

**PUBLIC TRANSIT ADVISORY COUNCIL
MINUTES OF MEETING
NATIONAL LIFE BUILDING
5th FLOOR BOARD ROOM
MONTPELIER, VERMONT
January 9, 2014**

ATTENDEES: Barb Donovan, VTrans
Dave Pelletier, VTrans
Scott Bascom, VTrans
Amy Rast, VTrans
Susan Bartlett, AHS
Dave Towle, RCT
Joseph Barr, Parsons Brinkerhof
Bethany Whitaker, Nelson Nygaard
Rita Seto, TRORC
Steve Gladczuk, CVRPC
Matt Mann, WRC
Trevor Hanbridge, CHT/SMCS
Anila Hood, Senior Solutions
Mollie Burke, Legislature
Liz Curry, CCTA
Susan Schreibman, RRPC
Jeanne Kern, CVCOA
Van Chesnut, AT
Paul Haskell, Stagecoach
Bill Watterson, CCTA
Robert Young, Premier Coach
Jim Moulton, ACTR
Randy Schoonmaker, DVTA
Minga Dana, MVRTD
Rebecca Gagnon, CRT
Lee Cattaneo, COVE
John Sharrow, Mountain Transit
Peter Johnke, VCIL
Gwen Hallsmith, GCI/PBI

1. CALL TO ORDER and INTRODUCTIONS

In the absence of Chairman Chris Cole, Barbara Donovan called the meeting to order at 1:02 PM. Introductions were made.

2. APPROVAL OF MINUTES

September 19, 2012

MOTION by Lee Cattaneo, **SECOND** by Jim Moulton, to approve the minutes of 9/19/13 as written. **VOTING: unanimous; motion carried.**

3. UPDATE ON MEMBERSHIP

Barb Donovan will get an update from the Governor's Office and report at the next meeting.

4. HUMAN SERVICE TRANSPORTATION COORDINATION PLAN

There was discussion of the Coordinated Public Transit-Human Services Transportation Plan update including the following:

- Goals:
 - Understand needs and available funding
 - Opportunities to meet available funding
 - Strategies
 - Compliance with MAP-21 and other plans
- Approach proposed:
 - Use PTAC as advisory committee
 - Do background research on funding and existing plan
 - Gather stakeholder input
 - Hold statewide meeting (possibly; may try to piggyback another forum)
 - Draft strategies to address needs
 - Create plan of action
 - Timeline – research now, outreach early spring, completion end of summer
- Funding:
 - Medicaid DHHS
 - Temporary assistance for needy families
 - Agency on Aging
 - FTA
 - Veterans Affairs
 - Vermont Health Access
 - DAIL
 - Department of Health
 - VTrans
 - Children & Family Services
 - Changes since FY07-08 include MAP-21 funding which consolidated programs providing more flexibility, but not additional funds.
- Affordable Care Act (Obama Care) for health insurance means more people receiving Medicaid and health care in underserved areas. A large impact is not anticipated in Vermont.
- Vermont pays on per member/per week basis for nonemergency medical trips. The state is working with CCTA on procurement of statewide intake and dispatch software so providers will have the most robust tool available to coordinate trips. “One call/one click” grant is for software to help veterans. Space on routes already in place is identified so two vehicles are not running in parallel. The program may eventually expand to serve other populations.
- Many strategies identified in the 2008 Human Service Transportation Plan are happening. These include trip coordination, vehicle sharing, regular meetings of

- regional E&D committees, and inter-regional coordination financial and administrative support to transit agency brokers.
- When discussing why the 2008 plan was successful, one participant commented that getting reality and perspective from the E&D committees early in the planning process was helpful.
 - The last plan required projects to be specific and named in the plan in order to secure funding. There is more flexibility in the update. The route does not have to be called out.
 - A persistent challenge is funding and coordination between funding sources. There is always more demand than funding allows and that is a challenge for providers, especially with Medicaid which is an entitlement program.
 - Communication and coordination between the entitlement programs at the state level is needed so there is better use of available funding and resources and no one is acting in a vacuum.
 - In Maine the brokerage system was decoupled from providers and this has proven to be a real detriment for riders and the sustainability and viability of providers. Vermont should look to avoid doing this.
 - It would be helpful to have the plan show over the next five years funding sources that will not exist anymore.
 - Supplemental funding from the E&D program is needed to support high needs and moderate needs groups going to adult day care. Could funds turned into the state by adult daycare centers be used?
 - State agencies should pool funding resources and understand how to support each other through transit providers. State agencies should not act in a vacuum. The plan should describe the situation with coordination and with lack of coordination. (Susan Bartlett with the Agency of Human Services will meet with the consultant working on the plan update regarding this matter.)
 - Mental health service agencies should be included in the list of services to coordinate in the plan. Methadone clinics in rural areas, vocational rehab programs and services, veteran's services and adult day centers should also be on the list.
 - Input should be gathered from AARP.
 - School buses to provide rides for high school students from outlying areas to more urban areas was suggested. Non-student riders and discipline problems are issues.
 - A transit advocate is needed to help individual users fill in gaps in their transit plan.
 - Acute care needs accessible and affordable transportation so the ambulance is not used. Payment for transportation to dialysis treatment three times a week only covers two trips per week.(?)
 - There are people not eligible for a specific human service program, but with a need for transportation which should be addressed. There is hesitation to start services because there may not be enough funding to go through the year.
 - Recruitment and retainage of volunteer drivers are issues.

- How Medicaid funding is administered and the amount of money available needs to be addressed. There is no way for a transit provider to control or adjust Medicaid rides and funding. Another issue is new enrollment covering the cost of the service that must be provided as part of the Medicaid entitlement program. Providers are being reimbursed at the rate of two years ago and not having a say in the matter.
- Coordination with E&D and the provider is needed. One suggestion is to be paid a rate for a client regardless of the number or cost of the trips. (?)
- There should be coordination with providers on interpretation and compliance with the regulations.
- Means and needs testing to determine the ride is a suggestion.
- More choice riders. The bus should be promoted to serve more than those who have no other transportation means. An advertising campaign should be done to make the bus more acceptable as a means of transportation. Scheduling is an issue.
- Ticket-to-Ride addresses some of the trips people need.
- Another need is a ride for people without a car to bring their pet to the vet.
- If riders are educated and given a choice they will make a good decision.
- Subcommittees should be established to discuss financing, education, scheduling, and retention/volunteers. With the funding complexity of figuring out who can pay for what, better coordination and seeing where there is flexibility will help avoid providers holding onto money and then having funding remaining at the end of the year. Agencies need to understand the process internally and then communicate with providers.
- Quality of life of those isolated in their home invokes the need for transportation and use of health care services. Providing transportation so people can leave their house and have a better quality of life will decrease health costs, but funding is limited for this.
- Available and affordable housing should be located closer to transportation services. Financial incentives should be offered to communities to establish a town core of housing with transit services nearby. People need to be thinking about their housing and transportation needs in their later years.
- People need to be educated on available E&D transportation resources that can be used for health appointments rather than just going to the emergency room.
- Connectivity between ride systems is needed.

A fact sheet on the plan update and contact information is available. Further comments should be forwarded to Dave Pelletier. A copy of the presentation on the plan update will be sent to PTAC members.(?)

5. ICB SOLICITATION

Barb Donovan reported the three intercity bus routes are Springfield, Massachusetts to White River Junction (already in service), Burlington to Albany through Bennington, and Rutland to White River Junction on Route 4. Bids have been awarded and final details are being worked out. The information will be presented to the legislature on 1/10/14. Start of service is anticipated within the next month with one trip down and back initially.

Once service is up and running the next phase is service in the Northeast Kingdom and connection to the international bus network. Schedules/details will be forwarded to PTAC.

6. ANNUAL ROUTE PERFORMANCE REPORT

The legislature requires an annual route performance report. Providers were sent the draft. Comments are due 1/13/14. Information will be posted on the website. PTAC members will be alerted by email.

7. OTHER BUSINESS

Barb Donovan will draft a schedule of future PTAC meetings.

8. ADJOURNMENT

MOTION by Bob Young, SECOND by John Sharrow, to adjourn the meeting.

VOTING: unanimous; motion carried.

The meeting was adjourned at 2:58 PM.

RScty: MRiordan