20, 2016, and through a series of five screens, the survey asked respondents to:

- Prioritize barriers to transportation access based on individual experiences;
- Complete a series of standard survey questions about transportation and human service agency issues (e.g. “Do you have access to a car?”, “What government services do you participate in?”, “How do you locate transportation services?” etc.);
- Identify home, work, medical, and shopping destinations on a map;
- Provide basic demographic information.

There were 398 people who visited the survey link and of those, 204 provided input. Along with the data collected from responding to standard survey prompts, each screen offered additional space for comments and additional feedback. Over 400 comments were received. In addition to promoting the digital survey, SAP&DC offered paper versions to accommodate individuals who either did not have access to a computer, mobile device, or tablet or preferred to provide written feedback.

**Barrier Ranking**

*Based on your experiences, please rank your top four barriers to transportation.*
Shown above, limited geographic coverage was the top ranked and most frequently identified barrier to transportation among survey respondents, followed by knowing what transportation services are available.

**Standard Survey Responses**

- 28% of respondents did not have access to a car
- 36% of respondents said their primary method for finding out about transportation services is through word of mouth, followed by 16% who depend on internet searches
- 29% of respondents participate in medical assistance (Medicaid/Medicare), 22% participate in supplemental nutrition programs (SNAP), and 14% rely on housing assistance
- 18% use shared-ride and MATP transportation services provided by either the Huntingdon-Bedford-Fulton Area Agency on Aging or the Fulton County Family Partnership

**Map Marker Responses**

Survey respondents plotted 349 unique destinations onto the mapping application survey component and the majority of destinations were located in the LDD region.

![Map showing destinations](image)

There was a fairly even distribution of map points among the selected categories, shown below.

<table>
<thead>
<tr>
<th>Map Marker Type</th>
<th>Times Dropped</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>94</td>
<td>26.93%</td>
</tr>
<tr>
<td>Work</td>
<td>52</td>
<td>14.90%</td>
</tr>
<tr>
<td>Medical</td>
<td>98</td>
<td>28.08%</td>
</tr>
<tr>
<td>Shop/Leisure</td>
<td>105</td>
<td>30.09%</td>
</tr>
<tr>
<td>Total</td>
<td>349</td>
<td></td>
</tr>
</tbody>
</table>

**Survey Respondent Demographics**

- 39% of survey respondents are age 65 and older
- 11% of survey respondents have 5 or more
- 47% of respondents have a disability
- 37% of respondents have a high school diploma
- 8% of survey respondents are veterans
## Phone Interview Summary

As a part of the public outreach effort, SAP&DC was provided with names of human service agency and transportation organization clients who were willing to discuss their mobility experiences. The following table provides a summary of each phone interview.

<table>
<thead>
<tr>
<th>County of Residence</th>
<th>HS Agency</th>
<th>What is your experience with local transportation services?</th>
<th>Do you encounter any barriers in accessing this service (cost, lack of sidewalks, inconvenient hours of operation, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Huntingdon</td>
<td>Center for Community Action</td>
<td>Walk everywhere. Whenever it's nice out, he bikes. Taxis are available. CART bus he knows of but doesn't use. He has issues picking up his son from school if it's impromptu. He gets rides from grandparents (not from friends - he's usually walking or biking otherwise).</td>
<td>Lives in Huntingdon and walks everywhere - whenever he has to go to work at Walmart he has to walk on dangerous roadways. Huntingdon is bike friendly but motorists aren't cool with bikes on the road.</td>
</tr>
<tr>
<td>Huntingdon</td>
<td>Center for Community Action</td>
<td>Walk everywhere. If she can't walk, she has to find somebody to take her there and pay gas money. Son is in head start and head start will take them to appointments that are in town or out of town - only provide transportation to families with kids in head start or pre-school.</td>
<td>No issues with sidewalks. No interest in driving. Taxi is very pricey and she refuses to take it.</td>
</tr>
<tr>
<td>Fulton</td>
<td>Fulton County Family Partnership</td>
<td>He's had great experiences for the majority of the time with FCPF. They're not a life saver but they have helped reduce stress. Just uses FCPF for medical appointments. Outside of FCPF, he walks to the supermarket that is 1/4 miles away. He has a plastic brace that he wears and it's uncomfortable to walk but he can manage. Goes to church every month and a church friend picks him up. Hasn't been to Chambersburg for shopping in 3-4 years because he can't find a way to get there.</td>
<td>Cost is definitely the biggest barrier for accessing transportation. Even PwD for shopping is too expensive (CART). There's no program to get PwD to non-medical appointments. Giant is a mile away and in order to make that trip, he'd need to take a pain killer just to get there and back because of his disability. He needs very low cost transportation for daily living activities. Has a hard time accessing healthy foods due to his lack of transportation.</td>
</tr>
<tr>
<td>County of Residence</td>
<td>HS Agency</td>
<td>What is your experience with local transportation services?</td>
<td>Do you encounter any barriers in accessing this service (cost, lack of sidewalks, inconvenient hours of operation, etc.)</td>
</tr>
<tr>
<td>---------------------</td>
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<td>-------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Fulton</td>
<td>Fulton County Family Partnership</td>
<td>Uses FCFP for medical trips and CART for other trips. Good experiences with CART. Usually just goes into McConnellsburg - she doesn't know whether or not CART would take her outside of the county. She does not drive at all.</td>
<td>She lives very far away from McConnellsburg and there isn't anywhere to walk to. She said she's very flexible about hours of operation. As far as improvements, she said her parents are senior and think CART is very expensive on their fixed incomes considering all of their medical appointments.</td>
</tr>
<tr>
<td>Fulton</td>
<td>Fulton County Family Partnership</td>
<td>Says FCFP has been wonderful. They're pleasant and work with them. They always get back to them if they don't have any issues. Very rural and poor community and they need all the help they can get. She uses CART services for a lot of her trips. She has a back issue and doesn't drive a lot, but she does have a car. She also likes CART and has used them for many years. She's flexible and doesn't worry about slightly longer trip times that come along with sharing a vehicle.</td>
<td>Cost of CART is rising went from $7/trip to $9/trip to Chambersburg - she doesn't want to drive over the mountain and would rather pay than deal with the stress and wear and tear. She gets $1700/month from SSI and gets by, but many people live off of much less. State budget impasse has affected service - she had to reschedule an appointment because CART couldn't hire more drivers.</td>
</tr>
<tr>
<td>Somerset</td>
<td>County Assistance Office, United Cerebral Palsy, Social Security</td>
<td>2014 - her dad died and her mom was in nursing home in Johnstown. Quadriplegic in a wheelchair. Has no transportation. Sister lives in Johnstown - has a minivan that is not accessible. SCTS is only hope. In the beginning, they used to go every Friday to see mom (who has dementia). They go once a month or once every 3 weeks. Sometimes the driver will say they'll pick up at 2:30 but really they'll want to leave at 1 or 2. Carol likes to shop with her sister after visiting with her mom and sometimes feels rushed. Every Tuesday, she goes to Walmart to grocery shop and get medicine. Sometimes she meets up with friends on Tuesdays but if a friend wants to meet on another day it's difficult.</td>
<td>Gets $756/month in assistance but there are so many costs. Only issue with SCTS is for surprise trips that are after 4 p.m. It would be nice for once in a while to go somewhere in the evenings or weekends. Love Inc. trip was $24 for gas, which is kind of expensive. Could only afford to do these longer trips with Love Inc. every other month or so. Used to be able to go to doctor any day of the week - now she can't get service from SCTS on Thursday and has to instead take the MedVan. SCTS prefers morning medical appointments and her heart doctor doesn't come into the office until afternoons on Thursday. It's not really the drivers who are the issues - they are nice and helpful but have to work within their program limits.</td>
</tr>
</tbody>
</table>
Appendix B: Transportation Providers in the Southern Alleghenies

The following table contains information about transportation services available in the Southern Alleghenies region. This inventory was compiled throughout the planning process and represents the most up-to-date list of transportation providers with specialized service for seniors, persons with disabilities, and low-income individuals.

<table>
<thead>
<tr>
<th>Who provides it?</th>
<th>How do they provide it?</th>
<th>When do they provide it?</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MULTIPLE COUNTIES SERVED BY ONE AGENCY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Huntingdon-Bedford-Fulton Area Agency on Aging (HBF-AAA)</strong></td>
<td><strong>Shared Ride Program (CART):</strong> HBF-AAA operates the Shared Ride Program, administered by PennDOT and funded by the PA Lottery. The demand response transit program (CART) is available to the public at full fare. The Shared Ride Program provides transportation at reduced rates to persons 65 years of age and older to destinations for medical appointments, social service appointments, shopping, senior centers, etc. in Huntingdon, Bedford and Fulton counties (Zone 1) and to contiguous counties (Zone 2). Reservations must be made at least a day in advance and persons are encouraged to reserve trips days, weeks and months in advance. Transportation is on a first come, first serve basis and delivery of service is based on driver availability, cost effectiveness, and coordination. Trips may be denied if unable to meet the stated criteria. The Shared Ride Program pays 85% of the fare, the Agency pays a portion, and the passenger pays the remaining balance.</td>
<td>Hours of Operation are 4:00 a.m. to 7:00 p.m., Monday to Friday. No weekends or holidays. Service may be limited prior to 8:00 a.m. and after 4:00 p.m. based on driver availability, cost effectiveness and coordination. Reservations must be made at 8 a.m. to 4 p.m., Monday to Friday, no weekends or Holidays.</td>
<td></td>
</tr>
<tr>
<td><strong>Persons with Disabilities (PwD) Program:</strong> HBF-AAA also operates the PwD program, which allows individuals age 18-59 with disabilities to access affordable transportation through the Shared Ride Program. The Shared Ride Program pays 85% of the fare and under the PwD</td>
<td></td>
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</tr>
</tbody>
</table>

**Zone 1:** $15 per one way trip. Co-pay is $2.25 per one way trip.  
**Zone 2:** $30 per one way trip. Co-pay is $4.50 per one way trip.
<table>
<thead>
<tr>
<th>Program, the passenger pays the remaining 15%.</th>
<th>$4.50 per one way trip.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Area Agency on Aging</strong>: Persons age 60-64 have reduced fares through the HBF-AAA. The co-pays are the same as the Shared Ride Program.</td>
<td><strong>Zone 1</strong>: $15 per one way trip. Co-pay is $1.75 per one way trip. <strong>Zone 2</strong>: $30 per one way trip. Co-pay is $4.50 per one way trip.</td>
</tr>
<tr>
<td><strong>Medical Assistance Transportation Program (MATP)</strong>: HBF-AAA also provides transportation under the MATP Program. This service is for persons receiving medical assistance through the Department of Public Welfare and is only for medical and pharmacy trips. The medical facility or pharmacy must accept the ACCESS card for the trip to be funded by the MATP Program.</td>
<td>MATP trips are fully funded by the Department of Welfare and no co-pay is charged.</td>
</tr>
<tr>
<td><strong>Human Services Development Fund (HSDF)</strong>: Limited funding is available through the HSDF for reduced fare transportation for low income persons age 18-59. Only medical or social service appointments are eligible under this program.</td>
<td><strong>Zone 1</strong>: $15 per one way trip. Co-pay is $1.75 per one way trip. <strong>Zone 2</strong>: $30 per one way trip. Co-pay is $4.50 per one way trip.</td>
</tr>
<tr>
<td><strong>Persons with Disabilities (PwD) Program</strong>: CCA completes enrollment, verifies the disability and determines eligibility for the PwD program in Bedford, Fulton and Huntingdon Counties, which allows individuals age 18-59 with disabilities to access affordable transportation through the Shared Ride Program. Transportation is accessed through the HBF-AAA.</td>
<td>Hours of Operation are 4:00 a.m. to 7:00 p.m., Monday to Friday. No weekends or holidays. Service may be limited prior to 8:00 a.m. and after 4:00 p.m. based on driver availability, cost effectiveness and coordination. Reservations must be made 8 a.m. to 4 p.m., Monday to Friday, no weekends or Holidays. <strong>Zone 1</strong>: $15 per one way trip. Co-pay is $2.25 per one way trip. <strong>Zone 2</strong>: $30 per one way trip. Co-pay is $4.50 per one way trip.</td>
</tr>
</tbody>
</table>

**Center for Community Action (CCA)**
<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Availability</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Med-Van Transport</td>
<td>Med-Van provides services to all four counties in the RPO. Services include Advanced and Basic Life Support Ambulance and Wheelchair and Stretcher vans. Vans are used to transport clients to medical related appointments.</td>
<td>24 hours a day, 7 days a week, including holidays</td>
<td>Varies</td>
</tr>
<tr>
<td><strong>BEDFORD COUNTY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Center for Community Action (CCA)</td>
<td><strong>Medical Assistance Transportation Program (MATP):</strong> CCA provides transportation in Bedford County under the MATP Program. MATP services can be used to go to any health care service that is covered by Medical Assistance. That includes appointments with your doctor, dentist, psychologist or psychiatrist, drug &amp; alcohol treatment clinics, or any other MA provider. You can also use MATP to go to the pharmacy for prescriptions, to the hospital for tests or to get to medical equipment suppliers.</td>
<td>8 a.m. to 4:30 p.m., Monday through Friday.</td>
<td>Free</td>
</tr>
<tr>
<td><strong>FULTON COUNTY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fulton County Family Partnership (FCFP)</td>
<td><strong>M.A.T.P. - Medical Assistance Transportation Program:</strong> This is available to anyone who has a current access card from the Department of Public Welfare. Any eligible person can utilize the van service or can be reimbursed mileage to and from appointments when using their own vehicle. These persons must first come to our office to enroll for this program. Transportation to and from medical appointments and pharmacies are the only trips that are eligible. This funding pays 100% of the fare.</td>
<td>8 a.m. to 4:30 p.m., Monday through Friday.</td>
<td>Free</td>
</tr>
</tbody>
</table>
**Employment Transportation Assistance Program (ETAP):** The ETAP program is available to assist individuals with their transportation to and from work. Because Fulton County is a rural area and little public transit is available, the program focuses on assisting individuals to obtain and repair their own cars. FCFP will transport a client to and from work but it is limited to 35 miles from McConnellsburg. The ETAP program will also reimburse mileage for clients, co-workers, friends, and family to transport an individual to and from employment. The program is subject to state fund availability; any or all portions of the program may change or discontinue at any point in time.

Arrangements may be made during business hours of Monday through Friday, 8 a.m. to 4 p.m. Transportation services are available 24 hours a day, 7 days a week.

**Persons with Disabilities (PwD) Program:** FCFP completes enrollment, verifies the disability and determines eligibility for the PwD program, which allows individuals age 18-59 with disabilities to access affordable transportation through the Shared Ride Program. Transportation is accessed through the HBF-AAA.

**HUNTINGDON COUNTY**

| Center for Community Action (CCA) | VA Volunteer Transportation Program: CCA offers transportation to veterans in Huntingdon County. The VA Program may be able to assist ambulatory veterans by providing free transportation to the Huntingdon County VA Outpatient Clinic. | Free | Zone 1 - Fulton, Huntingdon and Bedford Counties - $2.25 per one way trip
Zone 2 - adjacent counties (Franklin and Washington MD) - $4.50 per one way trip |
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
<td>Fees</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Juniata Shuttle</strong></td>
<td>The Juniata Shuttle is a limited service provided for students at important break and holiday travel times. It is a coordinated shuttle that requires students to sign up reasonably in advance in order for the coordination of limited resources.</td>
<td>Dates vary depending on school breaks and holidays.</td>
<td>$10 per trip</td>
</tr>
<tr>
<td><strong>Juniata Campus Ride Share</strong></td>
<td>Offered to enrolled students only. The ride share forum allows students to browse through a university-based classifieds section for rides needed/available.</td>
<td>Varies.</td>
<td>Varies by trip.</td>
</tr>
<tr>
<td><strong>Maidens Taxi Service</strong></td>
<td>Family owned and operated taxi service serving customers in Huntingdon County and beyond.</td>
<td>6 a.m. to 3 a.m. daily, seven days a week.</td>
<td>$3 Flag Drop, $1.50 per mile of fraction thereof, $20 per hour waiting time or fraction thereof</td>
</tr>
<tr>
<td><strong>SOMERSET COUNTY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Somerset County Transportation System (SCTS)</strong></td>
<td>SCTS is operated by the Community Action Partnership for Somerset County Tableland Services, Inc. Transportation is provided to the general public on a demand response basis. Everyone must be scheduled at least 1 day in advance of the desired service.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Area Agency on Aging - Senior Citizens</strong></td>
<td>Passengers are provided service in two age categories. They are 60-64 &amp; 65 and older. Before we can provide transportation service to any senior citizen, our office is responsible for verifying the age of all passengers.</td>
<td>Monday through Friday, 8 a.m. to 4 p.m., no holidays. Additional and extended hours of service are provided on an as needed basis.</td>
<td>Subsidized fare – passenger pays 15% of full fare.</td>
</tr>
<tr>
<td><strong>H.S.D.F - Human Services Development Fund</strong></td>
<td>Requirements: Age 18-59, Low Income Eligible, Live in Somerset County. There is no passenger co-pay for HSDF funded trips. However, HSDF funds are limited and SCTS allocates the funds monthly. Any income and age eligible person must come to our office and complete an application to qualify.</td>
<td></td>
<td>Free for qualifying individuals.</td>
</tr>
</tbody>
</table>
eligibility form. Proof of income must be provided.

**M.A.T.P. - Medical Assistance Transportation Program:** This is available to anyone who has a current access card from the Department of Public Welfare. Any eligible person can utilize the van service or can be reimbursed mileage to and from appointments when using their own vehicle. These persons must first come to our office to enroll for this program. Transportation to and from medical appointments and pharmacies are the only trips that are eligible. This funding pays 100% of the fare.

**Persons With Disabilities, Rural Transportation Program:** Provided to Somerset County residents who are certified under the Americans with Disabilities Act. Must be between ages 18-64. Will pay for 85% of the fare, passengers pay 15%. Can be used to commute to and from work site and other destinations such as bank, post office, etc. Pre-registration is required.

<table>
<thead>
<tr>
<th>Greater Johnstown Yellow Cab</th>
<th>Taxi service serving Cambria and Somerset Counties</th>
<th>24 hours a day, 7 days a week</th>
</tr>
</thead>
<tbody>
<tr>
<td>DC Cab</td>
<td>Taxi service serving Cambria and Somerset Counties</td>
<td>24 hours a day, 7 days a week</td>
</tr>
<tr>
<td>Wills Taxi Service</td>
<td>Taxi service serving Somerset County</td>
<td>24 hours a day, 7 days a week</td>
</tr>
</tbody>
</table>

Free for eligible participants.

Subsidized fare – passenger pays 15% of full fare.
Appendix C: CEDS Report – Commuting to Work

In 2015, SAP&DC updated its Comprehensive Economic Development Strategy (CEDS) to include new initiatives for diversifying and strengthening the regional economy. To better understand employment locations and commuting patterns, the CEDS used 2010 American Community Survey journey-to-work data to create the infographic below.

**Bedford County** had a total of 18,306 jobs, of which 15,194 (83%) were filled by county residents. Another 3,112 employed residents commuted outside the county to work-4,290 within the Region and 2,643 outside the Region.

**Blair County** had a total of 61,942 jobs, of which 48,935 (79%) were filled by county residents. Another 7,495 employed residents commuted outside the county to work-3,964 within the Region and 3,531 outside the Region.

**Cambria County** had a total of 58,438 jobs, of which 46,500 (80%) were filled by county residents. Another 14,138 employed residents commuted outside the county to work-8,935 within the Region and 5,292 outside the Region.

**Fulton County** had a total of 5,502 jobs, of which 3,300 (60%) were filled by county residents. Another 2,200 employed residents commuted outside the county to work-4,916 within the Region and 2,764 outside the Region.

**Huntington County** had a total of 14,874 jobs, of which 48,955 (71%) were filled by county residents. Another 7,495 employed residents commuted outside the county to work-4,278 within the Region and 4,418 outside the Region.

**Somerset County** had a total of 28,352 jobs, of which 12,924 (45%) were filled by county residents. Another 14,119 employed residents commuted outside the county to work-6,116 within the Region and 4,134 outside the Region.

Mean Commute Time:
- Bedford: 26.9 min
- Blair: 19.6 min
- Cambria: 22.7 min
- Fulton: 33.0 min
- Huntington: 28.1 min
- Somerset: 23.2 min