

Pittsfield Notes -

We were unable to obtain from the MA Commission for the Deaf and Hard of Hearing a CART reporter for this listening session. The attached are brief notations made by staff during the listening session.

In attendance: xxxxx

Katy Mick made opening remarks.

Gary Shepard BRTA Administrator produced a power point presentation to the Commission which he recapped. He noted that the Commission was long overdue. Transit was costly and it needs the Commonwealths attention. The numbers of riders is increasing and the cost to his RTA is high. Looking to HST to combine those trips with Paratransit and transfer to fixed route. He thanked everyone for coming and left the session.

Members from ADLIB group (Susan, Catherine, Pat and June) then made a presentation (Heather has a copy to insert here)

Louisa Weeden from Elder Services spoke and stated she has been reduced to transporting clients in private vehicles as the need for transport is so great. To date she has done this for 81 trips, last year only 21. She has lost the ability to utilize other services that have lost funding i.e. Red Cross. It is difficult to get volunteers. She can only do medical trips and concerned about others who need to shop, go to church etc. Elder services do not have the resources to help them and questions what else is available for non-medical senior trips

Kristin from a Families organization suggests that when an application is filled out it should ask what disability the applicant has and what other services or support they are getting to match transport up. She suggested taxis should be utilized using ADA coupons that agencies could purchase and dispense to their clients and forget about an application. A smoother system is needed to get people where and when they want to go.

Kate from MRC was concerned about the eligibility processing, there is trust in MDs but they don't know about transportation. She wants the service providers better trained to see who can use a bus. She indicated the RTA now has to go through a process over and over again looking for functional assessments. The application needs to be redone. It is an intimidating process. The application went from 6 to 9 pages.

Secretary Hartstein posed the question to the attendees as to what agencies are in their area who provides transport. Citizens responded they are far and few and all are limited. ADLIB tries to fill in the gaps for some recreational activities w/in the county but limited to timing because of BRTA bus schedules

Kate said MRC has a van and a PT driver who does daily runs to bank etc which is limited but better than the bus which takes 2.0 hrs.

An ex-commission member from the previous commission asked if any of the current members had read the Dukakis study and asked how far we have come. She indicated depression is higher in this area and not being able to get out worsens thing for people.

Keith Cooper signed in and did not want to speak.

Senali Durda was asking to have weekend service so people could go to church, she needs to use a cab and it is quite expensive. Can BRTA set up times for church or run later in the evening so she goes to dinner with friends. Extended hours would give people more access to a life.

Nancy Kwizinski spoke and said for 30 yrs she took fixed route and now needs to use Paratransit. She uses it to go to work and stated a huge cost inequity. What used to cost her \$21/wk on the bus now costs her \$100/wk on Paratransit going from North Adams to Pittsfield. She suggests combining MA Health with Paratransit riders would make sense as it runs now it's not cost effective.

Doug Cochrane uses fixed route and a little Paratransit. He would like to see extended hours for folks who work at night as last bus is around 7pm. He would also like to see more frequent runs, say every 30 mins.

Carol Wilson of MCB stated that being in a rural area Paratransit and fixed route is invaluable for citizens who can't drive. She feels the eligibility application indicates blind and low visions are more able than they really are. She suggest training for drivers both fixed route and Paratransit is key and that MCB clients can't see vehicles and are then no-showed because drivers don't do their jobs properly in providing door-to-door service. 3xs of no shows when it's not their fault and they are removed from Paratransit services. Drivers need to get out of their vehicles and announce their arrivals. She indicated the Travel Training program is good but having a certified mobility specialist on staff would be helpful. She then said that extended fixed route times and Paratransit hours are key especially for college kids trying to get to school but because of class schedules can't get home-it impacts their independence and allows them to continue their education.

Deborah Holmes wants to get to church and it costs her \$40 in taxi fare each time-she wants extended weekend and evening hours. She has head trauma and needs to be social to stay positive. BRTA is not same as Boston. They need a rural transportation scheme. Understands Gov needs to save money but needs to be caring.

Rosemarie has used fixed route for the past two years because she lost her license due to medical reasons. She had to change her work hours because there is no transportation in the evening. She also can't work holidays or Sundays. She misses going to church on Sundays as well. She can get there on a Saturday but can't get home. She would appreciate hours extended would make like easier.

Patti has used fixed route buses for 20 yrs and would hope they could run holidays, Sundays and evenings. ADA service costs more there are added charges, should be the same as Paratransit.

James directed his question to BRTA and wanted to know why they do not have extended hours. As the BRTA Administrator had left the meeting after the opening it was left to Tom Cahir and Moe Khan both RTA administrators themselves to explain RTA issues not specific to BRTA. Gary Shepard returned and spoke about the MassInc study which was just released noting funding issues/solutions.

A citizen said they shouldn't have to worry about employment. Working is key for all people and transit gets them there. Citizen noted BRTA fare is \$7.50 one way (zoned), why are Boston fares less. It costs BRTA ADA users higher fares than if they could use fixed route.

Kate said that limited resources can be used in a smarter way.

Citizen made comments on fixed route saying times need to be extended-can't work if no transportation or can't have a social life-can't even go to a movie. Mentioned BRTA not having tickets anymore>. How can low income folks afford \$30 a day with the fare schedules in place for ADA? Why is there an additional charge for door- to- door vs. the lower fee of curb-to-curb?

Citizen questioned why when applying for half fare cards SSI is not recognized but Medicare is. SSI used to be half fare. BRTA is seriously lacking in customer outreach and education. There is even confusion for fares under 5 yrs old. Also asked is vehicles such as MRC vehicles can be used for other uses. Katie Mick said they would talk.

Citizen commented there are inconsistent or no bus stop announcements being made by BRTA drivers.

Sinela said ADA Paratransit needs to run past 7pm. She can't get her return times as ADA tickets are only good until 7pm. She has seizures and there is too much information for her to comprehend on the system and needs to be informed a little bit at a time.

Jessie from Shelburne Falls COA is part of the Franklin Regional Transit Authority. She indicates they are the hub for 9 towns and provides medical trips to lots of needy elders except for one example; A 92 yr old veteran who is out of area and can't transport. She is saying no to dialysis and chemo requests. It all comes down to money and operational restrictions. She wants different vehicles more energy efficient than the 9 passenger vans. She has no fixed route to fall back on for her clients.

Citizen question-Why do they continue to get lift equipped vans when they are not required by most-resources need to be looked at.

Secretary Hartstein mentioned taxis (accessible?) and was told there are none in a rural area that they are cost prohibitive. Suggestion will be to look at volunteer matching programs and possibly mileage reimbursement. It was noted that volunteers would be great but also need CORI checks etc.

Kate from MA Rehab mentioned a program called RIDE Buzz that can pair folks up online with transportation and the COAs are very limited as to what they can provide Berkshirerides.com is another resource. Insurance for ones private volunteer vehicles is a big issue.

Citizen mentioned she is in therapy for a brain injury and is gone from 10am to 6pm and out of town services i.e. to Boston is often required-how do folks get there and home on public transportation.

Question to commission was -when the report is done will it be made public-the answer was yes

Citizen indicated for medical trips to Springfield and Boston it is difficult for an ambulatory customer because they can't use Paratransit and often times needs to spend a night in Boston for rehab appointments because they can't get home...either no eves schedules or one train misses the connecting bus etc. -we need to look at how to link transport together time wise/schedules.

Denise Karuth made closing remarks stating what they heard there was a common theme across the state and all will be reviewed. Brie Allan ended public comment by saying she wanted to see detailed solutions.