RI COORDINATED PUBLIC TRANSIT + HUMAN SERVICES TRANSPORTATION PLAN

FINAL REPORT • JANUARY 2018

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Rhode Island Coordinated Transportation Plan
Final Report

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RHODE ISLAND STATEWIDE PLANNING PROGRAM

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TABLE OF CONTENTS

LIST OF TABULATIONS

LIST OF ILLUSTRATIONS

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Executive Summary

TRANSPORTATION
CONSULTANTS, INC.

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Executive Summary

The Rhode Island Public Transit Authority (RIPTA) contracted with the team of LSC Transportation Consultants, Inc., AECOM, and Valerie J. Southern – Transportation Consultant, LLC to prepare a Coordinated Public Transit-Human Services Transportation Plan (coordinated transportation plan) for the State of Rhode Island. The Federal Transit Administration (FTA) Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program requires that any activity to be funded be derived from a locally developed coordinated transportation plan. A previous plan was completed in 2013, but needed to be updated because of changing conditions within the state and an emphasis on developing a more holistic approach to meeting transportation needs. RIPTA, in partnership with the Rhode Island Division of Planning, was interested in identifying how to improve coordination, service delivery to populations in need, and cost effectiveness of services. Some of the changes which have occurred since the 2013 plan include changes in funding programs and increasing needs, particularly related to the growth of the elderly population in Rhode Island.

The FTA provides guidance for elements that are to be included in a coordinated transportation plan. The requirements must include at a minimum:

- An assessment of available services that identifies current transportation providers (public, private, and nonprofit).
- An assessment of transportation needs for individuals with disabilities and seniors. This assessment can be based on the experiences and perceptions of the planning partners or on more sophisticated data collection efforts and gaps in service.
- Strategies, activities, and/or projects to address the identified gaps between current services and needs, as well as opportunities to achieve efficiencies in service delivery.
- Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

Coordinated plans are to be developed and adopted through a process that includes participation by seniors, individuals with disabilities, representatives of public, private, and nonprofit transportation and human services providers, and other interested individuals. The focus of the coordinated transportation plan is on those individuals who have a greater need for transportation services and may rely on others for mobility.

PARTICIPATION PROCESS

Several efforts were made to reach out and involve members of the community in the planning process. These have included stakeholder group meetings, an inventory of transportation funding agencies and providers, and local community meetings.

Stakeholder Group Meetings

Invitations were sent to 34 individuals or agencies including members of the Governor's Human Services Transportation Working Group and the Statewide Planning Office to participate as members of the planning Stakeholder Group. Two meetings were held with the Stakeholder Group. The first meeting was held in May to present the planning effort and identify unmet transportation needs and gaps in service. The second meeting was held in October to obtain input for prioritization of coordination strategies. Input from the Stakeholder Group was used to develop the final recommendations for coordination strategies to be implemented.

Community Meetings

Four community meetings were held in locations around the state during July. These meetings were used to inform the public about the planning process for the coordinated transportation plan and obtain input on needs and issues that should be addressed in the plan. Information from the community meetings is provided in Chapter IV. A final public meeting was held in October to present the analysis of service gaps and potential coordination strategies. Input from the public was used to determine the coordination strategies recommended for implementation.

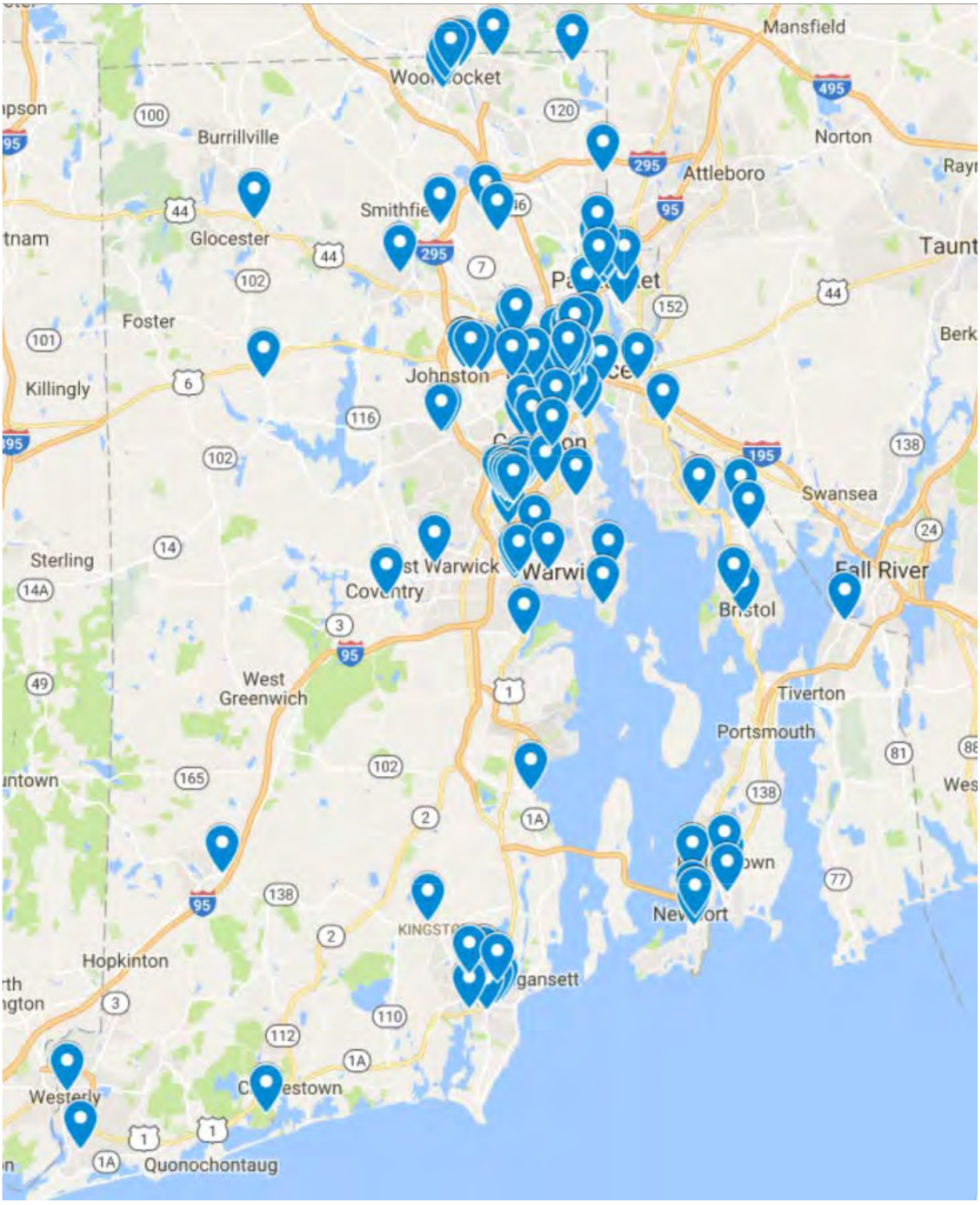
INVENTORY OF EXISTING TRANSPORTATION SERVICES

As part of the Rhode Island's Coordinated Human Services Transportation Plan, the team inventoried state and local transportation programs. The goal of this effort was to gather information about existing transportation resources as well as unmet human services transportation needs. Assembling a comprehensive inventory of all services allows for the development of transit improvement recommendations that use existing resources in a more coordinated way and permit the formulation of proposals for the future.

The fixed-route operator in Rhode Island is the Rhode Island Public Transit Authority (RIPTA), which serves the state's urban centers and operates local service as well as express, rapid and flex services. Demand-responsive service in Rhode Island is provided by RIPTA's 'RIde' Program for ADA complementary paratransit service within ¾ mile of RIPTA fixed routes as well as by various public and private nonprofit and for-profit organizations and private transportation companies. Medicaid transportation is coordinated through a statewide brokerage managed by Logisticare using local transportation providers throughout the state.

To gather information about the various service providers in Rhode Island as well as transportation advocates and funders, a questionnaire was developed online and sent to organizations throughout Rhode Island. The questionnaire was sent to 241 individuals/organizations (not all of which provide transportation services); responses were received from 162 individuals representing 137 different organizations across the state at 141 different locations (see Figure ES-1). Most of the responses were from private non-profit organizations. Twenty-five different state government agencies, 25 municipal governments, and 85 private organizations/companies responded to the questionnaire. The service providers were asked to describe their service, clientele, service coverage, vehicle inventory, and operating and financial statistics.

Figure ES-1
Map of Organizations Responding to the Questionnaire



Of those responding, there were 41 transportation providers as shown in Table ES-1, with 28 directly operating service and 13 contracting it out. They are located throughout the state but heavily clustered in and around Providence. The hours of service vary greatly among the providers but service is predominantly available between 8:30 AM and 3 PM. Twelve of the providers have service seven days a week; 17 are on weekdays only and no one provides just weekend service. The majority of the providers stated the service was specific to a community/region and the surrounding area. Five providers said the service was operated statewide and one of these also provides service to southeast Massachusetts. Many providers operate transportation for multiple purposes. The most common purpose is for medical/dental with 53.7 percent providing transportation for this reason.

There were 22 agencies shown in Table ES-2 which provide funding for transportation services throughout the state. Transportation is funded by seven organizations for any purpose while 15 organizations limit funding to specific trip purposes. The most common purpose for those funding transportation for limited purposes was for employment or job/employment training with 80 percent funding transportation for this reason.

There were 86 respondents which indicated they were either advocates or provided assistance to those needing information about transportation services.

TRANSPORTATION NEEDS AND GAPS IN SERVICE

Transportation needs were identified through multiple sources. This included an analysis of transportation needs based on demographic data, input from the stakeholder group, input through the community meetings, and input from the transportation providers. The analysis included estimated of general mobility needs in the state, the level of demand for those would qualify for complementary paratransit services, and rural general public transportation needs.

Specific unmet needs were identified by transportation providers and advocates as shown in Table ES-3.

Table ES-1
Summary of Providers

Organization	Type of Organization	Type of Operation
AccessPoint RI Living Rite Center	Private Non-profit Organization	Direct Operation
AccessPoint RI Main Office	Private Non-profit Organization	Contract
AccessPoint RI Supported Employment & Comstock Industries	Private Non-profit Organization	Direct Operation
Blackstone Valley Assisted Living	Private For-profit Company	Contract
Cornerstone Adult Services	Private Non-profit Organization	Contract
Cranston Senior Enrichment Center RSVP Program	Municipal Government	Direct Operation
East Bay Educational Collaborative	Private Non-profit Organization	Contract
East Greenwich Senior and Human Services	Municipal Government	Direct Operation
East Providence Senior Center	Municipal Government	Direct Operation
Eleanor Slater Hospital	State Government	Contract
FabNewport	Private Non-profit Organization	Contract
FHR, Inc	Private Non-profit Organization	Direct Operation
James L. Maher Center	Private Non-profit Organization	Direct Operation
Lifespan	Other	Contract
Mt. St. Rita Health Centre	Private Non-profit Organization	Contract
Opportunities Unlimited	Private Non-profit Organization	Direct Operation
Pace Organization of RI	Private Non-profit Organization	Direct Operation
Saint Elizabeth Manor	Private Non-profit Organization	Contract
Scituate Senior Services	Municipal Government	Direct Operation
Seven Hills	Private Non-profit Organization	Direct Operation
South County Hospital	Private Non-profit Organization	Direct Operation
South Kingstown Senior Center	Municipal Government	Direct Operation
Southern Rhode Island Volunteers	Private Non-profit Organization	Direct Operation
Starbirth	Private Non-profit Organization	Direct Operation
State of RI, EOHHS, Medicaid Division	State Government	Contract
The Arc of Blackstone Valley	Other - contractors	Direct Operation
The Cove Center, Inc.	Private Non-profit Organization	Contract
The Empowerment Factory	Private Non-profit Organization	Contract
The Olean Center	Private Non-profit Organization	Direct Operation
The Providence Center	Private Non-profit Organization	Direct Operation
Tiverton Senior Center	Municipal Government	Direct Operation
Town of Narragansett Senior/Community Center	Other - Town Senior Van	Direct Operation
West Bay Residential Services	Private Non-profit Organization	Contract
North Kingstown Senior & Human Services	Municipal Government	Direct Operation
Franklin Court Independent Living	Private Non-profit Organization	Direct Operation
Smithfield Senior Center	Municipal Government	Direct Operation
URI Disability Services for Students	Higher Education	Direct Operation
Transwick Program	Municipal Government	Direct Operation
TockWotton on the Waterfront	Private Non-profit Organization	Direct Operation
Rhode Island Community Living and Supports	State Government	Direct Operation
Valley Transportation Corp.	Private For-profit Company	Direct Operation

Table ES-2
Summary of Funders

Organization	Type of Organization	Transportation Budget
RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals	State Government	$2 Million
Crossroads RI	Private Non-profit Organization	$3,000
Department of Children Youth and Families	State Government	
RI Dept of Human Services	State Government	$200,000
House of Hope CDC	Private Non-profit Organization	$15,000
Lifespan	Private Non-profit Organization	
RI Department of Human Services, Office of Rehabilitation Services	State Government	$20,000
RI Office of Veterans Affairs	State Government	$60,000
The House of Hope, CDC	Private Non-profit Organization	
Westbay Community Action	Private Non-profit Organization	$2,500
Westerly substance abuse prevention task force	Other (please specify)	$450
Women's Resource Center	Private Non-profit Organization	$200
Workforce Partnership of Greater Rhode Island	State Government	$2,500
Year Up	Private Non-profit Organization	$2,500
Comprehensive Community Action Program (CCAP)	Private Non-profit Organization	$5,000
YouthBuild Preparatory Academy	Private For-profit Company	$1,500
Dorcas International Institute of Rhode Island	Private Non-profit Organization	
Community Action Partnership of Providence	Private Non-profit Organization	$3,000

Table ES-3 Unmet Transportation Needs	
Theme	**# of Responses**
Transportation to medical appointments	23
More on demand services for shopping etc. that Logisticare does not accommodate	20
Access to outlying areas/increased statewide coverage for RIPTA	13
Transportation to internal programs	10
Free transportation including free reduced passes and vouchers	8
Transportation to work and job programs	8
Lack of reliability and timeliness of Logisticare	7
Increased funding for transportation	6
Additional hours and coverage area on RIDE	5
Transportation to offices such as DCYF, mental health facilities and other non-medical appointments	4
Unable to provided requested transportation	4
Lack of RIDE service in the area	4
Assistance with obtaining disabled and elderly bus pass, RIDE access, and Logisticare	4
"One-stop" information resources	3
Ride services such as Uber or Lyft which are publically funded	3
More Flex bus	3
Transportation for the disabled	2
Transportation for those with significant medical needs	2
Tutorials or training programs on how to use the bus and read RIPTA schedules	2
Free/reduced transportation for students	2
Affordable Transportation	2
Late night RIDE/RIPTA service	2
Assistance with out of state transportation	2
Weekend transportation	2
Bus passes do not arrive on time or at all	2
RIPTA restriction to two bags	1
Transportation for those in the process of applying for disability but legally so yet	1
Request for additional trips for the authorized funding	1

Through input from the various efforts, a number of key issues and gaps in service emerged. These include the following:

- The need for additional service in outlying or more rural areas of the state.
- Free transportation for various population segments including those with disabilities, the elderly, and low income.
- Increase frequency and longer hours for RIPTA service.
- More service to basic services, particularly for trips not covered by Medicaid through the Logisticare brokerage.
- Lack of funding to meet transportation needs.
- Improve passenger payment system including a single payment system.

- Provide a master list of all services with a single number for a help desk and to plan trips.
- Improve passenger service training for drivers, particularly for serving passengers with a disability.

COORDINATION BEST PRACTICES

The Interagency Transportation Coordinating Council on Access and Mobility was established within the U.S. Department of Transportation by Executive Order 13330, Human Service Transportation Coordination, in 2004. The functions of the Interagency Transportation Coordinating Council, comprised of the Secretaries of Transportation, Health and Human Services, Education, Labor, Veterans Affairs, Agriculture, Housing and Urban Development, and the Interior, the Attorney General, and the Commissioner of Social Security include:

- Promote interagency cooperation and the establishment of appropriate mechanisms to minimize duplication and overlap of Federal programs and services so that transportation-disadvantaged persons have access to more transportation services;
- Facilitate access to the most appropriate, cost-effective transportation services within existing resources;
- Encourage enhanced customer access to the variety of transportation resources available;
- Formulate and implement administrative, policy, and procedural mechanisms that enhance transportation services at all levels; and
- Develop and implement a method for monitoring progress on achieving the goals of this order.

A variety of coordination strategies have been developed in response to this order. Many of these strategies are described in Chapter VI including examples of implemented strategies and best practices. The following specific strategies are discussed:

- Coordinating Councils
- Mobility Management
- Non-Emergency Medical Transportation
- Technology
- One-Call/One-Click Centers
- Shared Rides/Shared Vehicles/Volunteer Drivers
- Brokerage
- Consolidated Operations
- Travel Training

Some communities or agencies are described under more than one strategy as they have successfully implemented multiple strategies to success in coordinating transportation services and delivering service to residents of the local community. This is a key finding from the research of best practices. Individual strategies may be implemented, but the greatest results are obtained when multiple strategies are combined to achieve higher levels of coordination.

RECOMMENDED COORDINATION STRATEGIES

Recommendations are provided for implementation of specific coordination strategies. The strategies are recommended to address the unmet needs identified through the outreach efforts and the analysis of unmet needs based on the best practices which were found through national research.

While any of the individual strategies recommended for Rhode Island could be implemented independently, the strategies are much more effective when combined. The two primary recommendations are to develop coordinating councils and a statewide one-call center. Implementation of these two strategies creates the framework for implementing the other recommended strategies.

Develop Coordinating Councils

Development of coordination councils for coordinating transportation resources in Rhode Island would allow for consistency and efficiency statewide while also embracing regional differences in both needs and operations. Local priorities can be set within a statewide framework. Using the New Hampshire model, a state coordinating council would provide cooperative governance and local coordinating councils would design and implement coordinated services appropriate to the needs, resources, and character of each region.

The Rhode Island Human Services Transportation Coordinating Council established by the General Assembly will be responsible for determining the specific strategies to be implemented, specific details for implementing each strategy, and responsibilities for implementation.

RIPTA has been directed to create a State Coordinating Council specifically to recommend sustainable funding for the fare-free program for low-income seniors and individuals with disabilities.

The State Coordinating Council should continue to work after providing recommendations for funding the fare-free pass program to address other issues including funding to sustain current levels of service and to expand or enhance service to meet the identified gaps in service. The State Coordinating Council should meet at least annually to review policies and performance and solve any issues that arise. If combined with the mobility management strategy described later, a statewide mobility manager could serve as primary staff for the state coordinating council and administrator of statewide transportation guidance assistance including travel training, described in a later section.

Following formation of the State Coordinating Council, local councils should be established in individuals or counties. The local councils would, under the framework and policies established by the State Coordinating Council, set up and operate a coordinated transportation system either through direct operation or through a coordinated system with multiple service providers.

The state and local coordinating councils will then be responsible for implementing specific strategies to increase the level of cooperation and coordination among transportation providers. The recommended strategies include:

- Mobility Management
- Travel Training
- Joint Planning and Grant Applications
- Joint Procurement
- Shared Expertise and Training
- Shared Facilities
- Vehicle Sharing

Create Statewide One-Call Center

The second primary recommendation is to create a single one-call center for the entire state. One approach to a call center is to serve as an information clearing house. Operators have access to information about all of the services available through the different transportation providers. They assist the caller in determining what services might be appropriate for that individual based on location, time, destination, and eligibility for funding programs. The operators

then provide the agency contact information for the user to make the request through the appropriate agency or agencies.

In the proposed strategy, transportation providers could be linked through technology to form a one-call/one-click center. A consolidated scheduling and dispatch system would have to be set up through the one-call/one-click center to receive all trip requests and schedule the trips on specific vehicles. Each operator could remain independent as an operator, but could have vehicles scheduled through the one-call center. Participating agencies could also have the ability to schedule trips for their respective clients or for requests received directly by the agency.

A major operational advantage to this strategy is that trips are scheduled based on origin, destination, and time of travel rather than by program or funding source. Rides are provided on the most cost-effective vehicle without regard to the funding agency or operating entity. This allows for more productive use of vehicles as multiple passengers may be served on a single vehicle trip, increasing productivity and efficiency. By grouping trips and sharing rides, there is potential cost savings that may be used to address other gaps and transportation needs. Technology is then used to ensure that individual rides are billed to the correct funding source and payment made to the operator.

The trip planning interface is a key element of the one-call/one-click center. The web portal allows anyone to plan a trip and request the appropriate service which is then scheduled through a link to the scheduling software platform.

Many of the coordination strategies could be implemented through the one-call center. The one-call center could become the mobility manager program as well as providing travel training for users of the services.

To obtain the greatest efficiencies, non-emergency medical transportation (NEMT), particularly Medicaid transportation, could be integrated with the one-call/one-click center. The NEMT program in Rhode Island is a major transportation program with an annual budget of about $37 million. Medicaid transportation service is currently contracted through a private brokerage. Integrating the Medicaid brokerage with the one-call center could offer an opportunity for significant increases in shared rides and grouped trips resulting

in lower costs per passenger trip and greater operating efficiencies. The proposed approach is based on findings from the analysis of best practices. Massachusetts uses Regional Transit Authorities as the brokerage for the nine geographic regions in the state. New Hampshire is working to link the NEMT brokerages with the coordinated human services and public transportation services. Integration of NEMT services with the one-call center will incorporate aspects of these best practices.

Phased Implementation

The proposed strategies should be implemented in phases. Some of the strategies may be implemented with little effort while others will require additional funding and development of agreements and contracts. The recommended phasing for the proposed strategies is provided in this section.

The first step is the establishment of the State Coordinating Council. This has been directed at the state level and steps have been taken to establish the Council.

Local Coordinating Councils could be established at any time following organization of the State Coordinating Council and establishment of statewide priorities by the State Coordinating Council. The first step in creating local councils would be to determine the appropriate geographic areas. One approach is to create a local council for each county. Other geographic divisions could be used if preferred locally.

Mobility Managers will be needed to support the Local Coordinating Councils. These positions will have to be created in one of the local participating agencies and funding obtained for the position. A job description should be created at the statewide level and used by the Local Councils to create the position and hire an appropriate person. This will help to ensure similar roles and responsibilities in each region. Guidance for skills and roles of mobility managers is available from the National Center for Mobility Management. The initial emphasis must be on coordinating services locally and then integrating the services with the one-call/one-click center.

Creating the one-call/one-click center will require greater effort and time. Many of the issues to be addressed are described with the proposed approach. Identifying the entity to operate the center is an initial step along with the other entities that will participate. The suggested approach is that all of the local public and human services transportation programs participate to achieve the greatest efficiencies and enhanced services. In the Jacksonville model, the regional transit service took responsibility for creating and operating the one-call center through the use of technology. The center was built on the call center already in place for the regional paratransit service. RIPTA is in a similar position and could be considered for this role. Funding to establish the center will be needed, but grants to support this are available. Funding agreements will be needed as the center is created, but much of the funding may come from cost savings to individual operators. Implementation of the one-call center should be phased to minimize the challenges of integrating multiple agencies at one time. Phasing could include creation of a central information call center followed by integration of local providers into a consolidated scheduling and dispatch operation.

The Medicaid program could be integrated after the one-call center has been established and operated for at least one year. Timing must also coincide with contract periods for the current or future brokerage contracts to avoid contract penalties and to support a smooth transition from a private brokerage to the state one-call/one-click center.

Specific steps for phased implementation should be established by the State Coordinating Council following the recommendations outlined in this plan.

Chapter I

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Chapter I

Introduction

The Rhode Island Public Transit Authority (RIPTA) contracted with the team of LSC Transportation Consultants, Inc., AECOM, and Valerie J. Southern – Transportation Consultant, LLC to prepare a Coordinated Public Transit-Human Services Transportation Plan (coordinated transportation plan) for the State of Rhode Island. The Federal Transit Administration (FTA) Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program requires that any activity to be funded be derived from a locally developed coordinated transportation plan. A previous plan was completed in 2013, but needed to be updated because of changing conditions within the state and an emphasis on developing a more holistic approach to meeting transportation needs. RIPTA, in partnership with the Rhode Island Division of Planning, was interested in identifying how to improve coordination, service delivery to populations in need, and cost effectiveness of services. Some of the changes which have occurred since the 2013 plan include changes in funding programs and increasing needs, particularly related to the growth of the elderly population in Rhode Island.

Transportation resources are limited and improved coordination of services provides an opportunity to improve service delivery, improve the user experience, increase efficiency, and enhance the service available. Communities which have implemented various transportation coordination strategies have experienced improvements in mobility options available to those who need transportation services.

The FTA provides guidance for elements that are to be included in a coordinated transportation plan. The requirements must include at a minimum:

- An assessment of available services that identifies current transportation providers (public, private, and nonprofit).
- An assessment of transportation needs for individuals with disabilities and seniors. This assessment can be based on the experiences and perceptions

of the planning partners or on more sophisticated data collection efforts and gaps in service.

- Strategies, activities, and/or projects to address the identified gaps between current services and needs, as well as opportunities to achieve efficiencies in service delivery.
- Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

Coordinated plans are to be developed and adopted through a process that includes participation by seniors, individuals with disabilities, representatives of public, private, and nonprofit transportation and human services providers, and other interested individuals. The focus of the coordinated transportation plan is on those individuals who have a greater need for transportation services and may rely on others for mobility.

This chapter includes a summary of key issues and input from key stakeholders. An inventory of existing transportation services is provided in Chapter II and transportation needs are identified in Chapters III and IV. Chapter V provides general descriptions of coordination strategies. Coordination best practices have been researched and the information is presented in Chapter VI. Coordination strategies prioritized for implementation are described in Chapter VII. The recommendations are provided as guidance for implementation of specific strategies by the Rhode Island Human Services Transportation Coordinating Council.

PARTICIPATION PROCESS

Several efforts were made to reach out and involve members of the community in the planning process. These included a stakeholder group meeting, an inventory of transportation funding agencies and providers, and local community meetings.

Stakeholder Group Meetings

Invitations were sent to 34 individuals or agencies including members of the Governor's Human Services Transportation Working Group and the Statewide Planning Office to participate as members of the planning Stakeholder Group. Two meetings were held with the Stakeholder Group. The first meeting was to present the planning effort and identify unmet transportation needs and gaps in service. The second meeting was held to obtain input for prioritization of coordination strategies.

May Stakeholder Group Meeting

The Stakeholder Group meeting was held on May 18, 2017 at RIPTA offices. There were 28 attendees at the meeting. Stakeholders were given background information on the planning process, a summary of the previous plan and progress, and the requirements for a coordinated transportation plan. The focus of the meeting was on a self-assessment of current coordination efforts and an open discussion of coordination issues and transportation needs.

A Self-Assessment questionnaire was developed using the Community Self-Assessment questions from the United We Ride Framework for Action. The questionnaire is included in Appendix A and included 14 questions related to coordination of transportation services. The results of the self-assessment are illustrated in Table I-1.

The questions that received the highest average progress rating were Question 10 (*Does the transportation system have an array of user-friendly and accessible information sources?*) and Question 13 (*Are marketing and communications programs used to build awareness and encourage greater use of the services?*) which received an average score of 2.7.

The questions that received the lowest average progress rating were Question 3 (*Is there sustained support for coordinated transportation planning among elected officials, agency administrators, and other community leaders?*) and Question 7 (*Are transportation line items included in the annual budgets for all human service programs that provide transportation services?*) which received an average score of 1.9.

At the end of the assessment, stakeholders were asked to give an overall evaluation of how well the state is currently doing, on a scale from one to four (1 = Needs to Begin, 2 = Needs Significant Action, 3 = Needs Action, 4 = Done Well). The average score received was a 2.3, illustrating significant action is needed.

Table I-1
Summary of Rhode Island Stakeholders Self Assessment

Question	Number of Respondents per Progress Rating				Total Number of Responses	Average Score
	1 Needs to Begin	2 Needs Significant Action	3 Needs Action	4 Done Well		
1. Is a governing framework in place that brings together providers, agencies, and consumers? Are there clear guidelines that all embrace?	3	14	4	3	24	2.3
2. Does the governing framework cover the entire State and maintain strong relationships with neighboring communities, regions and state agencies?	2	14	7	0	23	2.2
3. Is there sustained support for coordinated transportation planning among elected officials, agency administrators, and other community leaders?	6	12	4	0	22	1.9
4. Is there an inventory of community transportation resources and programs that fund transportation services?	4	7	8	1	20	2.3
5. Is there a process for identifying duplication of services, underused assets, and service gaps?	6	9	8	0	23	2.1
6. Are the specific transportation needs of various target populations well documented?	1	12	10	0	23	2.4
7. Are transportation line items included in the annual budgets for all human service programs that provide transportation services?	6	8	4	0	18	1.9
8. Is clear data systematically gathered on core performance issues such as cost per delivered trip, ridership, and on-time performance? Is the data systematically analyzed to determine how costs can be lowered and performance improved?	3	10	5	2	20	2.3
9. Is the plan for human services transportation coordination linked to and supported by other state and local plans such as the Regional Transportation Plan or State Transportation Improvement Plan?	3	4	11	0	18	2.4
10. Does the transportation system have an array of user-friendly and accessible information sources?	3	6	11	4	24	2.7
11. Is there a seamless payment system that supports user-friendly services and promotes customer choice of the most cost-effective service?	5	3	13	1	22	2.5
12. Are customer ideas and concerns gathered at each step of the coordination process? Is customer satisfaction data collected regularly?	5	6	8	1	20	2.3
13. Are marketing and communications programs used to build awareness and encourage greater use of the services?	4	4	12	4	24	2.7
14. Are support services coordinated to lower costs and ease management burdens? Is there a centralized dispatch system to handle requests for transportation services from agencies and individuals?	3	12	4	2	21	2.2
Overall Assessment: After reviewing each of the questions and assessing our progress, my overall evaluation of how well we are doing is:	**3**	**12**	**9**	**0**	**24**	**2.3**

The discussion that followed resulted in the following key points:

- DHS NEMT – coordination is central to the mission
- Don't know – sense of own organization's role but not statewide
- To get all questions fully answered/addressed statewide, a very big lift
- If we don't know, what about the riders?
- How to support non-transit riders, bring them into the system – lack of faith/trust
- Substance abuse/mental health – complaints about Logisticare
- Cascade effect – when people don't have access to medical assistance, problems escalate
- Clients miss being able to pick up fare media at grocery store
- Lifespan – parents accompanying children, issues with sibling transportation etc.
- Group homes > community – many associated trips come into play, grocery store etc. Navigators, travel training are key
- Multiple agencies provide/assist transportation – are they all funded sufficiently to meet needs? Is there political will to do so?
- Section 5310 funds currently being invested in vehicles – paratransit vans ($1M/year)
- Additional state/non-profit funding
- DCYF South County no bus service, NW Rhode Island no service – gaps are significant
- Volunteer drivers – Veterans
- Health Equity Zones – gaps in connectivity between bike/ped amenities and transit stops
- Youth with barriers to employment – Electric Boat transportation for internships, what happens when permanent employment is offered?
- Immigrants, language barriers
- Partnerships with Lyft and Uber? Blue Cross Blue Shield partnership
- Governor's Commission on Disabilities – paratransit on-time performance issue for job access/training; transfers between Ride/Flex, fixed route, TNC trips; getting CNAs to home based care clients
- Suburban/rural service feeding into fixed route system
- Aging population and social/emotional wellness – paratransit program restrictions

The following goals and desires were expressed by the participating stakeholders:

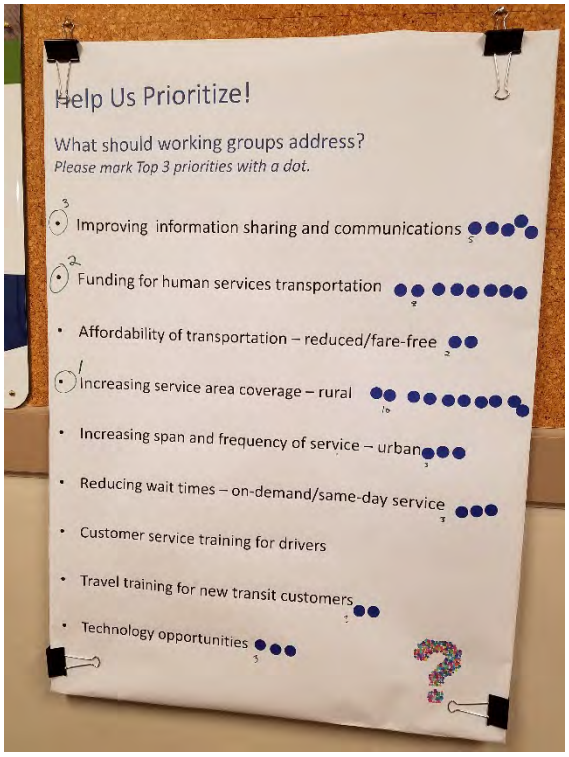
- Bus stop assessment relative to senior centers
- $5 fare card program – access for individuals living distant from distribution points
- Analysis of pre/post fare program ridership – public sharing of info
- Drivers – interaction with special populations, sensitivity and customer service training
- Transit service on the level of Boston/Europe – financial incentives for riders (tax credit, partnerships with employers)

- Trainings at community centers – RIPTA outreach
- Humanizing the process – quality service, well trained drivers, customer focus
- Statewide transportation budget NOT based on gas tax
- Meeting/coordination between subgroups

October Stakeholder Group Meeting

The Stakeholder Group met again on October 4, 2017 to provide input for coordination priorities. There were 15 participants in addition to the project team. The meeting began with a presentation by Sarah Ingle of RIPTA describing the work completed so far in the process and the key findings. An overview of the study process was given along with a description of the remaining steps. Input from the community outreach and the transportation provider survey was summarized. A discussion was held regarding coordination best practices and the implementation of the one-call/one-click center in Jacksonville, Florida.

Following the presentation, members were asked to participate in an exercise to identify priorities for coordination strategies. The top three strategies in order were 1) Increase rural service coverage area, 2) Increase funding for human service transportation, and 3) Improve information sharing and communications.



Stakeholders provided input for the structure of the Coordinating Council. Participation by municipalities will be important. While the Coordinating Council does not have specific authority as an entity, state government agencies may be able to implement recommendations within the authority of the agency. Some recommendations may require action by the Governor's office of the General Assembly. The Coordinating Council may also serve as a unified voice advocating changes to improve transportation services in Rhode Island.

Input from the Stakeholder Group was used to finalize the recommended coordination strategies described in Chapter VII.

Transportation Agency Inventory

An extensive inventory of current transportation providers, human service agencies and transportation funders was completed. The inventory of transportation services is included in Chapter II. Needs that were identified through the inventory process are included in the inventory and in the assessment of transportation needs in Chapter IV.

Community Meetings

A series of community meetings was held in locations around the state. These meetings were used to inform the public about the planning process for the coordinated transportation plan and obtain input on needs and issues that should be addressed in the plan. Information from the community meetings is provided in Chapter IV.

BEST PRACTICES

Chapter V presents a description of best practices for a variety of transportation coordination strategies. States or communities which have effectively and successfully implemented different strategies have been identified and descriptions of the strategies provided. The best practices will be a key input for determining the most appropriate strategies to be implemented in Rhode Island to address the transportation needs, gaps in service, and key issues which have been identified.

KEY ISSUES

Through input from the various efforts, a number of key issues have emerged. These include the following:

- The need for additional service in outlying or more rural areas of the state.
- Free transportation for various population segments including those with disabilities, the elderly, and low income.
- Increase frequency and longer hours for RIPTA service.

- More service to basic services, particularly for trips not covered by Medicaid through the Logisticare brokerage.
- Lack of funding to meet transportation needs.
- Improve passenger payment system including a single payment system.
- Provide a master list of all services with a single number for a help desk and to plan trips.
- Improve passenger service training for drivers, particularly for serving passengers with a disability.

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Chapter II

TRANSPORTATION
CONSULTANTS, INC.

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CHAPTER II

Inventory of Existing Services

EXISTING TRANSPORTATION SERVICES

This chapter provides an overview of existing public transit and human services transportation programs in Rhode Island. There are currently two basic types of public transportation services offered in the state: fixed route and demand responsive (paratransit) with variations including Flex, Rural Ride, and specialized services. The fixed-route operator in Rhode Island is the Rhode Island Public Transit Authority (RIPTA), which serves the state's urban centers and operates local service as well as express, rapid and flex services. Demand-responsive service in Rhode Island is provided by RIPTA's 'RIde' Program for ADA complementary paratransit service within ¾ mile of RIPTA fixed routes as well as by various public and private nonprofit and for-profit organizations and private transportation companies. Medicaid transportation is coordinated through a statewide brokerage managed by Logisticare using local transportation providers throughout the state.

As part of the Rhode Island's Coordinated Human Services Transportation Plan, the team inventoried state and local transportation programs. The goal of this effort was to gather information about existing transportation resources as well as unmet human services transportation needs. The following is an analysis of the questionnaire results. Assembling a comprehensive inventory of all services allows for the development of transit improvement recommendations that use existing resources in a more coordinated way and permit the formulation of proposals for the future.

RIPTA SERVICE SUMMARY

A summary of the transit service provided by RIPTA in 2016 is provided in Table II-1. Statewide, on fixed route services in 2016, RIPTA provided nearly 18 million trips. The Ride Program provided over 361,000 paratransit trips. The cost to operate the fixed route service was $88 million and the cost to operate the paratransit service was $15.5 million. Sources of funding used to operate the

service included Federal Transit Administration (FTA) grants, RI Gas Tax, RI State Highway Fund Reserves, and fares collected from riders.

Table II-1
RIPTA Service Summary

Service	Boardings	Fare	Total FY16 Service Cost
Fixed Route*	17.8M annual boardings**	$2 per ride***	$88,200,000
Paratransit	361K annual boardings	$4 per ride	$15,500,000

Source of data: RIPTA Department of Planning
**Includes flex and rural ride service*
***Includes 5.7m reduced fare program boardings*
****Free for qualified reduced fare passholders*

MEDICAID TRANSPORTATION SUMMARY

Logisticare became the statewide Medicaid broker in 2014. Three monthly snapshots of Medicaid Transportation provided through Logisticare is provided in Table 2. In March of 2016, Logisticare brokered almost 200,000 trips using 93 transportation providers statewide with nearly 1,100 complaints. Also in March 2016, 86 percent of trips provided were for ambulatory Medicaid recipients; 64 percent of trips were to adult day care facilities and 15 percent to dialysis centers; and 78 percent of trips operated on-time. Average ride time was 28 minutes.

Table II-2
Medicaid Transportation Summary

Statistic	May 2014	November 2015	March 2016
Monthly Trips	88,416	175,273	198,098
Average Daily Trips	3,650	6,873	7,605
Transportation Providers	22	74	93
Vehicles	140	510	520
Drivers	468	968	1,233
Logisticare Staff	37	63	63
Complaints	622	807	1,059

Source of data: Logisticare Program History

INVENTORY OF EXISTING TRANSPORTATION RESOURCES

To gather information about the various service providers in Rhode Island as well as transportation advocates and funders, a questionnaire was developed online using SurveyMonkey and sent to organizations throughout Rhode Island. The questionnaire was sent to 241 individuals/organizations (not all of which provide transportation services); responses were received from 162 individuals representing 137 different organizations across the state at 141 different locations (see Figure II-2). Most of the responses were from private non-profit organizations. Twenty-five different state government agencies, 25 municipal governments, and 85 private organizations/companies responded to the questionnaire (see Figure II-1). Eighteen respondents selected "other" as type of organization represented and indicated they were educational institutions or healthcare organizations.

Figure II-1
Responses by Organization Type

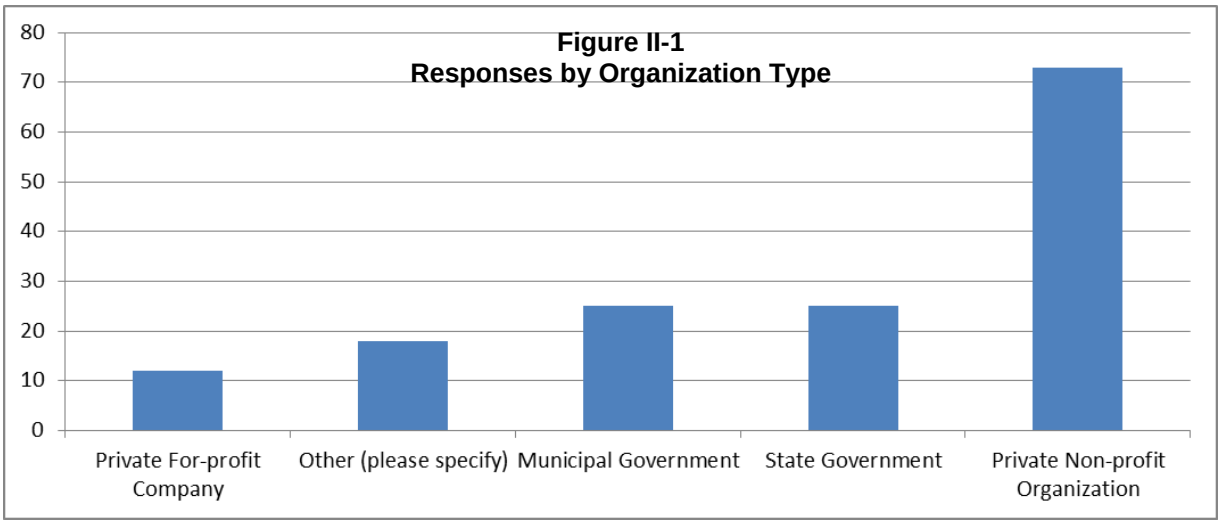
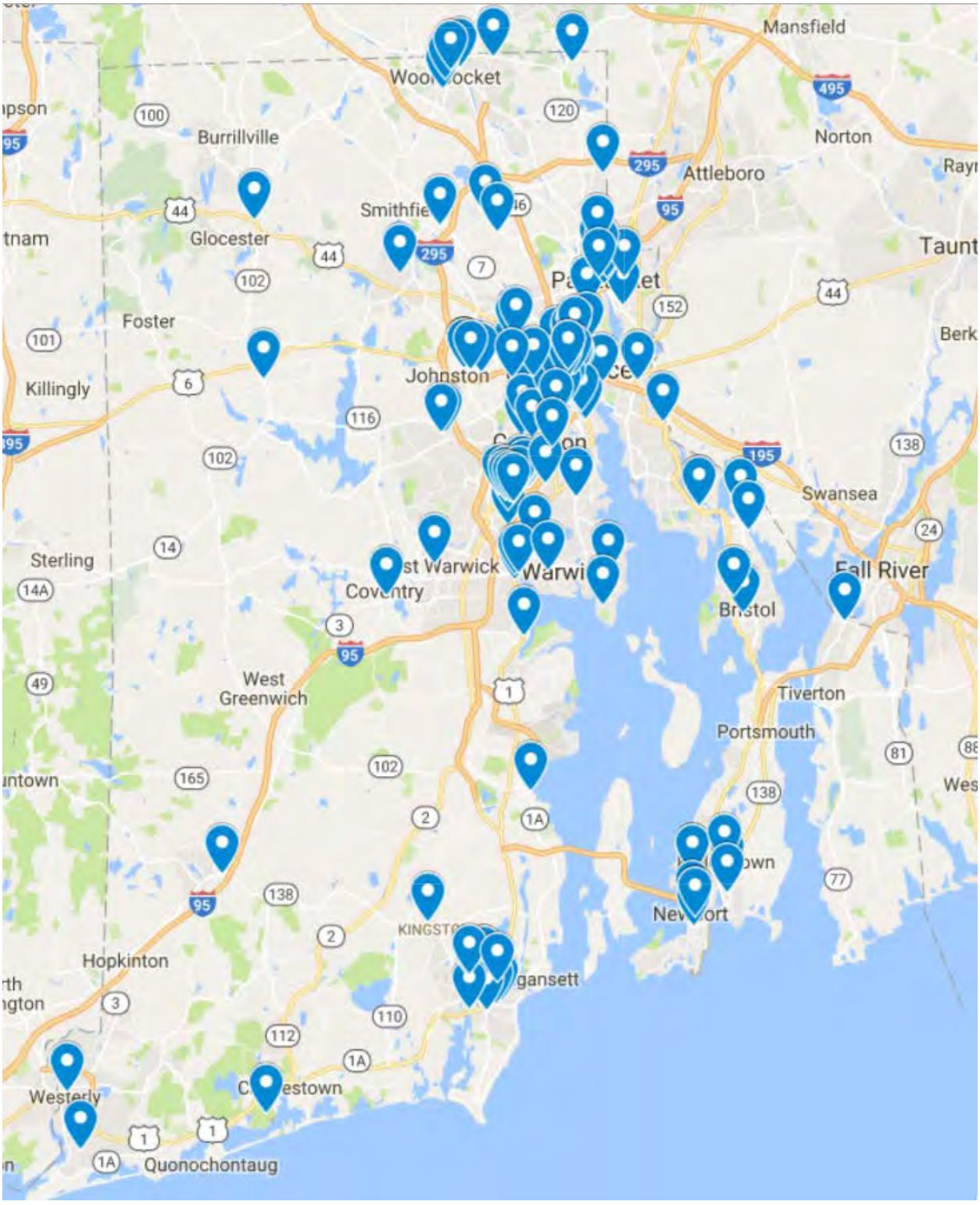


Figure II-2
Map of Organizations Responding to the Questionnaire



Responding Organizations

- AccessPoint RI Living Rite Center
- AccessPoint RI Main Office
- AccessPoint RI Supported Employment & Comstock Industries
- Age Friendly RI
- Alpert Medical School of Brown University
- Barrington Senior Center
- Blackstone Valley Assisted Living
- Blackstone Valley Community Health Care, Inc.
- Bristol Senior Center
- Central Falls School District
- Charlesgate North
- City of Central Falls
- Community Action Partnership of Providence
- Community Care Alliance
- Comprehensive Community Action Program (CCAP)
- Comprehensive Community Action
- Cornerstone Adult Services
- Coventry Community Resource Center
- Cranston Senior Enrichment Center RSVP Program
- Crossroads RI
- Department of Children Youth and Families
- Discovery House
- Discovery House
- Domestic Violence Resource Center of South County
- Dorcas International Institute of Rhode Island
- Dr. Martin Luther King, Jr. Community Center and Newport Health Equity Zone
- East Bay Community Action Program
- East Bay Educational Collaborative
- East Greenwich Senior and Human Services
- East Providence Senior Center
- Edward King House Senior Center
- Eleanor Slater Hospital
- FabNewport
- Fellowship Health Resources, Inc.
- Fellowship Health Resources, Inc. - Harbor House
- FHR, Inc
- Franklin Court Independent Living
- Galilee Mission, Inc.
- Gateway Healthcare
- Gateway Healthcare A Lifespan Partner
- Gateway-Lifespan
- Genesis Center
- Glocester Senior Center
- Governor's Commission on Disabilities
- Healthy Communities Office, City of Providence
- Hope Alzheimer's Center
- House of Hope CDC

- Integra Community Care Network
- J. Arthur Trudeau Memorial Center
- James L. Maher Center
- Johnston Senior Center
- LeadingAge RI
- Lifespan
- Lifespan
- Lifespan
- Lincoln Senior Center
- Looking Upwards
- Mentor Rhode Island
- Mt. St. Rita Health Centre
- Newport Health Equity Zone
- Newport Mental Health
- North Kingstown Senior & Human Services
- Northeast Family Services
- Office of Lieutenant Governor
- Opportunities Unlimited
- Pace Organization of RI
- Park Avenue Senior Care
- Patriarca
- Pawtucket Central Falls Development
- Pawtucket Central Falls Development
- Pawtucket Housing Authority
- ProAbility
- Providence Housing Authority
- Rhode Island College
- Rhode Island Community Living and Supports
- Rhode Island Department of Children, Youth, and Families - Cranston
- Rhode Island Department of Children, Youth, and Families - Providence
- Rhode Island Department of Labor and Training
- Rhode Island Family Court
- Rhode Island Governor's Commission on Disabilities
- Rhode Island Office of Rehabilitation Services
- Rhode Island Parent Information Network (RIPIN)
- Rhode Island Statewide Planning Office
- RI Community Action Association
- RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals
- RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) – Division of Behavioral Healthcare (BH)
- RI Department of Corrections
- RI Department of Education
- RI Department of Health
- RI Dept. of Human Services
- RI Division of Elderly Affairs
- RI Office of Veterans Affairs
- RI Department of Human Services, Office of Rehabilitation Services

- Richmond Senior Center
- RIDOH
- Saint Elizabeth Manor
- Scituate Senior Services
- Senior Agenda Coalition of RI
- Seven Hills
- Sherlock Center on Disabilities at Rhode Island College
- Smithfield Senior Center
- South County Health
- South County Hospital
- South Kingstown Senior Center
- South Shore - Family Connection
- Southern Rhode Island Volunteers
- SStarbirth
- St. Martin dePorres Sr. Center
- State of RI, EOHHS, Medicaid Division
- TAPIN (Touching Persons in Need)
- The Arc of Blackstone Valley
- The Capacity Group
- The Cove Center, Inc.
- The Education Exchange
- The Empowerment Factory
- The House of Hope, CDC
- The Olean Center
- The Providence Center
- The Providence Center - Broad Street
- The Providence Center - Hope St
- The Providence Center - Pawtucket
- The Providence Center - Prairie Ave
- The Providence Center - Providence
- Thundermist Health Center
- Tiverton Senior Center
- TockWotton on the Waterfront
- Town Cumberland senior Center
- Town of Charlestown Sr. Comm Center
- Town of Narragansett Senior/Community Center
- Transwick Program
- Tri County Community Action Agency
- URI Disability Services for Students
- Valley Transportation Corp.
- Vocworks
- Warren Senior Center
- Washington County Coalition for Children
- Welcome House of South County
- West Bay Residential Services
- Westbay Community Action
- Westerly substance abuse prevention task force
- Women's Resource Center
- Women's Resource Center Newport County
- Workforce Partnership of Greater Rhode Island
- Year Up
- YouthBuild Preparatory Academy

The service providers were asked to describe their service, clientele, service coverage, vehicle inventory, and operating and financial statistics. A copy of the questionnaire is provided in Appendix A.

Because not all data items in the survey were completed, additional resources were used to inventory the existing funders and providers. These resources included existing plans and studies, agency websites and conversations with agency staff members, and input from RIPTA.

It is likely some organizations that were sent a questionnaire do not actually operate or administer transportation services and did not find it necessary to complete a survey. In addition, recent changes in the State with regard to Medicaid transportation have likely resulted in various organizations no longer operating or administering transportation services.

Population Segments Served

The survey asked which segment(s) of the population each organization served; multiple answers were allowed. The largest response was for the elderly followed closely by those with mental or cognitive disabilities: 57.9 percent of the different organizations provided services to the elderly and 57.2 percent to those with mental or cognitive disabilities (see Table II-3). Sixty-seven respondents (44.1 percent) stated that the service is open to all population segments and is not restricted. "Other" represented 32 responses; many stated they provided services for the homeless, abuse victims, immigrants, and substance users. Those that responded that they serve the elderly or youth were asked to specify age groups. Many selected both of these groups and stated they serve all ages. Those that indicated that they serve only the elderly population typically serve individuals over 55 or 60 years of age. Those that indicated that they serve youths varied between infancy to 18 or 21 and students of college age.

Table II-3 Population Groups Served						
Population Group Served	**Municipal Government**	**Other**	**Private For-profit Company**	**Private Non-profit Organization**	**State Government**	**Total**
Mental or Cognitive Disability	6	11	10	48	12	87
Elderly	19	4	7	49	9	88
Physical Disabilities	11	8	10	43	7	79
Low Income/TANF	10	5	8	32	12	67
General Public	7	8	4	37	11	67
Unemployed	7	4	4	40	11	66
Veterans	7	6	3	32	10	58
Youth	5	6	5	32	9	57
Visually Impaired	7	7	6	28	9	57
Other (please specify)	4	6	1	16	5	32

Municipal governments and the State serve the low-income segments of the population the most, while the private organizations tend to serve those with a disability the most. Both the private organizations and the Municipal governments have a focus on serving the elderly population.

Types of Services Organizations Provide

The survey asked which service(s) each organization provided; multiple answers were allowed. The largest response was for "Other" services. Nearly 50 percent or 74 of the different organizations provided some type of service not included in the list for the inventory. While many of the "Other" category response could be associated with one of the categories listed, clarifications were provided with more detail on the groups served. Reoccurring "Other" comments that could not be categorized elsewhere and were not clarifications/specifics on a service provided included homeless shelters, senior activities, community outreach, and substance abuse treatment. The next largest response was for Counseling, with 52 responses. Those with the fewest responses included Veterans Services, Higher Education, and Head Start. The smallest response was for Head Start services with just eight responders. One-third of respondent organizations provide transportation services.

Table II-4 Services Provided						
	Municipal Government	Other	Private For-profit Company	Private Non-profit Organization	State Government	Total
Other	12	12	4	30	16	74
Counseling	5	5	6	32	4	52
Transportation	13	4	2	27	5	51
Job/Employment Training	1	6	3	39	7	56
Residential Care	0	3	3	28	2	36
Housing	3	2	1	26	3	35
Recreation	13	3	1	21	4	42
Nutrition/Meals	17	0	1	22	4	44
Rehabilitation Services	1	2	1	21	4	29
Medical/Dental	2	0	2	15	6	25
Child Day Care	0	0	1	14	3	18
Adult Day Care	1	0	2	11	2	16
Veterans Services	4	1	0	2	4	11
Welfare/Public Assistance	6	0	0	8	2	16
Higher Education	1	3	0	2	4	10
Head Start	0	0	0	6	2	8

Municipal governments largely provide Nutrition/Meals, recreation and transportation programs; they do not provide residential care, child day care or Head Start. Private for-profit companies are largely providing counseling services. Private non-profits are providing a range of services with emphasis on job/employment training, counseling, other and residential care. The State provides "Other" and Job/employment training.

Level of Involvement with Transportation Services

All respondents were asked about their level of involvement with transportation services. The greatest response was from the advocate group (58 percent), which included those who inform people on transportation services (see Figure II-3 and Table II-5). The provider group accounted for 27 percent and included those who directly operate and those who contract out services. The smallest group was the funders at 15 percent.

Municipal governments and private non-profit organizations were most likely to provide services through either directly operating or contracting transportation. Private for-profit organizations were advocates informing their populations of transportation options. The state government was mostly involved to fund transportation.

Figure II-3
Level of Involvement with Transportation Services

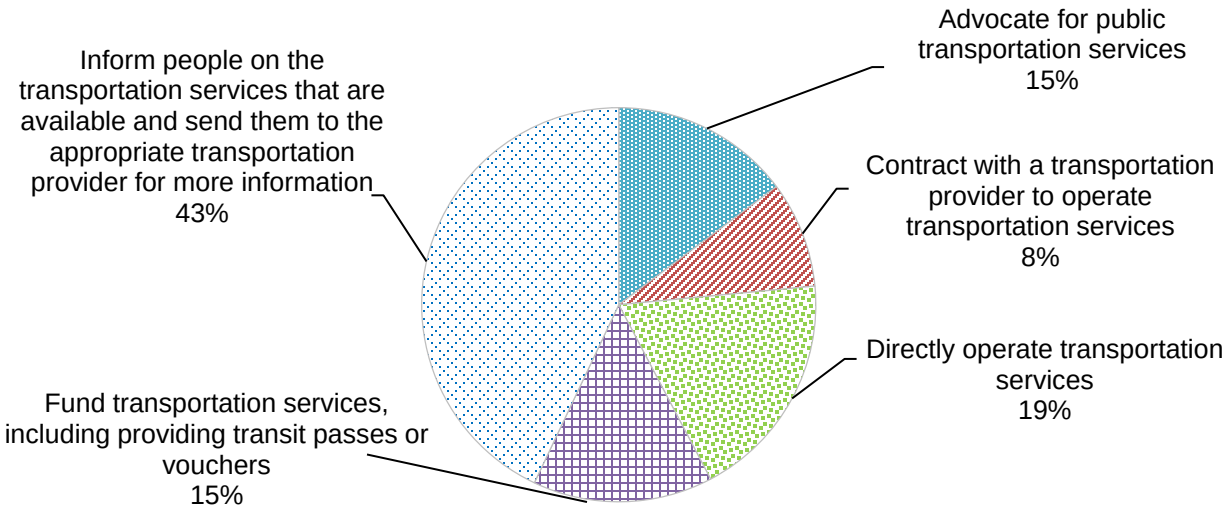


Table II-5
Level of Involvement with Transportation Services by Organization Type

Involvement level	Municipal Government	Other	Private For-profit Company	Private Non-profit Organization	State Government
Advocate for public transportation services	5	4	2	9	2
Contract with a transportation provider to operate transportation services		1	1	9	2
Directly operate transportation services	9	3	1	14	1
Fund transportation services, including providing transit passes or vouchers	1	1	1	10	9
Inform people on the transportation services that are available and send them to the appropriate transportation provider for more information	9	9	6	29	11
Grand Total	**25**	**18**	**12**	**73**	**25**

Transportation Service Providers

This section describes all of the transportation service providers in Rhode Island who completed the questionnaire. There are 41 transportation service providers, with 28 directly operating service and 13 contracting it out. They are located throughout the state but heavily clustered in and around Providence (Figure II-4).

Figure II-4.
Location of Providers

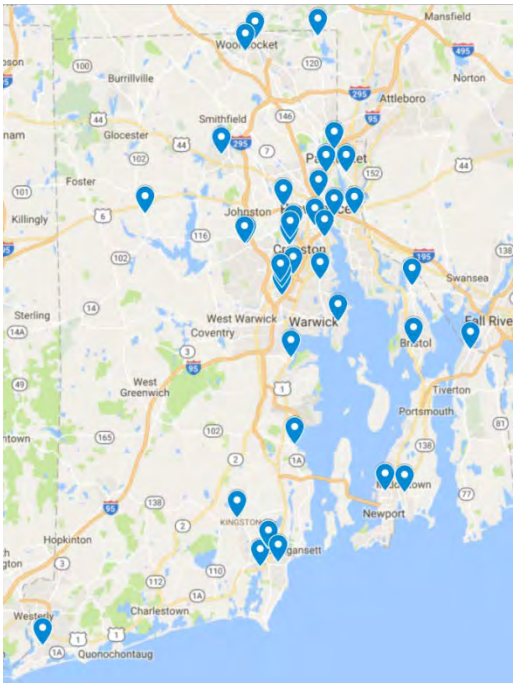


Table II-6
Number of Vehicles for Directly Provided Service

No. of vehicles	No. of Responses
1-5	10
6-10	3
11-15	3
16+	5
Didn't respond	7

For those that directly operate transportation services, 23 operate their own vehicles, one uses a contractor and 4 responded "Other." A breakdown of the number of vehicles operated is provided in Table II-6. Those who contract out services include Logisticare, RIPTA RIDE, Security Professionals of RI, Durham School Services, Northwest Transportation, and Alert Ambulance. Two organizations reported using volunteers to help operate transportation service.

The most common type of service provided was door-to-door with 15 respondents, followed by door through door with nine. There were no providers that operated circulator or subscription services. Respondents were allowed to select all service types offered and three stated they offered more than one type of service. Those that selected "Other" specified that it was within a certain geographic area, for clients/members/patients only, they also ran special event based transportation, or the shuttle they operate is only certain days a week.

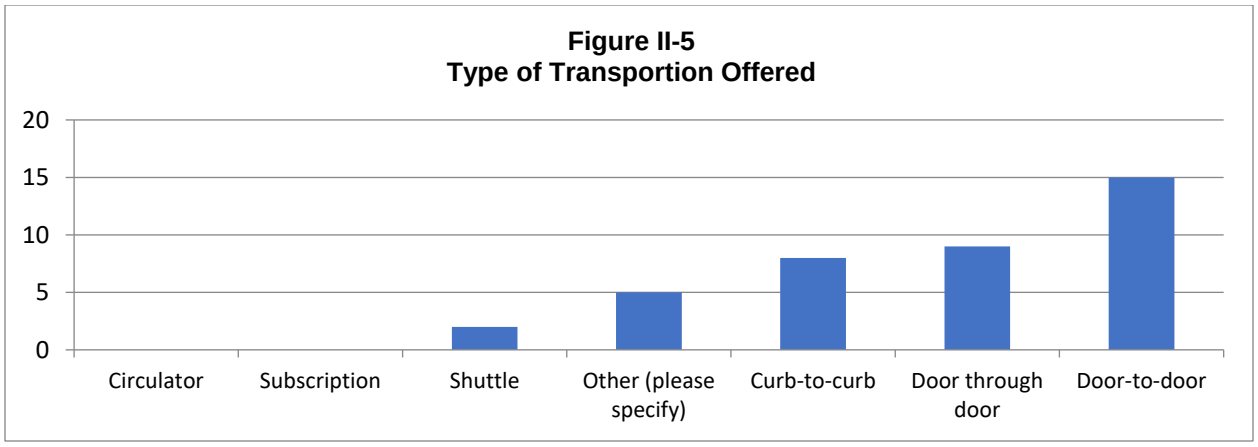


Figure II-5
Type of Transportion Offered
20
15
10
5
0
Circulator
Subscription
Shuttle
Other (please specify)
Curb-to-curb
Door through door
Door-to-door

Table II-7
Summary of Providers (Page 1)

Organization	Type of Organization	Where Service Operates	Days of Service	Hours of Service	Type of Operation	Trip Purposes Served	Transportation Budget
AccessPoint RI Living Rite Center	Private Non-profit Organization				Direct Operation	Not Available	
AccessPoint RI Main Office	Private Non-profit Organization	Statewide	7 days	8:00 am - 3:30 pm other services are 24 hour	Contract	Medical/Dental, Job/Employment Training, Social/Family Visits, Adult Day Care, Recreation Shopping, Child Day Care, Rehabilitation Services, Counseling, Employment, Residential Care, Housing, Other	$750,000
AccessPoint RI Supported Employment & Comstock Industries	Private Non-profit Organization	Statewide	7 days	8:00 AM - 4:00 PM	Direct Operation	Medical/Dental, Job/Employment Training, Social/Family Visits, Adult Day Care, Recreation Shopping, Rehabilitation Services, Counseling, Employment, Residential Care, Housing	
Blackstone Valley Assisted Living	Private For-profit Company				Contract	Not Available	
Cornerstone Adult Services	Private Non-profit Organization				Contract	Not Available	
Cranston Senior Enrichment Center RSVP Program	Municipal Government				Direct Operation	Not Available	
East Bay Educational Collaborative	Private Non-profit Organization	East Bay	Weekdays only	7:00 AM -1:00 PM	Contract	Job/Employment Training, Recreation, Employment, Higher Education	
East Greenwich Senior and Human Services	Municipal Government	East Greenwich,North Kingstown	Weekdays only	8:30 AM - 4:30 PM	Direct Operation	Medical/Dental, Recreation, Shopping, Veterans Services, Welfare/Public Assistance, Counseling, Nutrition/Meals	$36,036 + Cost of maintenance and gas
East Providence Senior Center	Municipal Government	East Providence	Weekdays only	8:00 AM - 4:00 PM	Direct Operation	Recreation, Counseling, Nutrtion/Meals	
Eleanor Slater Hospital	State Government	Cranston/Warwick & Northern RI	7 days	1st shift	Contract	Medical/Dental, Social/Family Visits, Recreation, Shopping, Other	
FabNewport	Private Non-profit Organization				Contract	Not Available	
FHR, Inc	Private Non-profit Organization	Statewide	7 days	24 hours a day	Direct Operation	Medical/Dental, Job/Employment Training, Social/Family Visits, Adult Day Care, Recreation, Shopping, Welfare/Public Assistance, Rehabilitation Services, Counseling	
James L. Maher Center	Private Non-profit Organization	Statewide	Weekdays only	7:00 AM-7:00 PM	Direct Operation	Job/Employment Training, Recreation, Employment	
Lifespan	Other	Providence	7 days	Varies by facility	Contract	Medical/Dental, Counseling, Other	

Table II-7
Summary of Providers (Page 2)

Organization	Type of Organization	Where Service Operates	Days of Service	Hours of Service	Type of Operation	Trip Purposes Served	Transportation Budget
Mt. St. Rita Health Centre	Private Non-profit Organization				Contract	Not Available	
Opportunities Unlimited	Private Non-profit Organization	Providence, Cranston; North Providence; Warwick; West Warwick; East Greenwich and South Kingstown	7 days	8:00 AM - 4:00 PM; 24 hours for residential care services	Direct Operation	Medical/Dental, Job/Employment Training, Social/Family Visits, Recreation, Shopping, Rehabilitation Services, Counseling, Employment, Nutrition/Meals, Residential Care, Housing, Other	$80,000
Pace Organization of RI	Private Non-profit Organization	Providence	Weekdays only	7:30 AM - 4:00 PM	Direct Operation	Medical/Dental, Adult Day Care	$30,000
Saint Elizabeth Manor	Private Non-profit Organization				Contract	Not Available	
Scituate Senior Services	Municipal Government	Scituate	Weekdays only	9:00 AM - 2:00 PM	Direct Operation	Medical/Dental, Other	$33,500
Seven Hills	Private Non-profit Organization	Northern RI	7 days	24 hours a day	Direct Operation	Medical/Dental, Job/Employment Training, Social/Family Visits, Adult Day Care, Recreation, Shopping, Rehabilitation Services, Counseling, Employment, Nutrition/Meals, Residential Care, Housing	
South County Hospital	Private Non-profit Organization	Washington County	Weekdays only	7:00 AM -3:00 PM	Direct Operation	Medical/Dental	
South Kingstown Senior Center	Municipal Government	South Kingstown	Weekdays only	7:30 AM - 3:30 PM	Direct Operation	Shopping, Nutrition/Meals, Other	
Southern Rhode Island Volunteers	Private Non-profit Organization	Washington County	Weekdays and Saturdays	8:30 AM - 4:30 PM	Direct Operation	Medical/Dental, Shopping, Veterans Services, Nutrition/Meals	$76,800
Starbirth	Private Non-profit Organization				Direct Operation	Not Available	
State of RI, EOHHS, Medicaid Division	State Government	Statewide	7 days	24 hours a day	Contract	Medical/Dental, Job/Employment Training, Social/Family Visits, Adult Day Care, Rehabilitation Services, Counseling, Nutrition/Meals	$37 million.
The Arc of Blackstone Valley	Other - contractors	Pawtucket, Central Falls, East Providence, incoln, Cumberland	Weekdays only	9:00 AM - 3:00 PM	Direct Operation	Medical/Dental, Job/Employment Training, Recreation, Rehabilitation Services, Residential Care	

Table II-7
Summary of Providers (Page 3)

Organization	Type of Organization	Where Service Operates	Days of Service	Hours of Service	Type of Operation	Trip Purposes Served	Transportation Budget
The Cove Center, Inc.	Private Non-profit Organization	Statewide & some southeastern MA	7 days	24 hours a day	Contract	Medical/Dental, Job/Employment Training, Social/Family Visits, Recreation, Shopping, Rehabilitation Services, Counseling, Employment, Residential Care	over $100k
The Empowerment Factory	Private Non-profit Organization	Pawtucket	Weekdays only	Varied times	Contract	Not Available	
The Olean Center	Private Non-profit Organization	Westerly, Richmond, Wakefield, S. Kingston, and surrounding areas.	7 days	7:00 AM-4:00 PM	Direct Operation	Medical/Dental, Job/Employment Training, Social/Family Visits, Adult Day Care, Recreation, Shopping, Counseling, Employment, Residential Care, Other	
The Providence Center	Private Non-profit Organization	South Kingstown, North Kingstown, Warwick and West Warwick, Providence, Westerly	Weekdays only	8:00 AM - 4:00 PM; 24 hours for residential care services	Direct Operation	Medical/Dental, Job/Employment Training, Social/Family Visits, Adult Day Care, Recreation, Shopping, Welfare/Public Assistance, Veterans Services, Rehabilitation Services, Counseling, Employment, Nutrition/Meals, Residential Care, Housing, Higher Education, Other	
Tiverton Senior Center	Municipal Government	Tiverton	Weekdays only	8:30 AM - 4:00 PM	Direct Operation	Recreation, Shopping, Nutrition/Meals	$11,500
Town of Narragansett Senior/Community Center	Other - Town Senior Van	Narragansett Area	Weekdays only	8:00 AM - 12:00 PM	Direct Operation	Medical/Dental, Shopping	
West Bay Residential Services	Private Non-profit Organization				Contract	Not Available	
North Kingstown Senior & Human Services	Municipal Government	North Kingstown	Weekdays only	9:00 AM and 3:00 PM	Direct Operation	Medical/Dental, Recreation, Shopping, Nutrition/Meals	$65,869
Franklin Court Independent Living	Private Non-profit Organization	East Bay area	Weekdays only	Varies	Direct Operation	Medical/Dental, Shopping	
Smithfield Senior Center	Municipal Government	Smithfield	Weekdays only	8:00 AM - 4:00 PM	Direct Operation	Medical/Dental, Social/Family Visits, Adult Day Care, Shopping, Welfare/Public Assistance, Rehabilitation Services, Employment, Nutrition/Meals	$12,000
URI Disability Services for Students	Higher Education	URI Kingston Campus	Weekdays only	7:45 AM - 5:00 PM	Direct Operation	Higher Education	
Transwick Program	Municipal Government	Warwick	Weekdays only	8:00 AM - 4:00 PM	Direct Operation	Other, Nutrition/Meals, Shopping	$270,000
TockWotton on the Waterfront	Private Non-profit Organization	Providence and East Providence	7 days	24 hours a day	Direct Operation	Medical/Dental, Social/Family Visits, Recreation, Shopping	$50,000
Rhode Island Community Living and Supports	State Government	Woonsocket to Charleston	7 days	24 hours a day	Direct Operation	Medical/Dental, Job/Employment Training, Social/Family Visits, Recreation, Shopping, Rehabilitation Services, Counseling, Employment, Residential Care	$383,032
Valley Transportation Corp.	Private For-profit Company	Statewide	Weekdays only	6:00 AM - 5:00 PM	Direct Operation	Medical/Dental, Social/Family Visits, Adult Day Care, Recreation, Shopping, Rehabilitation Services, Head Start, Child Day Care	

The hours of service vary greatly among the providers but service is predominantly available between 8:30 AM and 3 PM. Twelve of the providers have service seven days a week; 17 are on weekdays only and no one provides just weekend service. The majority of the providers stated the service was specific to a community/region and the surrounding area. Five providers said the service was operated statewide and one of these also provides service to southeast Massachusetts.

As shown in Table II-8, many providers operate transportation for multiple purposes. The most common purpose is for medical/dental with 53.7 percent providing transportation for this reason. Very few provide transportation services for children needing day care or access to Head Start. All who provide transportation to job/employment training also provide it to employment. There was correlation between several trip purposes. Many who provide access to social visits also provide transportation to recreation, shopping, rehabilitation, counseling, Adult Day Care and vice versa. When asked what the top destinations were for transportation they were for job/employment training, medical/dental, recreation, and nutrition/meals.

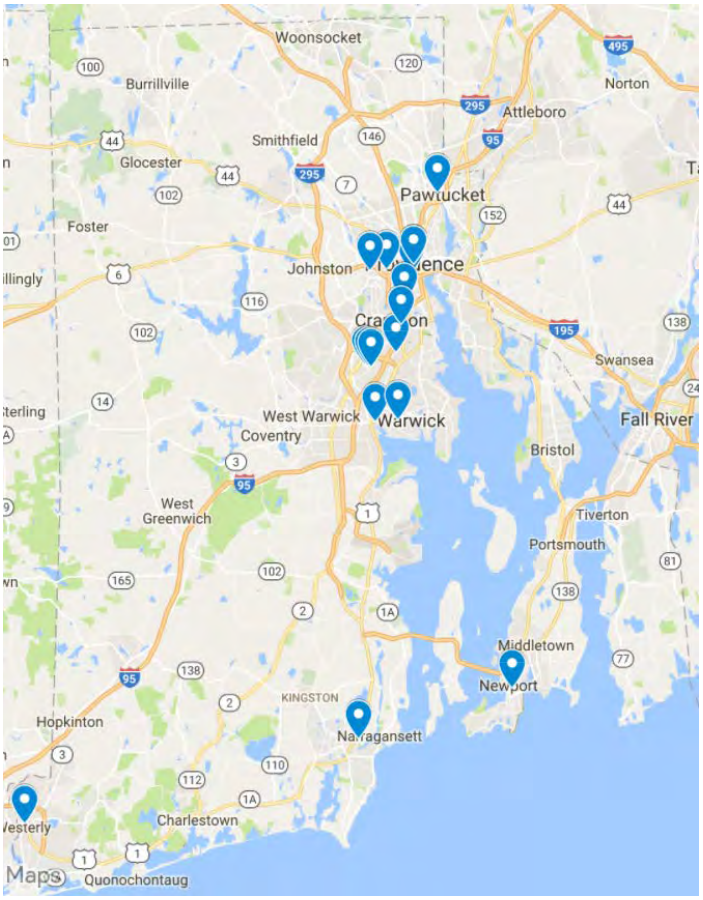
Table II-8 Transportation Trip Purposes	
Purpose	**Number**
Medical/Dental	22
Recreation	20
Shopping	19
Job/Employment Training	13
Counseling	13
Social/Family Visits	12
Employment	10
Nutrition/Meals	10
Adult Day Care	9
Residential Care	9
Rehabilitation Services	8
Other	7
Housing	6
Welfare/Public Assistance	3
Veterans Services	3
Higher Education	2
Child Day Care	1
Head Start	1

Transportation is a line item on the budget of 20 of the providers; it is not for 8 (the remainder did not answer). However, many were unsure as to how much was actually spent on providing transportation. Those that did know ranged from as low as $30,000 to as high as $37 Million (State of RI, EOHHS, Medicaid Division). Eighteen did not provide transportation assistance by providing free or reduced cost transit passes or vouchers to clients, or offering transportation grants. The six that did provide transportation assistance do so in the form of cab vouchers or RIPTA day passes.

Financial Assistance (Funders)

This section describes the 22 transportation funders in Rhode Island who completed the questionnaire. They are located throughout the state but heavily clustered in and around Providence (see Figure II-6).

Figure II-6
Transportation Funders Map



Transportation is funded by seven organizations for any purpose while 15 organizations limit funding to specific trip purposes. The most common purpose for those funding transportation for limited purposes was for employment or job/employment training with 80 percent funding transportation for this reason. Very few funded transportation services for shopping, adult day care, head start, or recreation. Almost all who funded transportation to job/employment training also funded it for employment.

Transportation is a line item for 40.9 percent of the funders. However, many were unsure as to how much is actually spent on transportation. Those that did know the exact transportation budget ranged from as low as $200 to as high as $2 Million (BHDDB). Financial support was provided for transportation services

through grants, Medicaid, bus passes, taxi vouchers and direct payments to transportation companies.

Table II-9
Transportation Funding by Trip Purpose

Purpose	Number
Job/Employment Training	12
Employment	10
Medical/Dental	7
Counseling	6
Rehabilitation Services	6
Social/Family Visits	5
Housing	4
Higher Education	4
Residential Care	3
Welfare/Public Assistance	3
Veterans Services	3
Child Day Care	3
Nutrition/Meals	2
Other	2
Shopping	1
Adult Day Care	1
Head Start	1
Recreation	0

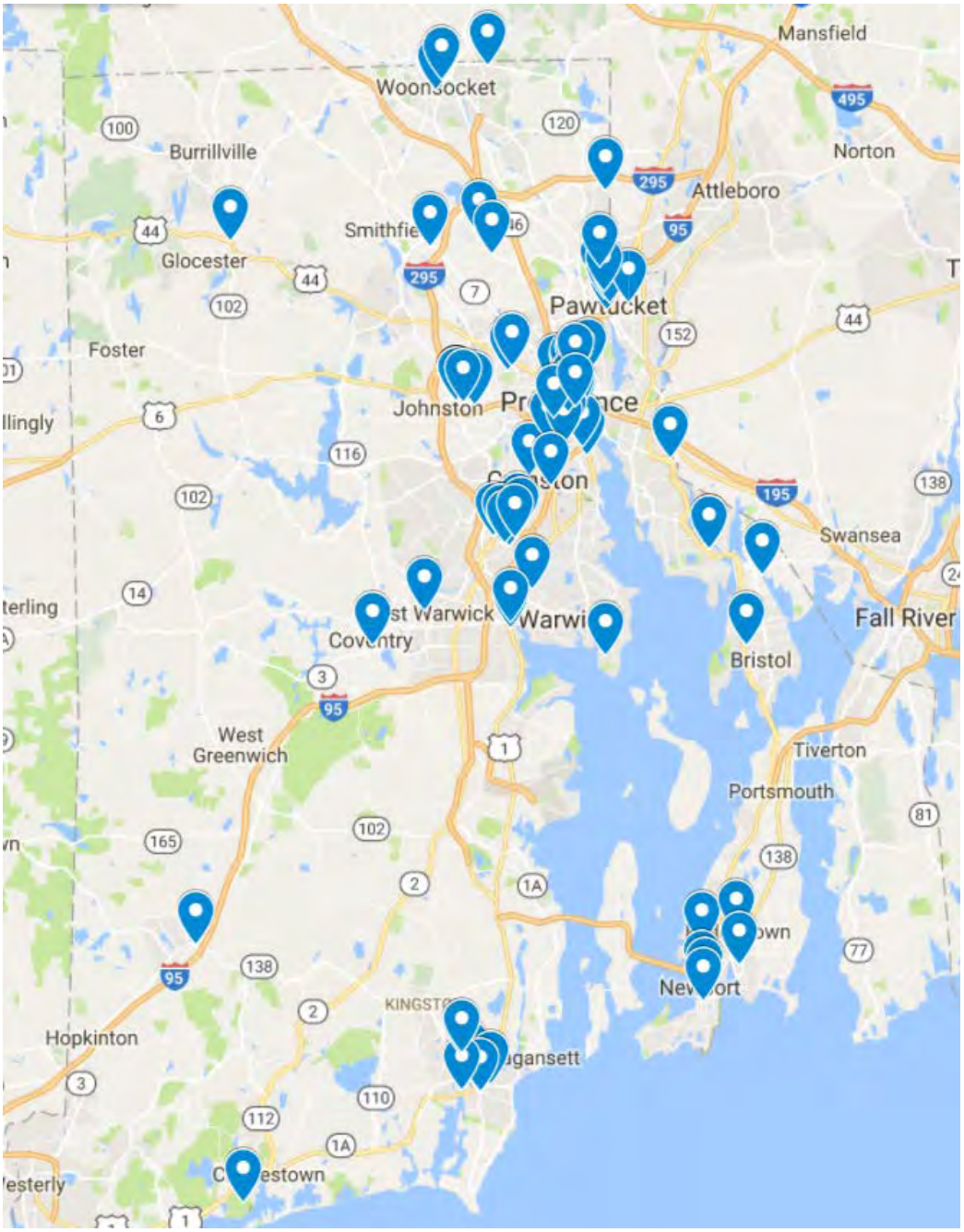
Table II-10
Summary of Funders

Organization	Type of Organization	How transportation is funded	Trip Purposes Funded	Transportation Budget
RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals	State Government	Medicaid, Grants	Any/all purposes and destinations	$2 Million
Crossroads RI	Private Non-profit Organization	Through minimal grant support. Some donation	Medical/Dental, Job/Employment Training, Social/Family Visits, Welfare/Public Assistance, Veterans Services, Child Day Care, Rehabilitation Services, Counseling, Employment, Residential Care, Housing	$3,000
Department of Children Youth and Families	State Government	Bus Passes	Medical/Dental, Social/Family Visits, Counseling	
RI Dept of Human Services	State Government	MOU with RIPTA - issuance of bus passes for clients	Any/all purposes and destinations	$200,000
House of Hope CDC	Private Non-profit Organization	Ggrant funds for RIPTIXS and bus passes	Medical/Dental, Job/Employment Training, Social/Family Visits, Shopping, Counseling, Employment, Other	$15,000
Lifespan	Private Non-profit Organization	Distribution of taxi vouchers for patients in need	Any/all purposes and destinations	
RI Department of Human Services, Office of Rehabilitation Services	State Government	Bus passes, 10 days passes and RIDE passes, riptix	Job/Employment Training, Rehabilitation Services, Employment, Higher Education	$20,000
RI Office of Veterans Affairs	State Government	Grants	Any/all purposes and destinations	$60,000
The House of Hope, CDC	Private Non-profit Organization	Not Available	Medical/Dental, Job/Employment Training, Veterans Services, Rehabilitation Services, Counseling, Employment, Nutrition/Meals, Housing	
Westbay Community Action	Private Non-profit Organization	Grants	Medical/Dental, Job/Employment Training, Social/Family Visits, Welfare/Public Assistance, Veterans Services, Child Day Care, Rehabilitation Services, Counseling, Employment, Nutrition/Meals, Head Start, Residential Care, Housing, Higher Education	$2,500
Westerly substance abuse prevention task force	Other (please specify)	Direct payment to transportation companies for programming transport	Child Day Care	$450
Women's Resource Center	Private Non-profit Organization	we distribute passes on an "as needed basis"	Medical/Dental, Social/Family Visits, Recreation, Welfare/Public Assistance, Counseling, Employment, Residential Care, Housing, Higher Education	$200
Workforce Partnership of Greater Rhode Island	State Government	Bus Passes	Job/Employment Training, Employment, Higher Education	$2,500
Year Up	Private Non-profit Organization	Subsiidizes half the monthly bus pass cost	Any/all purposes and destinations	$2,500
Comprehensive Community Action Program (CCAP)	Private Non-profit Organization	Grants	Job/Employment Training	$5,000
YouthBuild Preparatory Academy	Private For-profit Company	Fundraising and grants	Any/all purposes and destinations	$1,500
Dorcas International Institute of Rhode Island	Private Non-profit Organization	Bus passes	Medical/Dental, Job/Employment Training	
Community Action Partnership of Providence	Private Non-profit Organization	Grants	Job/Employment Training	$3,000

Transportation Assistance (Advocates)

This section provides information on the 86 transportation advocates in Rhode Island who completed the questionnaire. They are located throughout the state but heavily clustered in and around Providence (see Figure II-7). Forty-five of the advocates stated that they receive requests for transportation the organization is unable to accommodate. These are outlined in the unmet needs section below.

Figure II-7
Transportation Advocates Map



Unmet Needs

Respondents were asked if there were any resources they wished were available that were not currently available. Common themes among the respondents and the number of times each theme was reported are included in Table II-11. The most common theme was for free or reduced bus passes.

Table II-11
Common Themes for Missing Resources

Theme	# of Responses
Free transportation including free reduced passes	33
Better access to outlying areas/increased statewide coverage for RIPTA	26
Increased funding for transportation	26
Increase RIPTA service hours and trips	14
Free transportation for the elderly	9
"One-stop" information resources	9
Free transportation for the disabled	8
Free and reduced passes for low income individuals	7
Additional hours and coverage area on RIDE	6
Bus stops installed closer to service buildings	5
More on demand services	4
Ride services such as Uber or Lyft which are publicly funded	3
Tutorials or training programs on how to use the bus and read RIPTA schedules	3
Improve transit access to health care, recreation and nutrition providers	3
Improved communication/coordination amongst providers	2
Improved access	2
More direct RIPTA routes	2
Free/reduced transportation for students	2
Streamline/single application process for all public transportation subsidies available to RI residents	2
Better Medicaid service than Logisticare	2
Improved training for drivers	2
Affordable transportation	2
Improved reliability of RIPTA	2
"on-demand" transportation to Primary care offices & urgent care centers to reduce the impact on Emergency Room facilities	1
Logisticare-type service to DHS and other municipal agencies	1
Transportation services for folks with disabilities to NON MEDICAL locations	1
Transportation to major local employers	1
Information available in more than one language	1

The next set of questions asked respondents if there were any unmet needs. Many of the responses were similar to those asking about missing resources. A summary of the responses is found in Table II-12.

Table II-12 Unmet Transportation Needs	
Theme	**# of Responses**
Transportation to medical appointments	23
More on demand services for shopping etc. that Logisticare does not accommodate	20
Access to outlying areas/increased statewide coverage for RIPTA	13
Transportation to internal programs	10
Free transportation including free reduced passes and vouchers	8
Transportation to work and job programs	8
Lack of reliability and timeliness of Logisticare	7
Increased funding for transportation	6
Additional hours and coverage area on RIDE	5
Transportation to offices such as DCYF, mental health facilities and other non-medical appointments	4
Unable to provided requested transportation	4
Lack of RIDE service in the area	4
Assistance with obtaining disabled and elderly bus pass, RIDE access, and Logisticare	4
"One-stop" information resources	3
Ride services such as Uber or Lyft which are publically funded	3
More Flex bus	3
Transportation for the disabled	2
Transportation for those with significant medical needs	2
Tutorials or training programs on how to use the bus and read RIPTA schedules	2
Free/reduced transportation for students	2
Affordable Transportation	2
Late night RIDE/RIPTA service	2
Assistance with out of state transportation	2
Weekend transportation	2
Bus passes do not arrive on time or at all	2
RIPTA restriction to two bags	1
Transportation for those in the process of applying for disability but legally so yet	1
Request for additional trips for the authorized funding	1

Other Comments

Forty-four individuals provided additional responses. They were positive and stressed the importance of transportation but the lack of funding that often creates a barrier. They called for such things as increased funding, simplified bus schedules, a phone app for the location bus stops, real time bus information, shuttles for the elderly and disabled to access shopping, more bus routes, increased access to ridesharing services, and employer incentives for using public transportation, to name a few. They reiterated the need for a streamlined application process, one-stop information website, increased bus service, and increased funding for transportation. With regard to Logisticare, the comments recommended expanding trips to include non-medical essential appointments such as court dates and improved service.

Figure II-8
Common Words and Themes from the Comments

A list of all comments is provided below:

- The RIDOC spends thousands of dollars on RIPTIX but still has to ration their use and many offenders being released and on probation cases don't have the transportation needed.
- HELP! We need a multi-tiered coordinated effort to handle the transportation needs of the largest subpopulation this State currently supports.
- All transportation for seniors/disabled should be free or reduced with a forever pass, similar to driver's license the hassles to renew are surmountable.
- There is a rural need for more bus routes. Rural communities also suffer from poverty and need more transportation to Dr., education facilities, stores, etc.
- It is difficult for many East Bay residents to access RIPTA for doctor appointments due to the routes. Many people would have to go to Providence and then transfer to another bus to get to East Providence or Warren or Bristol.
- I would like to see more funding for transportation with no cost for seniors.
- We have limited transportation that is provided by the management company that could cease at any time due to funding. We are HUD 202 low-income senior housing facility and transportation is not an allowed budget line for us so we are grateful for what we get from the management company.
- At this time elderly are transported to the center for the purpose of the meal site program. Additional length of stay for those that are interested in participating in social activities is needed. Also, transportation for seniors to purchase groceries is a common request.
- Better planning and placed (I can't read this word) need to be looked at for RI elders.
- On behalf of our seniors--Thank you.
- Out of the box solutions are needed to solve the transportation problems in non-metro areas. Have you thought to look at other rural areas of the country to see what innovative solutions they have come up with? What we have in RI is broken, looking here won't fix the problem.
- Public input sessions should be held specifically in the buildings that will provide the most user information- senior centers, housing towers, CAP agencies, transition academies. RIPTA has an opportunity to look at partnering with schools and children who need to develop life skills-IEP process in High School or the state-wide collaboratives.
- Anything that you can do with such a large community as Coventry would be helpful. Thank You.
- Free passes please.

- Would like to become a provider with Logisticare to provide transportation for adult day services and those participants who only speak Chinese.
- Public transportation is severely limited between Wakefield and Westerly. Routes other than to providence are impractical due to transfers
- Expansion of services to catchment areas needs to seriously be looked at. People's life's and accessibility to their community is a quality of life issue. RIDE was in this area previously providing services. Expansion of bus routes and the ADA corridor is a must so that individuals can get to jobs. Some jobs are 6 and 7 miles from their homes and they can't get the Flex RIDE. Many people want to work we need better transportation!
- Grid services that run North, south, east west on a regular basis especially during average working hours (1st shifts, 2nd shifts, overnights)
- Transportation can a frustrating barrier to over some with the poor and undeserved. By and large, RIPTA accommodates the residents of Providence well. However, using RIPTA for the first time can be a confusing and anxiety invoking experiencing. Please think of way to make RIPTA schedules and routes easier to comprehend and navigate. I have a graduate education and have used public transportation in cities across the world and in languages I do not speak. I was flummoxed the first time I tried to take a RIPTA bus from point A to B. Please develop a useful RIPTA app that tracks GPS locations of buses, directs you to the nearest bus stop, tells you what bus to get on, and where to get off based on your location and destination. Many large cities have these types of apps and they make public transportation much more user friendly. Have a contest among local computer science students to develop the app if you need it too, there's enough of them around. The state has made great strides over the past couple years in the past couple years of helping those in need get transportation by implementing Logisticare and addressing issues with their service delivery. The ADA Ride program is very valuable to the physically disabled and receives positive feedback from those who rely upon it. Navigating the various public transportation subsidies is not easy. A streamlined single application and "one-stop" information website would be helpful.
- Transportation is one of the most difficult areas of service provision for people with disabilities. Systems aren't flexible enough to support peoples' lives. Transportation is a significant cost to provider agencies but loss of control of transportation to meet the needs of people supported provides more barriers.
- Easy access to cost and locations.
- Lack of reliable, affordable transportation negatively impacts some of the most vulnerable members of our society and contributes negatively to the cost of health care (unnecessary use of rescue as an example) and to other road/public safety issues (people on the road driving who put themselves

and others at risk). It also contributes to unnecessary long-term care placement due to the lack of resource in the community.

- Please consider extending a bus route to Valley Road in the area previously identified. Thank you.
- Consider Logisticare for Mental Health Court…it is not an official medical appointment as it is going to court, but it is a mechanism for clients to be engaged in mental health outpatient treatment. Consider a public transportation opportunity for elderly and disabled to be brought grocery shopping, with a drop off at their residence after shopping so that they do not have a long walk with heavy groceries.
- Would like to see a recognition of the impact of transportation on health outcomes and see a plan for transportation infrastructure that supports active living such as walking, biking, etc. Active transportation can be facilitated by the accessibility of buses aligned with safe walking routes for example, which can impact overweight and obesity rates, and rates of diseases such as diabetes, heart disease, cancer, and depression. Thank you so much for the opportunity to provide input.
- Washington County is in need of increased public transportation on a free or reduced basis.
- We are a large organization purchasing thousands of dollars of transportation vouchers. We supply taxi vouchers and in addition, many of our patients rely on RIPTA to get to/from medical appointments. We hear A LOT of complaints about Logisticare and experience lots of angst across the system when trying to schedule or relying on Logisticare services for patients.
- We need to find a better mass transit approach. To go into Kennedy Plaza to head out anywhere in the State makes no sense and is difficult if you have small children. There has to be a better way. We need more bus routes. The bus which used to stop in front of my agency was cancelled. Clients now need to get off at Elmwood Avenue and walk to Doric Ave. If you have an infant, small children or handicapped/disabled, this is close to impossible.
- Free RIPTA bus services would greatly improve the lives of many of Rhode Island's disabled who are least able to bear the cost of bus fees. Taking away their ability to use busses for appointments and other essential services is a step backwards for the state of Rhode Island.
- It would be great to see RIPTA think outside the box and institute a combination of bus routes and Lyft type options for low-income working people.
- We would love to have the funds to provide transportation 5 days per week.
- If there is a bus route that goes to Westerly, Charlestown and Richmond, I'd like to see some advertising about it. Time and the like.
- Thank you.

- RIPTA does a great job, but it could be a bit more reliable timewise.
- The services provided by Eleanor Slater Hospital staff accommodates the needs of the current patients. Transportation services are not provided to the general public.
- Aside from working in Newport, I live in South County. The public transit there is unreliable and so infrequent that it makes it impossible to ever use. I would like increased access to ridesharing such as Uber or Lyft. If Rhode Island could somehow leverage these resources by providing incentives to drivers, I think it would be used frequently.
- We have had significant issues with clients unable to access much needed social services due to them now needing to pay for the bus. This is the population who are the most disadvantaged and yet now needing to pay for the bus greatly exacerbates their issues.
- It would be good to have RIPTA establishing relationships with employers to create incentives for those employees who ride RIPTA to get to work as well as RIPTA designing routes that are more accessible within Pawtucket and Central Falls.
- ORS historically had been able to assist our clients to obtain the 5-year disability bus pass through RIPTA. We assist folks with the most significant disabilities who have at least 3 impairments over 7 life areas to obtain and maintain employment. For these individuals, transportation is a significant part of their ability to succeed. The ability to no longer assist our clients in obtaining this benefit through a certifying letter has had a significant impact.
- It is wonderful that this is being explored and will assist with our clients living a more integrated productive life.
- Our current transportation system does not serve the needs of all RI residents. Certain areas of the state do not have public transportation options depending on the location of the RIPTA line. This is a horrible inequity that isolates people with disabilities and prevents them from accessing employment, community involvement, and healthcare. They cannot live self-determined lives without fundamental access to affordable transportation.
- Bus passes are an issue as well as the timing/scheduling for Logisticare.
- The Town of Scituate is very lucky we were ahead of the curve when we started our Transportation services in 1993.

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Chapter III

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CHAPTER III

Demographic Analysis

INTRODUCTION

Chapter III presents the demographics for the State of Rhode Island. Where appropriate, maps and tables are used for illustration.

DEMOGRAPHIC CHARACTERISTICS

Study Area Location

The study area, shown in Figure III-1, is located in the New England region of the northeastern United States. It is bordered to the north and east by Massachusetts, to the west by Connecticut, and to the south by the Atlantic Ocean.

The demographic analysis was done by tract, which is a census-defined boundary. These boundaries do not necessarily denote neighborhoods or communities, but rather act as a standardized means for analysis.

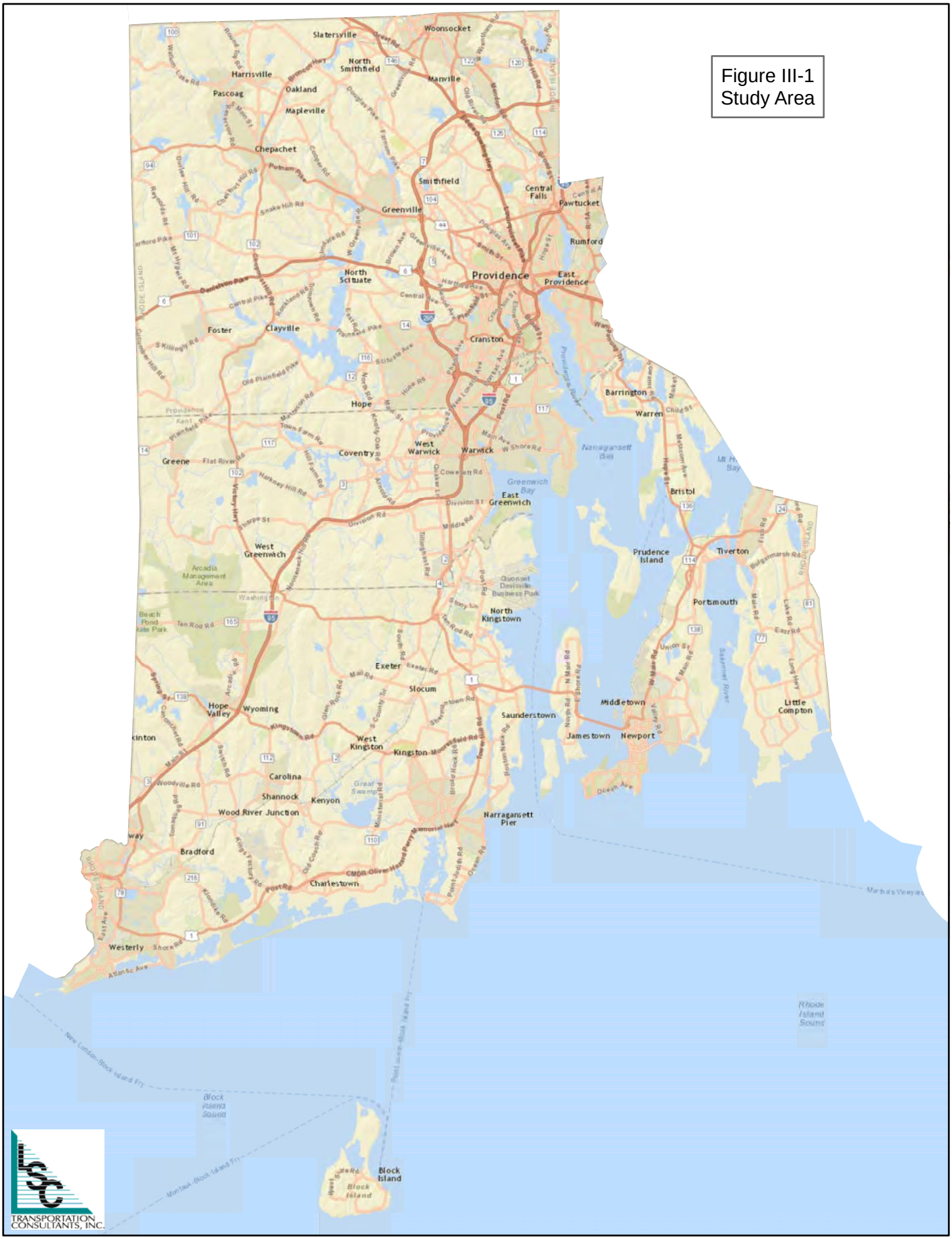
Figure III-1
Study Area
Woonsocket
Slatersville
North Smithfield
Harrisville
Pascoag
Oakland
Mapleville
Manville
Chepachet
Smithfield
Central Falls
Pawtucket
Greenville
Rumford
North Scituate
Providence
East Providence
Foster
Clayville
Cranston
Barrington
Warren
Hope
Coventry
West Warwick
Warwick
Greene
Bristol
East Greenwich
West Greenwich
Prudence Island
Tiverton
Portsmouth
North Kingstown
Exeter
Slocum
Middletown
Saunderstown
Little Compton
Hope Valley
Wyoming
West Kingston
Kingston
Jamestown
Newport
Carolina
Shannock
Kenyon
Wood River Junction
Narragansett Pier
Bradford
Charlestown
Westerly
Block Island
TRANSPORTATION CONSULTANTS, INC.

Demographics and Socioeconomics

Unless noted otherwise, all data listed in this chapter are from the 2011-2015 U.S. Census American Community Survey (2015 ACS) five-year estimates. The total population of the study area is 1,053,661.

Population Density

Figure III-2 shows the population density for the study area by census tract using the 2015 ACS data. The size of the census tracts skews the location of population concentrations. Population density is used to determine where population is concentrated. Transit is generally more successful in areas with greater concentrations of population. As shown in Figure III-2, the population is concentrated around Providence and Central Falls. There are also dense areas of population near Newport and Woonsocket.

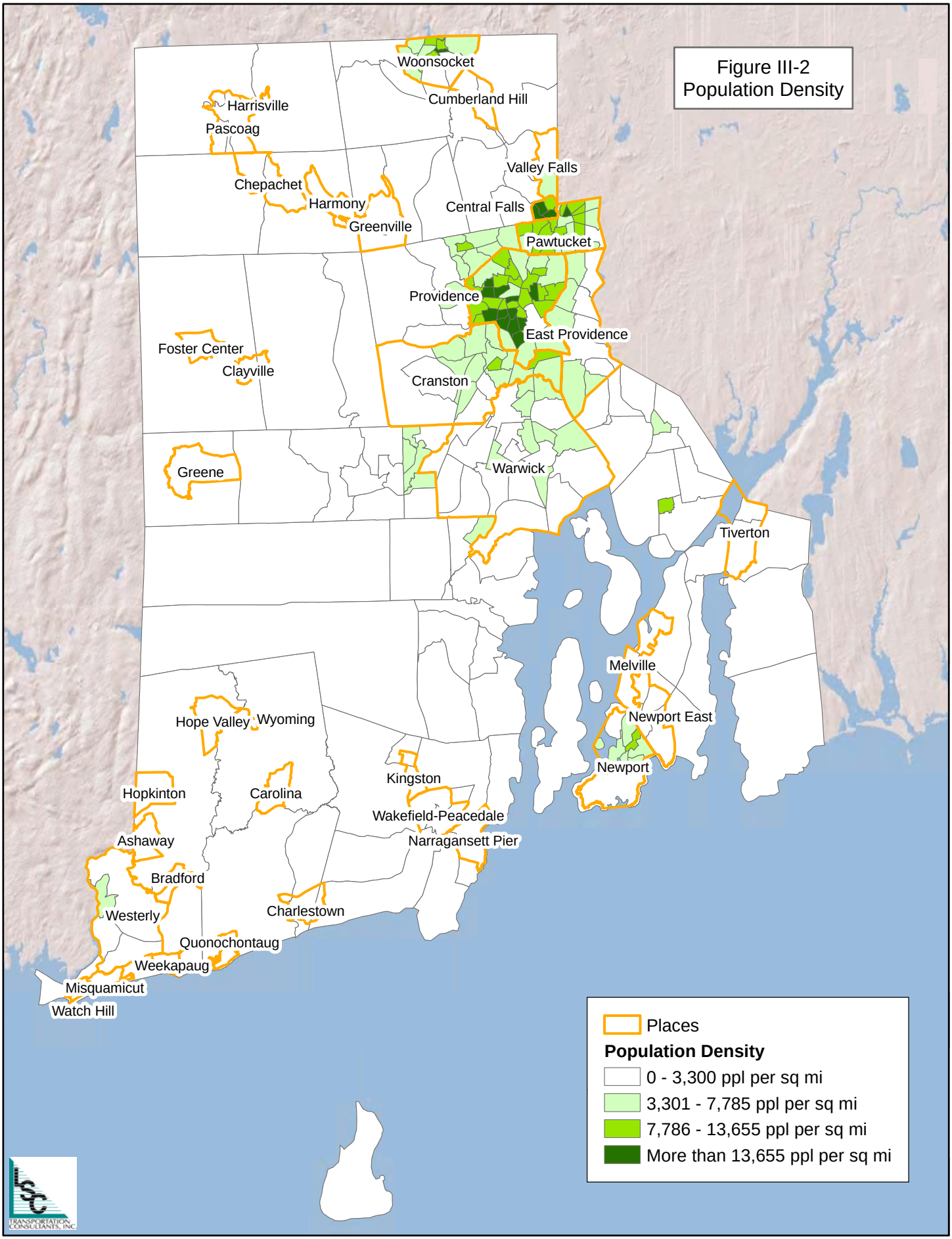
Figure III-2
Population Density
Woonsocket
Cumberland Hill
Harrisville
Pascoag
Valley Falls
Chepachet
Harmony
Central Falls
Greenville
Pawtucket
Providence
East Providence
Foster Center
Clayville
Cranston
Greene
Warwick
Tiverton
Melville
Newport East
Hope Valley
Wyoming
Newport
Kingston
Hopkinton
Carolina
Wakefield-Peacedale
Ashaway
Narragansett Pier
Bradford
Charlestown
Westerly
Quonochontaug
Weekapaug
Misquamicut
Watch Hill
Places
Population Density
0 - 3,300 ppl per sq mi
3,301 - 7,785 ppl per sq mi
7,786 - 13,655 ppl per sq mi
More than 13,655 ppl per sq mi

Transit-Dependent Population Characteristics

This section provides information on the individuals considered by the transportation profession to be dependent upon public transit. These population characteristics preclude most such individuals from driving, which leaves carpooling and public transit as the only motorized forms of available transportation.

The four types of limitations that preclude people from driving are physical limitations, financial limitations, legal limitations, and self-imposed limitations. Physical limitations may include permanent disabilities such as frailty, blindness, paralysis, or developmental disabilities to temporary disabilities such as acute illnesses and head injuries. Financial limitations include people who are unable to purchase or rent a vehicle. Legal limitations refer to limitations such as being too young to drive (generally under age 16). Self-imposed limitations refer to people who choose not to own or drive a vehicle (some or all of the time) for reasons other than those listed in the first three categories.

The US Census is generally capable of providing information about the first three categories of limitation. The fourth category of limitation represents a relatively small portion of transit ridership, particularly in areas with low density such as the study area. The study area's US Census statistics regarding the older adult population, ambulatory disability population, low-income population, and zero-vehicle households are shown in Appendix C, Table 1. These data are important to various methods of transit demand estimation.

The older adult population represents a significant number of the national transit-dependent population and represents 21 percent of the total population in the study area. The older adult population includes individuals over the age of 60 years. Figure III-3 illustrates the density of older adults in the study area using the 2015 ACS data.

Figure III-4 presents the 2015 ACS population of persons with an ambulatory disability in terms of people-per-square-mile density. An individual is classified as having "ambulatory disability" if they have serious difficulty walking or climbing stairs. Approximately 6 percent of the population in the study area has some type of ambulatory disability.

The low-income population tends to depend upon transit more than wealthier populations or those with a high level of disposable income. Figure III-5 illustrates the density of the low-income population in the study area using the 2015 ACS data. Approximately 14 percent of the population of the study area are considered low income.

Low-income population, as defined by the FTA, includes persons whose household income is at or below the Department of Health and Human Services' poverty guidelines. The low-income population listed in the tables and GIS maps includes people who are living below the poverty line using the Census Bureau's poverty threshold.

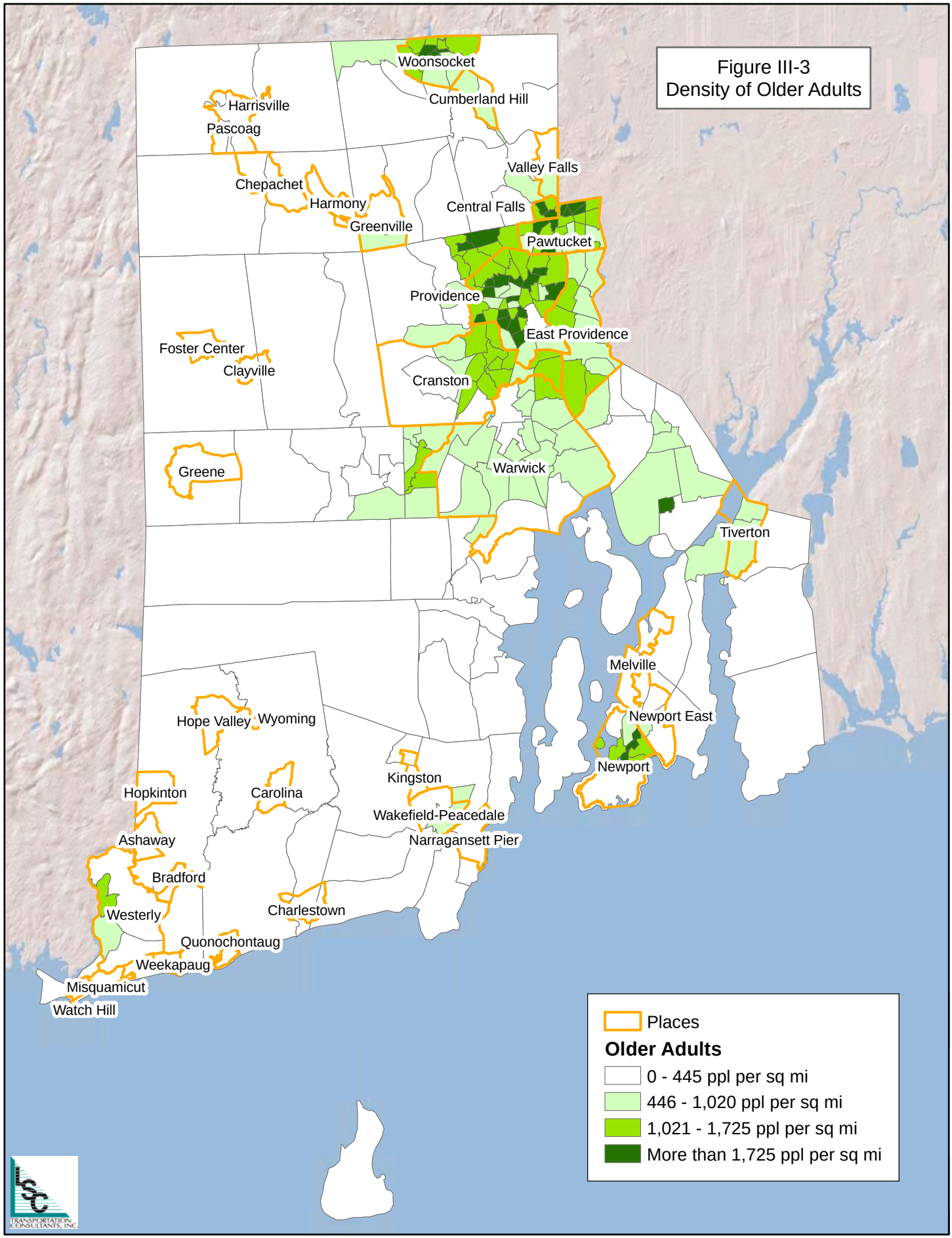
Figure III-3
Density of Older Adults
Woonsocket
Cumberland Hill
Harrisville
Pascoag
Valley Falls
Chepachet
Harmony
Central Falls
Greenville
Pawtucket
Providence
East Providence
Foster Center
Clayville
Cranston
Greene
Warwick
Tiverton
Melville
Newport East
Hope Valley
Wyoming
Newport
Kingston
Hopkinton
Carolina
Wakefield-Peacedale
Ashaway
Narragansett Pier
Bradford
Charlestown
Westerly
Quonochontaug
Weekapaug
Misquamicut
Watch Hill
Places
Older Adults
0 - 445 ppl per sq mi
446 - 1,020 ppl per sq mi
1,021 - 1,725 ppl per sq mi
More than 1,725 ppl per sq mi

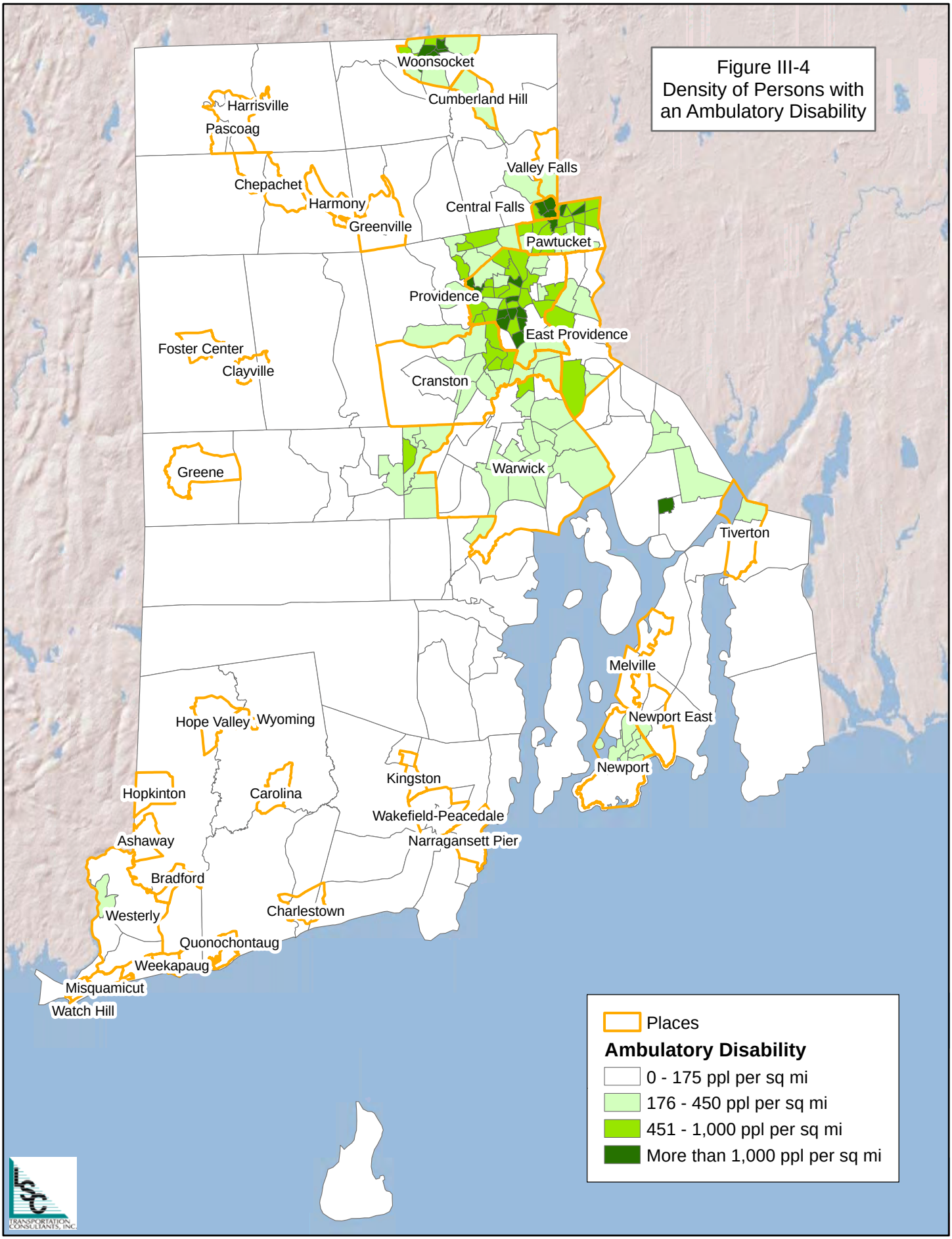
Figure III-4
Density of Persons with an Ambulatory Disability
Woonsocket
Cumberland Hill
Harrisville
Pascoag
Valley Falls
Chepachet
Harmony
Central Falls
Greenville
Pawtucket
Providence
East Providence
Foster Center
Clayville
Cranston
Greene
Warwick
Tiverton
Melville
Newport East
Hope Valley
Wyoming
Newport
Kingston
Hopkinton
Carolina
Wakefield-Peacedale
Ashaway
Narragansett Pier
Bradford
Charlestown
Westerly
Quonochontaug
Weekapaug
Misquamicut
Watch Hill
Places
Ambulatory Disability
0 - 175 ppl per sq mi
176 - 450 ppl per sq mi
451 - 1,000 ppl per sq mi
More than 1,000 ppl per sq mi

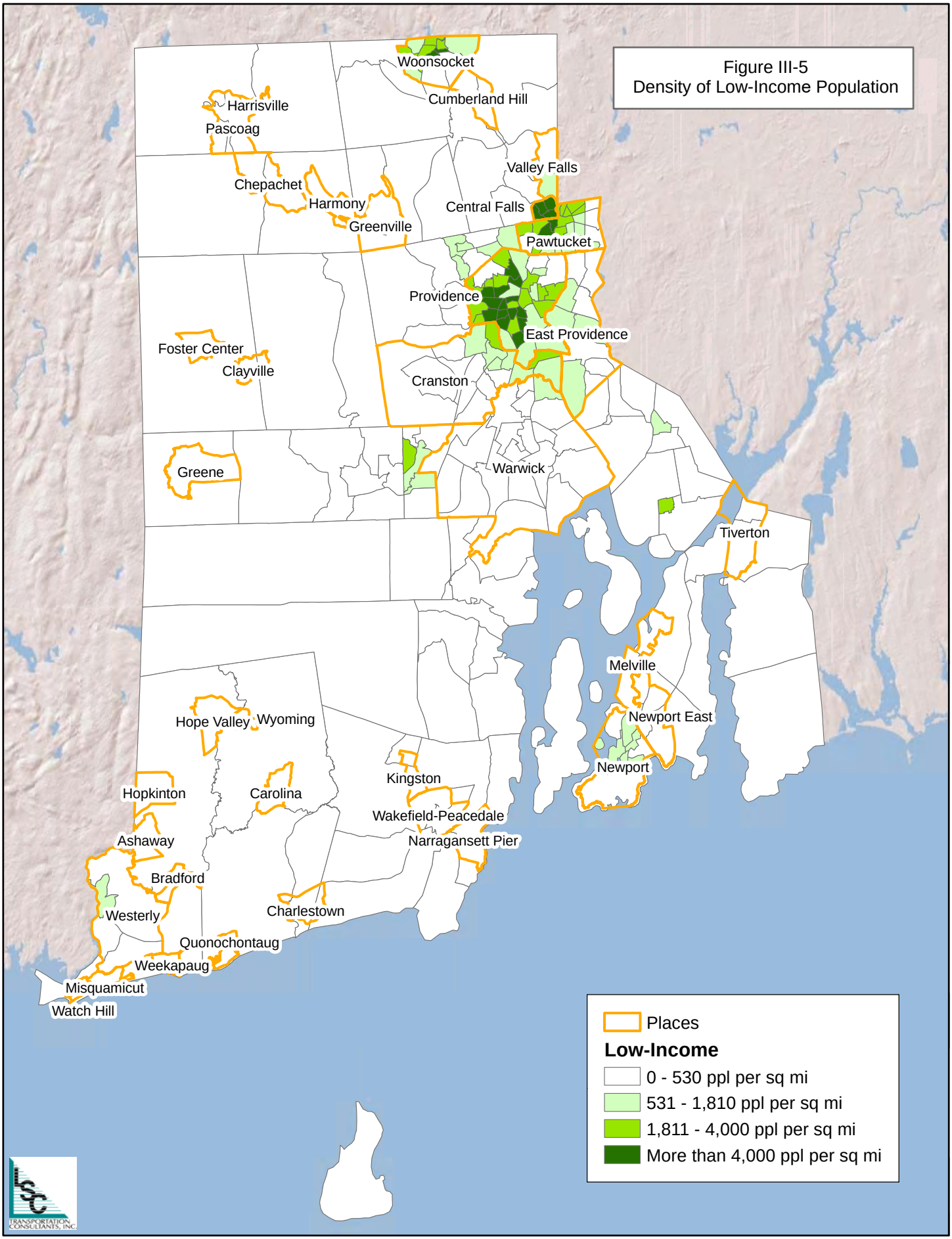
Figure III-5
Density of Low-Income Population
Woonsocket
Cumberland Hill
Harrisville
Pascoag
Valley Falls
Chepachet
Harmony
Central Falls
Greenville
Pawtucket
Providence
East Providence
Foster Center
Clayville
Cranston
Greene
Warwick
Tiverton
Melville
Newport East
Hope Valley
Wyoming
Newport
Kingston
Hopkinton
Carolina
Wakefield-Peacedale
Ashaway
Narragansett Pier
Bradford
Charlestown
Westerly
Quonochontaug
Weekapaug
Misquamicut
Watch Hill
Places
Low-Income
0 - 530 ppl per sq mi
531 - 1,810 ppl per sq mi
1,811 - 4,000 ppl per sq mi
More than 4,000 ppl per sq mi

A zero-vehicle household is defined as a household in which an individual does not have access to a vehicle. These individuals are generally transit-dependent as their access to private automobiles is limited. Approximately 10 percent of the study area's households reported no vehicle available for use. The density of zero-vehicle households for the study area is shown in Figure III-6.

Much like the population density, the population is concentrated around Providence and Central Falls. There are also dense areas of population near Newport and Woonsocket.

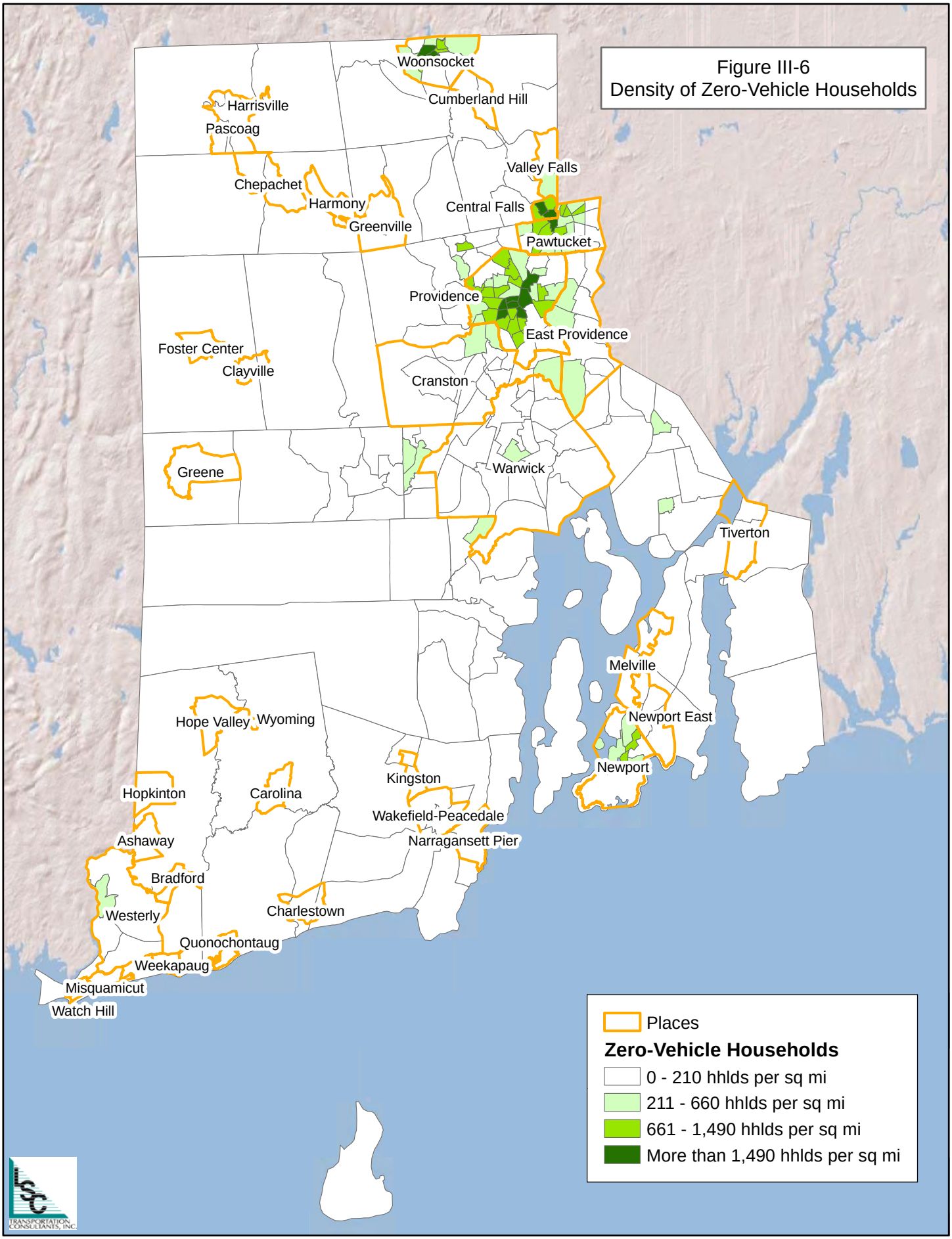
Figure III-6
Density of Zero-Vehicle Households
Woonsocket
Cumberland Hill
Harrisville
Pascoag
Valley Falls
Chepachet
Harmony
Central Falls
Greenville
Pawtucket
Providence
East Providence
Foster Center
Clayville
Cranston
Greene
Warwick
Tiverton
Melville
Newport East
Hope Valley
Wyoming
Newport
Kingston
Hopkinton
Carolina
Wakefield-Peacedale
Ashaway
Narragansett Pier
Bradford
Charlestown
Westerly
Quonochontaug
Weekapaug
Misquamicut
Watch Hill
Places
Zero-Vehicle Households
0 - 210 hhlds per sq mi
211 - 660 hhlds per sq mi
661 - 1,490 hhlds per sq mi
More than 1,490 hhlds per sq mi

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Chapter IV

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CHAPTER IV

Assessment of Transportation Needs

INTRODUCTION

A key step in developing and evaluating transit plans is a careful analysis of the mobility needs of various segments of the population and the potential ridership of transit services. There are several factors that affect demand, not all of which can be forecasted. However, as demand estimation is an important task in developing any transportation plan, several methods of estimation have been developed in the transit field. This chapter examines the demand for transit in the state of Rhode Island and uses various models and formulas to quantify different segments of transit need and demand including:

- Mobility Gap Analysis
- ADA Complementary Paratransit Demand
- General Public Rural Transit Demand

Data were taken from the 2011-2015 American Community Survey (ACS) five-year estimates for all of the population groups. Each of these approaches helps to show the patterns that are likely to arise regarding transit needs within the area. Estimating demand for services is not an exact science and therefore must be carefully judged for reasonableness. Across the country, transit use remains a relatively low proportion of overall passenger travel compared to the use of the personal automobile. Average use for transit, where it exists, represents approximately one percent of the total travel mode split.

Summaries of the estimates for transit need and demand are provided in this chapter. The more detailed analysis is provided in Appendix D.

TRANSIT NEEDS

Mobility Gap Analysis

The mobility gap methodology is used to identify the amount of service required to provide an equal mobility to households that have access to vehicles and those that do not. The National Household Travel Survey (NHTS) provides data that

allow for calculations to be made relating to trip rates. Separate trip rates are generated for various regions throughout the United States to help account for any locational inequities. Trip rates are also separated by general density and other factors such as age.

Rhode Island is part of Division One, the New England Region. The trip rate for zero-vehicle households in rural areas of the New England Region was determined to be 3.3 daily trips. For rural households with at least one vehicle, the trip rate was 5.0 daily trips. The mobility gap is calculated by subtracting the daily trip rate of zero-vehicle households from the daily trip rate of households with at least one vehicle. Thus, the mobility gap is represented as 1.7 household trips per day. This mobility gap is higher than the national average of 1.5 for rural households.

To calculate the transit need for each census tract in the study area, the number of zero-vehicle households is multiplied by the mobility gap number. In total, approximately 69,000 daily trips need to be provided by transit to make up for the gap in mobility. This calculates to an annual transit need of approximately 20,636,100 trips. Figure IV-1 presents the Mobility Gap Analysis.

TRANSIT DEMAND ESTIMATES

While the need described in the previous section is an estimate of the total need for transportation, demand estimates provide an indication of the use of a transit service if it is available. Demand must be estimated for various market segments and is dependent on the type and level of service provided.

ADA Complementary Paratransit Demand

Estimating the demand for ADA complementary paratransit service is an important part of the transit demand process. *TCRP Report 119: Improving ADA Complementary Paratransit Demand Estimation* established a demand estimation tool developed from statistical analysis of transit systems across the country. The model uses the peer comparison data along with multiple factors to help predict paratransit ridership. The input variables include population, percentage of households below the poverty line, and fare. The model estimates approximately 524,000 annual trips will need to be provided within the State of Rhode Island to

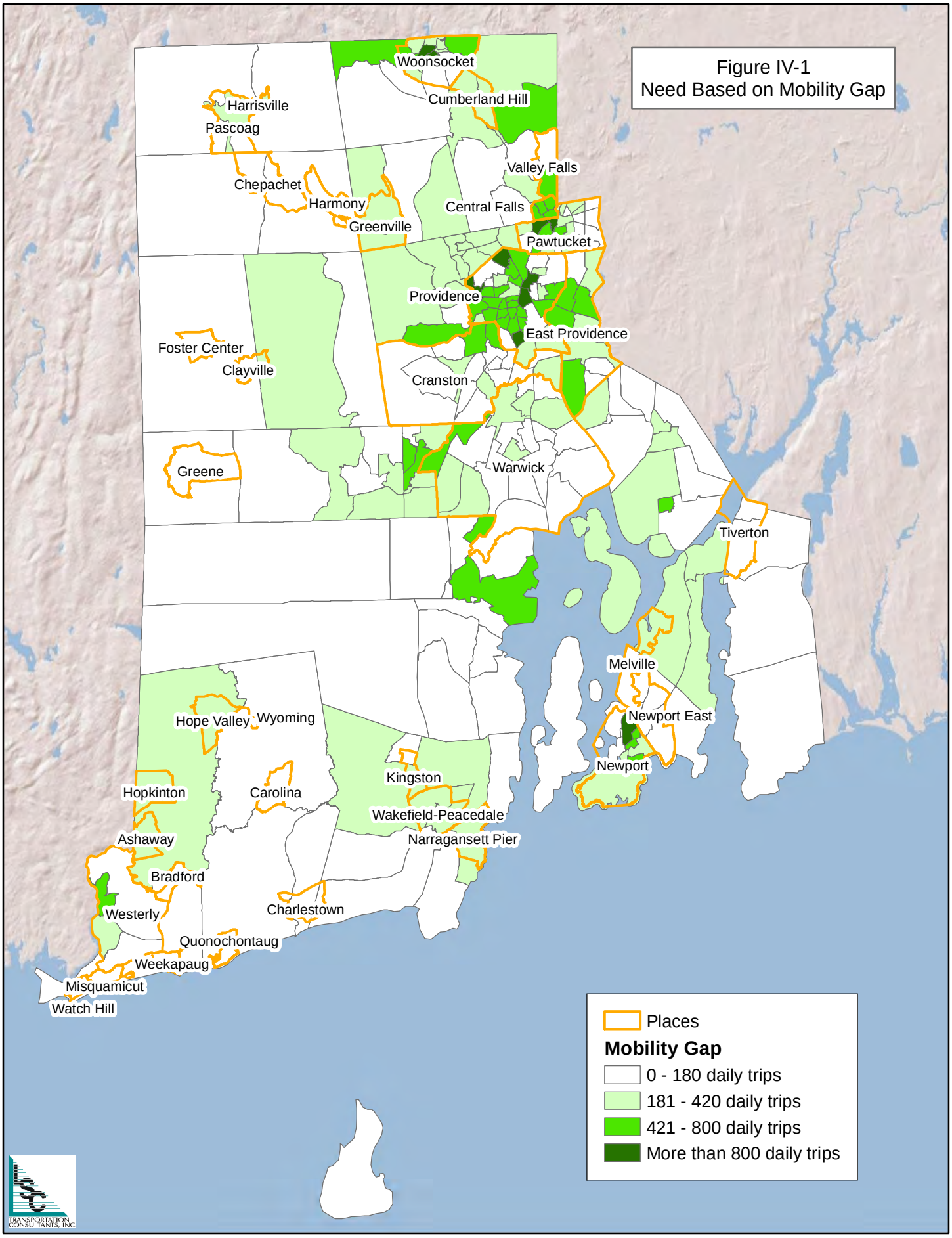
Figure IV-1
Need Based on Mobility Gap
Woonsocket
Cumberland Hill
Harrisville
Pascoag
Valley Falls
Chepachet
Harmony
Central Falls
Greenville
Pawtucket
Providence
East Providence
Foster Center
Clayville
Cranston
Greene
Warwick
Tiverton
Melville
Hope Valley
Wyoming
Newport East
Newport
Kingston
Hopkinton
Carolina
Wakefield-Peacedale
Ashaway
Narragansett Pier
Bradford
Charlestown
Westerly
Quonochontaug
Weekapaug
Misquamicut
Watch Hill
Places
Mobility Gap
0 - 180 daily trips
181 - 420 daily trips
421 - 800 daily trips
More than 800 daily trips

meet the demand, with a low estimate of approximately 285,000 annual trips and a high estimate of approximately 963,000 annual trips at the 95 percent confidence interval.

General Public Rural Transit Demand

TCRP Report 161 provides a method of estimating general public rural transit demand. This methodology applies transit-dependent population statistics and trip rates to estimate the annual trips for general public rural transit ridership. The general public rural non-program demand estimation technique described in TCRP Report 161 to estimate general public rural transit demand is presented by the following formula:

Annual Demand = (2.20 x Population Age 60+) + (5.21 x Ambulatory Disability Population) + (1.52 x Residents of Households Having No Vehicle)

Annual Demand = (2.20 x 226,390) + (5.21 x 32,158) + (1.52 x 40,463)

Annual Demand = 727,105 passenger-trips

As calculated above, the general public rural transit demand is estimated at approximately 727,100 passenger-trips annually.

Needs Identified from Provider Inventory

As described in Chapter II, an inventory of existing county, community, and local agency transportation programs was conducted as part of the planning process. The questionnaire was designed to gather information about transportation resources and needs specific to the study area, including which transportation resources providers wish were available and what types of requests providers receive from clients most frequently. Providers were also given space to provide additional comments. This section provides a recap of the transit needs identified by existing transportation providers.

What transportation resources do you wish were available?

The questionnaire asked transportation providers to identify the transportation resources they wish were available, such as transportation services, free or reduced passes or vouchers, “one-stop” information resources, and increased transportation funding. The most frequent response indicated by providers was the desire for free or reduced fare transportation passes for their clients.

Providers also indicated they wish that existing transit service areas were increased, existing bus routes were more efficient, thereby reducing travel times for riders, existing transportation services were operated with more frequency, and more affordable transportation options were available for their clients.

Types of requests received most commonly from clients?

The questionnaire asked transportation providers to identify the types of requests they receive most commonly from clients and to what resources they refer their clients to. The most common requests transportation providers receive from their clients is for rides. Rides for medical trips were most often requested, followed by rides for shopping/non-medical trips and employment/job interview trips. Transportation providers also receive requests from clients for free or reduced fare bus passes and taxi vouchers. Providers indicated they provide clients with information on the transportation services available to them, as well as help them to complete ADA applications and obtain disability bus passes. Transportation providers stated they refer their clients to Logisticare most frequently, followed by RIPTA, RIDE, FLEX, and Uber/Lyft/Taxi.

Additional Comments

The questionnaire provided space for transportation providers to write additional comments. The most commonly received comment from providers was that transportation options need to be affordable. Transportation providers also recognized that public transportation is critical for seniors and people with disabilities to access employment, healthcare, etc. in order to maintain a high quality of life. Several providers recognized that existing public transportation options are very limited in certain areas of the state and that they would like to see existing service areas expanded. Providers also expressed the desire for increased funding in order to provide more free bus passes to clients who need and depend on them and to expand their existing transit services.

SUMMARY OF PUBLIC MEETINGS

This section has two parts. The first describes how public meetings were arranged and coordinated to inform the public and receive comments for the 2017 Coordinated Plan update. The second part is a synthesis of the responses from

the Public Meeting Questionnaire distributed at the public meetings. Appendix E contains the public meeting flyer and invitation, the Public Meeting Questionnaire instrument, the detailed summaries of the public meetings, and the individualized written comments received from participants.

Organization of the Public Meetings

Four public meetings were conducted by the Rhode Island Public Transit Authority (RIPTA) to inform the public of its update of the Coordinated Human Services Transportation Plan and to solicit comments, feedback, and recommendations on what issues the Plan should address. In preparing for the public meetings, it was determined:

1 – The public meetings should be hosted by organizations that directly serve Coordinated Plan target populations.

The Coordinated Plan target populations are the low income, the elderly and individuals with mental and physical disabilities. While these groups were the primary focus, it was determined that all members of the Rhode Island community should be informed and encouraged to attend the public meetings. After preparing a list of approximately 100 Rhode Island social and human services agencies, four organizations were selected from the list to host the meetings. The selection was based on their geographic location, the breadth of their human services program activities, and the capacity to their facilities to comfortably accommodate 25 to 50 participants.

2 – The public meetings should be held within geographically and demographically diverse areas of the state and accessible by automobile (at minimum) and public transit.

It was determined that locations in the north, south, east bay and central quadrants of the state, where target populations are concentrated, would satisfy this objective. After determining their interest in hosting the public meetings and performing site visits, RIPTA selected the following meeting hosts and locations:

- (South Region) South Kingstown Senior Center: 25 St. Dominic Road, Wakefield, Rhode Island. This modern, well-administered center reflects the region's commitment to responsive senior, social and human services programming and support. While not directly accessible by public transit, its

location is well-known by the target populations and easily accessible by automobile.

- (Central Region) Cranston Senior Center: 1070 Cranston Street, Cranston, Rhode Island. The center is located just south and on the urban fringe of the city of Providence (the state capitol). It is respected in the region for the diversity and quality of its senior programs and services. The center is easily accessible by public transit and automobile.
- (East Bay Region) Dr. Martin Luther King Community Center: 20 Dr. Marcus F. Wheatland Boulevard, Newport, Rhode Island. The center is a cultural landmark in the east bay community with a diverse mix of clientele, services and community programs. It is a common gathering place for the target populations. While parking is limited at the site, it is well served by public transportation.
- (North Region) Blackstone Valley Community Action Program (CAP) Community Center: 210 West Avenue, Pawtucket, Rhode Island. Located in the urbanized north area of the state, the community center is a member of the State network of community action programs and offers the comprehensive mix of social and human services. It is easily accessible by automobile and a short walk from public transit service.

3 - The public meetings should be scheduled during the day when activity is highest at the host locations.

The public meetings were held on Tuesday - July 11th, Thursday - July 13th, Tuesday - July 18th and Thursday - July 20th. Three were scheduled from 10:30 AM to 12:30 PM and one from 1:30 PM to 3:30 PM. According to the hosts, these times were when senior meal sites and center programs were active; enabling a higher level of interest and participation in the public meetings.

A total of 89 participants attended the public meetings:

- 12 attended the South Kingstown meeting;
- 31 attended the Cranston meeting;
- 17 attended the Newport meeting; and
- 29 attended the Woonsocket meeting.

4 – Announcement of the public meetings should be statewide and targeted to a broad and diverse group of social and human service providers and agencies.

A flyer with cover letter announcing the meeting was distributed via e-mail to the transportation coordinators of the aforementioned list of 100 social and human service program providers. Invitations were also extended to the Coordinated Plan Stakeholder Group, comprised of state and regional agency administrators. The RIPTA Communications Office sent press releases to media outlets statewide.

5 – Rather than formal speaker-focused presentations, the public meetings should been engaging and interactive with emphasis on obtaining information on issues participants believe the Coordinated Plan should address.

The rooms in which the meetings were held were organized with three participant stations. The activity at each station is summarized here.

Station #1: Entrance Table

- Sign In Sheet – Participants were asked to sign in. One column on the sheet asked if they wish to stay involved in the Coordinated Plan process.
- Public Meeting Questionnaire –Participants that were users of human services transportation services were asked to complete a brief five-question survey which requested their personal experiences in using public transit and human services agency transportation.
- Service Provider Questionnaire – Participants representing human and social service agencies were asked to complete this survey if they had not completed one on-line via a separate RIPTA invitation.
- Business Card – The business card listing the name, title, telephone number and e-mail address of the RIPTA official responsible for development of the Coordinated Plan was available.
- RIPTA System Literature – Brochures of RIPTA routes specific to the region were available.

Station #2: Display and Response Boards (on easels)

- Three 30” x 40” color display boards depicting the geographic distribution of target populations by RI census tract: Aging, Low Income and Disabled

- One 30' x 40" color display board depicting medical and social service facilities and destinations in the state.
- One 30" x 40" color display board explaining the Coordinated Plan purpose and planning process; and listing the strategies that resulted from the 2013 Plan.
- Three 30" x 40" Response Boards asking, "What would you change about Rhode Island's community transportation services?" "What is the best part about the transportation services you currently use?" and "Opportunities: In my ideal transportation experience." Participants were asked to respond on self-stick notes and attach to the respective boards. (Please see Appendix E).

Station #3: Discussion Table

At this station – comprised of one or more tables - participants conversed, asked questions of RIPTA personnel, and voiced their transportation experiences and perspectives. RIPTA system brochures and system maps were located at the station to facilitate discussion.

While the first public meeting generated a round table discussion, the dynamics of the remaining meetings necessitated a formal presentation by the RIPTA program manager before group discussion and Q&A commenced.

Synthesis of Public Meeting Responses

South Kingstown Open House

The South Kingstown Open House was held on July 11, 2017. When attendees were asked what they would change about the reservation process for Rhode Island's community transportation services, one participant responded that the reservation process can be difficult to navigate for a person with disabilities and an app might be useful. In terms of geographic coverage, attendees said coverage was limited in Coventry and the northern part of the State, and that they would like to see bus stops added at Curtis Corner Middle School or Champagne Heights on Curtis Corner Road. When asked about the current hours of service for Rhode Island's community transportation services, several participants noted they would like more frequent service and later service, and one participant mentioned the wait time for existing RIde service is very long. In terms of existing transportation costs, one attendee questioned why all students (high school or

college) do not qualify for the discounted student rate and another attendee mentioned that they preferred the old riptiks as they were easier to give to youth for meetings. Other comments from participants included there are a very limited number of bus shelters along existing routes and they are rarely shoveled during the winter, as well as there is a lack of bus passes available to give to residential victims of Domestic Violence in South County.

When asked what the best part about the current transportation services attendees currently use, attendees mentioned they are appreciative that RIde provides door to door transportation within program qualifications and they are glad that there is a statewide bus system and that bus drivers are friendly.

Participants noted that their ideal transportation experience would include:

- No fare
- Clean, safe bus stops
- A way to transfer without going to Kennedy Plaza
- Ability to call for a ride on the same day
- On-time arrival

Cranston Open House

The Cranston Open House was held on July 13, 2017. When attendees were asked what they would change about the reservation process for Rhode Island's community transportation services, participants noted it would be helpful if transit staff had knowledge about qualifying participants and if translators were available for riders who do not speak English. In terms of geographic coverage, attendees said they would like to see more bus stops added to existing routes and service expanded to cover areas with lower population density and rural areas. When asked what the best part about the current transportation services attendees currently use, one participant mentioned that Logisticare is working well and that the service is on time, reliable, and that drivers call ahead of pick-ups.

During the Q&A session at the Cranston Open House, a wide variety of topics were discussed including:

- Tap-card fare system

- Transportation services for children with disabilities
- Transportation for disabled adults
- Passenger safety at Kennedy Plaza
- Fare for mobility-impaired riders
- Announcement of public meetings
- RIPTA website update

Newport Open House

The Newport Open House was held on July 18, 2017. When attendees were asked what they would change about the reservation process for Rhode Island's community transportation services, participants noted they would like it to be easier to renew senior free bus passes. Attendees also mentioned existing problems with NEMT and the Medicaid service provider leaving customers stranded, as well as problems with Logisticare for missed appointments for families and seniors. In terms of geographic coverage, participants expressed the need for a small bus to provide local transportation immediately and not days or weeks later. Attendees also mentioned they are fearful that if they criticize existing services they may lose them and that best practices in other places/states should be investigated for how to solve existing problems.

When asked what the best part about the current transportation services attendees currently use, one attendee mentioned having a RIPTA bus providing direct service to the airport is convenient.

Participants noted that their ideal transportation experience would include:

- Telephone help desk to help folks navigate the transit systems
- Master list of available transportation services and the populations they serve (general public, elderly, disabled, children, etc.)
- Bus service in Newport County using smaller vehicles
- Single telephone number to plan trips on public and private transportation services
- Easier and more convenient bus service between Providence and Newport
- One payment card for all transit services
- Extended service hours to serve night shift workers

- Balance the transportation needs of residents and visitors

During the Q&A session at the Newport Open House, a wide variety of topics were discussed including:

- Location of bus stops – stops near stores in retail centers without sidewalks
- Receiving survey feedback from a variety of transportation services, not just RIPTA
- Centralized hub/phone number/master list of information on all available transportation services
- Lack of municipal van in Newport
- Lack of available taxi services in the area
- Elderly not having access to the internet/smartphones thus limiting their access to knowledge about trip options
- Making transportation information easier for people to understand
- Lack of transportation available for night shift workers
- Negatives of existing RIde service – small geographic coverage area, expensive service
- ADA accessible bus stops with sidewalks/crosswalks
- Hub and spoke style transit system – potential for adding additional hubs in the West Bay
- High rates for ADA services

Pawtucket Open House

The Pawtucket Open House was held on July 20, 2017. When attendees were asked what they would change in terms of the geographic coverage of Rhode Island's existing community transportation services, participants said they would like to see service boundaries expanded to cover areas more rural areas. Participants indicated they would like to be able to call earlier in the day for ride reservations. In terms of existing transportation costs, attendees noted they would like to be able to pay for RIde services using a credit card when making a reservation over the phone and for the price of monthly bus passes to be reduced. Participants also mentioned they would like RIPTA and Logisticare drivers to be nicer and more professional.

When asked what the best part about the current transportation services attendees currently use, attendees said it has gotten easier to make RIde reservations and RIde drivers are pleasant to work with. Participants also mentioned they like that there is no fare for elderly and disabled passengers, and frequent routes within Providence. One participant mentioned they would like "disabled" to be removed from their ID and for bus drivers not to require passengers with no fare bus passes to show it in front of everyone on the bus.

Participants noted that in their ideal transportation experience they would like to see more transfer hubs rather than just Kennedy Plaza and increased driver training on disability awareness and sensitivity.

During the Q&A session at the Pawtucket Open House, a wide variety of topics were discussed including:

- Available transportation services other than RIPTA – such as municipal vans managed locally, Medicaid-funded service through Logisticare, and Veterans Association services with volunteer drivers.
- Funding for the Coordinated Plan
- Training received by RIPTA bus drivers to handle passengers with disabilities

Public Meeting Questionnaire

Five community meeting attendees completed the Public Meeting Questionnaire. The questionnaire asked respondents five questions including which transportation services they currently use, how frequently they use current transportation services, if financial assistance is available to them, if current services meet their transportation needs, and how services could be improved to better meet their needs. The results are detailed below.

The majority of community meeting attendees noted that they use RIPTA and RIDE on a daily basis. When asked if financial assistance is available for the services they use, the majority of respondents said yes, that financial assistance is available to them. One respondent indicated that financial assistance wasn't available to them and noted that when bus fares change, it is very difficult for them to remain financially stable. The majority of community meeting attendees

said that current levels of service are not sufficient to meet their transportation needs. When asked how existing services could be improved to better meet their travel needs, the most frequent response received from respondents was for bus routes to run later in the evening. A couple respondents noted that they would like the cost lowered to purchase passes. In particular, one respondent noted that due to the current cost of RIDE, they were unable to make spontaneous trips due to being on a fixed income. Attendees also noted they would like to see existing route structures and scheduling altered as well as more bus shelters and benches.

Public Comment on Coordination Strategies

A public meeting was held at RIPTA facilities on October 3, 2017 to present the various coordination strategies and receive public comment to prioritize the strategies to better meet the gaps in transportation within Rhode Island.

A presentation was given covering the work that had been completed including needs for transportation, community and stakeholder input, and coordination best practices.

Participants were asked to indicate travel destinations. Most of the destinations were in the Providence area with smaller numbers in Woonsocket and Nantucket. Participants had a variety of transportation needs, most of which were for human service agency programs or medical services.

The top priorities to be addressed were identified as funding for human services transportation and affordability of service, particularly reduced or zero fare.

Discussion followed the presentation and prioritization exercise. There was a high level of interest in the concept of a one-call center that could integrate public transit and human services transportation. There was also general agreement the

quality of service provided by the current Medicaid transportation brokerage is poor.

Additional discussion focused on funding and possible ways to reduce the cost of service, either through additional funding or new partnerships. Use of Transportation Network Companies was mentioned as a possible option for providing service. Additional funds may be available through Medicaid because some people who are eligible for Medicaid transportation funding may take advantage of free rides using RIPTA rather than deal with the requirements to obtain funding approval through the Medicaid brokerage.

Overall, participants were highly supportive of efforts to improve coordination and even some consolidation of transportation services.

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Chapter V

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CHAPTER V

Coordination Overview and Strategies

Coordination is a technique for better resource management in which improved organization strategies are applied to achieve greater cost-effectiveness in service delivery. Coordination is about shared power, which means shared responsibility, shared management, and shared funding.

Coordination of transportation services is best seen as a process in which two or more organizations interact to jointly accomplish their transportation objectives. Coordination is like many other political processes in that it involves power and control over resources, and coordination can be subject to the usual kinds of political problems and pressures such as competing personalities and changing environments.

Coordination can be used to improve transportation system performance by eliminating duplicate efforts and improving the efficiency of transportation operations. Coordinating transportation means doing better with existing resources. It requires working together with people from different agencies and backgrounds. Coordination has been said to be the best way to stretch scarce resources and improve mobility for everyone.

The fundamental goals of coordinated transportation systems are to increase the number of people served and the number of rides provided with existing resources. Coordination achieves these goals through better resource management.

Best practices for many of these strategies were documented in Interim Report #1. The general discussion of coordination strategies is provided to increase the understanding of possible approaches and to provide background for the best practices which have been identified.

HISTORY OF COORDINATION

The concept of coordination has been promoted since the late 1960s; however, it was not until more recently that a real push for coordination, emphasized at

the federal level, has been observed. The Coordinating Council on Access and Mobility was formed to address coordination issues, strengthen interagency collaboration and eliminate regulatory barriers. More and more communities are realizing the scarcity of resources (fuel, vehicles, drivers, and funding) and that cost-effective and efficient delivery of services is vital if local communities are to continue to ensure access to vital human services, employment, recreation, and other opportunities and needs. Coordination takes a firm understanding of local needs and resources to develop a plan that, in the end, increases the mobility of residents.

Rhode Island has a new emphasis on coordinating public transit and human service transportation program. This includes formation of the Governor's Working Group on Coordinated Transportation and the direction to establish a state Coordinating Council.

Levels of Coordination

There are varying levels of coordination across a broad spectrum of operating scenarios. Levels can range from very low levels of coordination, such as sharing rides on several different vehicles, to extreme levels such as shared vehicles, shared maintenance, a brokerage established for all agencies, and others. It is important to understand that coordination of services generally may take some time and effort on the part of the transportation providers, and local human service agencies.

Coordination has been interpreted as everything from telephone conversations to transfer of vehicle ownership. There are four different phases or levels of coordination with regard to the shared use and efficient operation of equipment and facilities. These levels are defined below:

a. **Communication** involves recognition and understanding of a problem and discussion of possible solutions. This improves the working relationships among various organizations that are in a position to influence transportation developments within their particular jurisdiction.
b. **Cooperation** involves the active working together of individuals in some loose association in a cooperative way. The individuals or individual agencies retain their separate identities.
c. **Coordination** involves bringing together independent agencies to act together in a concerted way to provide for a smooth interaction of separate

units of a transportation system. In coordination, the primary concern is in regard to common funds, equipment, facilities, or operations. Members or agencies preserve their separate identities.

d. Consolidation involves joining together or merging agencies for mutual advantage. In the case of transportation services, consolidation is used in reference to a fully integrated transportation system in which the individual entities have been combined or consolidated into one integrated public transportation system. Individual agency identity for the purpose of transportation is no longer maintained.

Consolidation of resources is one which is not likely to be done in most communities. It requires all agencies and providers to fall under one authority, and it is difficult to obtain complete consensus for operations. However, the first three elements represent plausible ways to integrate services in a given area. Locally, there is already coordination among providers occurring, representing the beginnings of a coordinated effort. The goal is to build on existing communication and coordination efforts among providers.

COMMON COORDINATION STRATEGIES

The following section details the different types of strategies that could be considered for Rhode Island and reviews the benefits and implementation steps for each strategy.

Joint Procurement

Joint procurement (or bulk purchase) is a cost-effective approach to increasing purchasing power. Joint maintenance and fuel purchase is being more widely used across the country, especially given the rising costs of parts and fuel. Shared maintenance can be done quite easily between agencies in a given locale. Insurance pooling is likely the most difficult joint procurement possibility. Many of the smaller human service transportation providers could benefit from bulk purchase of fuel or purchase of tires through a single procurement or through one of the larger agencies resulting in lower operating and maintenance costs for the small agencies.

Benefits

- Individual agency capital outlay will be reduced.
- An economy of scale in purchases will be created, thereby reducing the overall operational cost per agency.

- With a decrease in capital and maintenance costs, an agency may be able to shift funding from maintenance and capital to service hours, thereby increasing the level of service or operations of the transit system within the region.

Implementation Steps

- The agencies need to meet to develop a basic understanding of how the procurement process will work.
- Memoranda of Understanding (MOUs) should be developed and agreed upon.

Shared Vehicle Storage and Maintenance Facilities

There may be opportunities for the coordination of storage space and maintenance facilities. Shared vehicle storage, especially if and when vehicles are stored outside, can aid in reducing engine wear during cold weather startup. If a provider is conducting its own maintenance on vehicles, it may be able to share maintenance costs with another local provider. Providers with unused space for vehicle parking may be able to accommodate vehicles for agencies which have no facility.

Benefits

- Maintenance costs will be reduced, resulting in additional funds available for operations.
- Lost time due to vehicles not starting in cold weather will be reduced, thereby improving the overall performance of the transit service.
- Sharing a facility or building a facility together may increase the amount of local match, thereby increasing the level of FTA funding to the region.

Implementation Steps

- The agencies need to meet to identify the best existing facility among the coordinated agencies or the best location for a shared facility.
- The facility should be centrally located to reduce the possible deadhead time.
- The amount of space that each agency will get in the facility should be designated based on each agency's funding participation for the facility.
- Funding will need to be developed to purchase or upgrade the facility.

Joint Grant Applications

The transit and human service providers in the state could work together to coordinate grant submissions. Grants should be coordinated so that duplication of requests is minimized. This will look more favorable to FTA and grant reviewers. As an example, agencies in a county could determine their local priorities and submit a single grant application for vehicles through the FTA Section 5310 program.

Benefits

- The amount of time that each agency needs to spend in developing a grant on its own will be reduced.
- The agencies are able to use each other's knowledge in developing a grant.
- There is a greater likelihood of funding being received if the applications show coordination and prioritization among local providers.

Implementation Steps

- The agencies should review their needs and create a list of capital and operational requirements.
- The agencies should itemize their lists and determine a priority of needs.
- The grant should be developed based on the priority lists.
- The grant should be approved by each of the agencies' boards/councils, along with approval of any local match funding.
- The agencies should ensure each grant references the additional agencies/providers grants for the corridor.

Joint Training Programs

Joint training programs between agencies, in everything from preventative maintenance to safe wheelchair tie-down procedures, can lead to more highly skilled employees. Joint training can also lead to reduced training costs with agencies that each possess a specialized trainer who can be responsible for one or more disciplines. For example, one agency could provide Passenger Service and Safety (PASS), one agency could specialize in preventative maintenance training, etc. The agencies could also purchase special training from reputable organizations/companies and allow other agencies' employees to attend. Training costs should be shared among the agencies.

Benefits

- Each agency's training budget will be reduced.
- The drivers and staff have more opportunities to learn from each other.

Implementation Steps

- The training needs of each agency's staff should be identified.
- The training courses that meet the greatest needs should be determined.
- The agency or organization/company that could provide the needed training should be identified.
- State and federal grants that could assist in paying for the training should be determined.

Sharing Expertise

Similar to sharing training resources, agencies could share their expertise in such areas as grant writing, computer technology, and general assistance in operation of transportation services (such as tips for dispatching or accounting procedures). Sharing expertise may be as general as a list of personnel across the region who have some expertise in a particular field that may benefit another agency. A "yellow pages" of subject matter experts made available to each agency may be helpful in operating transportation service.

Benefits

- The need for costly training sessions for drivers and staff will be reduced, thereby decreasing lost production time.
- Knowledge is passed on to other staff members and agencies, thereby increasing the efficiency of the region's transit providers.

Implementation Steps

- The information, field of work, and expertise needed to operate an effective transit service should be identified.
- The individual in each agency that has expertise in each field of work should be determined.
- A "yellow pages" or contact list of the individuals in each agency that have expertise in certain fields of knowledge should be created.

Coalitions

A coalition is a group of agencies and organizations that are committed to coordinating transportation and have access to funding. The coalition should include local stakeholders, providers, decision makers, business leaders, councils of government, users, and others as appropriate. The coalition could be either an informal or formal group that is recognized by the decision makers and that has some standing within the community. Coalitions can be established for a specific purpose (such as to obtain specific funding) or for broad-based purposes (such as to educate local communities about transportation needs). There may be an important role for a coalition in Rhode Island to develop funding for the fare-free program for low income seniors and persons with disabilities. The Legislature has directed RIPTA to convene a coordinating council to develop recommendations for this program. Ensuring a sustainable funding program may require political influence beyond that of the coordinating council.

Benefits

- Development of a broad base of support for the improvement of transit services in the state.
- The coalition is able to speak with community and regional decision makers, thereby increasing local support for local funding.
- This specifically addresses the direction of the Legislature and many comments received about the need for fare-free transportation throughout the state.

Implementation Steps

- Identify individuals in the state who are interested in improving transit's level of service and have the time and skills to develop a true grassroots coalition.
- Set up a meeting of these individuals to present the needs and issues that face the agencies.
- Agencies need to work with the coalition to provide base information and data on the existing and future needs of transit across the state.

Coordinating Council

Similar to a coalition, a coordinating council is made up of various agencies and partners with a common goal of coordinating transportation resources. This group differs from a coalition in that it is primarily made up of agencies that

have a need for service and other groups (such as local municipalities) specifically formed to accomplish a strategic goal (such as to implement a new service). Coordinating councils may be formed at a local, regional, and state level. The Legislature has directed formation of a coordinating council at the state level to implement this plan and specifically to recommend sustainable funding for the fare-free program for low-income seniors and individuals with disabilities.

Benefits

- Allows for greater input from the key transportation agencies in the region.
- Allows members to share information and knowledge on a one-on-one basis.
- Provides greater opportunity to identify possible coordination actions.
- Increases the integration of transit planning within the region.

Implementation Steps

- Agencies interested in being members of the council need to meet and develop by-laws for the council.
- Council members need to elect a Chair and Vice-Chair.
- Council members need to develop a mission statement, vision, goals, and objectives.
- Council members need to set a date for the monthly or quarterly meeting.

Joint Planning and Decision Making

Joint planning and decision making involves agencies working cooperatively with either other similar agencies or a local provider to make known the needs of their clients and become involved in the local planning of services. Other transportation providers could work with each other in joint planning to meet the needs of their communities and the market segments they serve.

Benefits

- The need for expensive planning documents for each transit agency will be reduced.
- More complex coordination in capital development and operational functions will be allowed.
- The duplication of services among the coordinating agencies will be reduced.

Implementation Steps

- The agencies should meet with regional transit and transportation planners to develop a scope of work for the planning process.
- The scope of work should identify the goals and objectives.
- A time line should be developed for the completion of the planning document.
- The planning document should develop recommendations for making decisions about the operation of services, capital, funding, coordination process, and administration functions.

Vehicle Sharing

Vehicle sharing requires that agencies own and operate vehicles. Memoranda of Understanding or Joint Agreements are needed for this strategy to work properly. The agencies that operate vehicles are able to share those vehicles with other agencies in a variety of circumstances, such as when an agency vehicle has a mechanical breakdown or when capacity for a specific trip is at its maximum.

Benefits

- The overall local capital outlay will be reduced.
- These funds could be shifted to cover operational costs or increase the level of service.
- These funds could also be used for capital funding for facilities, equipment, and other capital assets.

Implementation Steps

- Agencies need to work closely together to develop MOUs and agreements on vehicle usage.

Contracts for Service

An agency/entity could contract with another agency/entity or another human service agency to provide needed trips. This could be done occasionally on an as-needed basis or as part of scheduled service. Many of the services in Rhode Island are provided through contract arrangements with either private or public operators.

Benefits

- The amount of local match that can be used to pull additional state and federal funding for transit services into the region may be increased.
- The duplication of services in the region may be reduced, thereby creating an economy of scale and improving the overall transit performance level.

Implementation Steps

- The agencies should meet to identify the needs and capacities of the contract parties.
- A contract should be developed detailing the responsibility of each party.

Provide Vehicles

An agency could provide a used vehicle—one that is either being replaced or retired—to another agency. This could be done either through a transfer of title, donation for a small price (in the case of a retired vehicle), or sale to a local agency in desperate need of a replacement vehicle.

Benefits

- The capital outlay for the agency that obtains the used vehicle will be reduced.
- The need to retire older vehicles in the fleet will be reduced.
- Human service transportation providers will be allowed to obtain vehicles that they would otherwise not be able to purchase due to the cost of a new vehicle and the level of federal capital funding they are able to receive.

Implementation Steps

- The agencies should meet to determine the procedures for transferring a vehicle from one agency to another, as well as the level of overall need for vehicles.
- The agencies that receive federally funded vehicles should review their fleet and determine which vehicles can be transferred to other agencies.
- The agencies that wish to receive vehicles should review their fleet needs.

One-Call Center

A shared informational telephone line provides potential users with the most convenient access to information on all transportation services in the region.

Benefits

- The administrative costs for the participating agencies will be reduced.
- A one-call center is the first step to centralized dispatching.
- Users will only need to call one telephone number to obtain all the transit information they need, thereby improving customer service.

Implementation Steps

- The agencies should meet to determine which agency will house the call center, how the call center will be funded, and what information will be provided to customers.
- The telephone line should be set up and the needed communication equipment should be purchased.
- A marketing brochure should be developed detailing the purpose of the call center, hours of service, and telephone number.
- Provisions must be made to ensure that information for each service is kept up to date at the call center.

Centralized Functions (Reservations, Scheduling, Dispatching)

A single office could oversee the dispatching of vehicles and the scheduling of reservations for all of the participating transportation agencies to provide transportation service within a geographic area. This is often incorporated as part of a call center and frequently referred to as a one-call/one-click center.

Benefits

- The duplication of administrative costs will be reduced, based on an economy of scale.
- The marketability of the region's transit service will be increased.
- Fleet coordination will be improved.

Implementation Steps

- The agencies should meet to determine which agency will house the centralized reservations, scheduling, and dispatching.
- Technology requirements must be identified including the software and communications systems.
- Each agency's level of funding for the dispatching service cost should be identified.
- Intergovernmental agreements and contracts should be created detailing the responsibility of each agency.

Brokerage

The creation of a brokerage would enable all of the transportation providers to closely coordinate their services while retaining their own services and identities. A brokerage agency could be developed separately or as part of an existing agency. The central function of the brokerage would be to operate the central reservation and dispatch center for all of the services. Potential riders could call one phone number and have the ability to make a reservation or receive information on any transit or dial-a-ride service in the area. Software for reservations and scheduling would be required that could direct individuals in need of rides to the most appropriate service and provide agencies with the most efficient routes of travel. This scenario could develop out of the shared informational phone line described above. The difference is that, with the brokerage, the broker would schedule the trip on the most efficient vehicle regardless of provider. The broker would have service contracts with each of the providers and would pay the transportation provider for the trip and bill the sponsoring agency for the service. A brokerage may function very similarly to a one-call/one-click center. The biggest difference is that a brokerage is formed which then develops contracts with service providers while a one-call/one-click center is a more cooperative effort formed jointly by the funding and provider agencies. The Medicaid Non-Emergency Transportation (NEMT) program in Rhode Island is an example of a brokerage system for a specific trip purpose.

The ability of a group of transportation providers to create a brokerage or to coordinate under a lead agency is improved if an agency with the necessary experience and existing infrastructure is able to assume the role of lead agency or broker.

The lead agency not only gains the responsibility of managing reservations and dispatching, it is also responsible for reporting the activities of the brokerage service to member agencies as well as to various federal, state, and local agencies. The creation of a brokerage agency would also require the lead agency to contract with all member agencies to explicitly state what services will be provided at what cost.

Although there are significant costs associated with initiating coordination under a brokerage agency, there are numerous benefits to such a technologically advanced coordination effort. A central reservation system relying on reservation and dispatch software would increase the efficiency of the total system by spreading trips throughout the system and helping each agency to optimize their routes. Additionally, it would make the system easier for riders to use and more responsive to their needs. Since demand for transportation services exceeds the capacity of current services, these gains in efficiency will enable the system to meet more of the demand. Although this may limit the ability of efficiency gains to reduce the number of vehicles operating in the region, increasing ridership may result in a lower cost per trip and a reduction in the distance traveled per trip. Sharing reservation and dispatch services also has the potential to reduce the per-agency cost of managing their service by eliminating duplication of administrative services. However, this type of organization will require extensive time to implement and considerable local resources from the participating agencies. Agreements would need careful consideration so that participating agencies are assured that their clients and township or municipal residents are assured equal and fair treatment for scheduling of trips. Many of the providers have specific client transportation needs, while some current services are only provided to eligible patrons.

Benefits

- Reduction in the duplication of administrative costs based on an economy of scale.
- Provides a single point of contact for users.
- Increase in the marketability of the region's transit service.
- Allows for improved fleet coordination.
- Greater efficiencies in service delivery.

Implementation Steps

- Agencies need to meet to determine if the brokerage service will be set up as a new agency or under an existing agency.
- Identify each agency's level of funding to cover the cost of the dispatching service.
- Intergovernmental agreement needs to be created detailing the responsibilities of each agency.

SUMMARY

Coordination is a management strategy for improving the performance of various individual transportation services. It wrings inefficiencies out of the disparate operations and service patterns that often result from a multiplicity of providers. Overlapping, duplicate, and inefficient services can be combined for more efficient service delivery. As a result, coordinated services may achieve economies of scale not available to smaller providers. Coordinated services often provide a higher quality of service with greater efficiency that helps to stretch the limited (and often insufficient) funding and personnel resources of coordinating agencies. Not all strategies are appropriate for every community. The community must establish goals for transportation services and then determine the appropriate strategies to implement.

Chapter VI

TRANSPORTATION
CONSULTANTS, INC.

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CHAPTER VI

Best Practices

BEST PRACTICES IN COORDINATING COMMUNITY TRANSPORTATION

The Interagency Transportation Coordinating Council on Access and Mobility was established within the U.S. Department of Transportation by Executive Order 13330,[1] Human Service Transportation Coordination, in 2004. The functions of the Interagency Transportation Coordinating Council, comprised of the Secretaries of Transportation, Health and Human Services, Education, Labor, Veterans Affairs, Agriculture, Housing and Urban Development, and the Interior, the Attorney General, and the Commissioner of Social Security include:

- Promote interagency cooperation and the establishment of appropriate mechanisms to minimize duplication and overlap of Federal programs and services so that transportation-disadvantaged persons have access to more transportation services;
- Facilitate access to the most appropriate, cost-effective transportation services within existing resources;
- Encourage enhanced customer access to the variety of transportation resources available;
- Formulate and implement administrative, policy, and procedural mechanisms that enhance transportation services at all levels; and
- Develop and implement a method for monitoring progress on achieving the goals of this order.[2]

A variety of coordination strategies have been developed in response to this order. Descriptions of many of these strategies are described in the following sections including examples of implemented strategies and best practices. The following topic areas are discussed in this chapter:

- Coordinating Councils
- Mobility Management
- Non-Emergency Medical Transportation
- Technology
- One-Call/One-Click Centers

[1] Government of the United States. "Federal Register, Vol. 69, No. 38." https://www.gpo.gov/fdsys/pkg/FR-2004-02-26/pdf/04-4451.pdf, 2004.
[2] Ibid.

- Shared Rides/Shared Vehicles/Volunteer Drivers
- Brokerage
- Consolidated Operations
- Travel Training

Some communities or agencies are described under more than one strategy as they have successfully implemented multiple strategies to success in coordinating transportation services and delivering service to residents of the local community.

COORDINATING COUNCILS

A coordinating council is made up of the various local agencies and partners with a common goal of coordinating transportation resources. This group differs from a coalition in the fact that it is primarily made up of agencies that have a need for service and other groups specifically formed to accomplish a strategic goal. A coalition is typically more of an advocacy organization and may not include those who are responsible for implementation.

Key benefits of a coordinating council include:

- Allows for greater input from the key transportation agencies in the region
- Allows the members to share information and knowledge on a one-on-one basis
- Provides greater opportunity to identify possible coordination actions
- Increases in the integration of transit planning within the region

Coordinating councils came about to provide cooperative governance in operating statewide and regional transit services – including both public transit and human services transportation. Not all coordinating councils are the same – there is variety in autonomy and level of authority:[3]

- Fully-enabled state-authorized agency or authority
- Limited policy-making or taxing authority

[3] University of Kansas Transportation Center. "Governance Models for Regional Transit Coordination." http://www2.ku.edu/~kutc/pdffiles/KDOT_Regional_Transit_Pilot_Study/11-05-10-KUTCGovernanceModelsWhitePaper.pdf, 2010.

When TCRP Report 101 was published in 2004, interagency coordinating councils or boards existed within 46% of states,[4] which has only grown and expanded in the intervening years. In 2011, there were 16 states with both statewide and regional coordinating councils.[5] As an example, New Hampshire uses the coordinating council model to coordinate transportation resources throughout the state.

New Hampshire

In 2007, a Governor's Task Force on Community Transportation recommended three components to a coordinated community transportation system: a state-level body to oversee the development of a coordinated system, regional councils to design and implement coordinated services around the state, and regional transportation coordinators which would arrange trips through a brokerage system of varied funding sources and a network of providers.[6] The goal of the program was to "reduce duplication, increase availability of service, and make scarce resources go further as the need for transportation increases with an aging and growing population."

In 2007, a State Coordinating Council for Community Transportation[7] as well as nine Regional Coordinating Councils[8] developed to coordinate community transportation services were established by statute. Additionally, as of 2011, the Department of Health and Human Services employed a statewide managed care model to administer the Medicaid program (in a later section on brokerages, New Hampshire's Medicaid transportation brokerage is discussed in more detail).

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[4] TCRP Report 101. "Toolkit for Rural Community Coordinated Transportation Services." http://nap.edu/13751, 2004.

[5] MassDOT Transit. "Statewide and Regional Coordinating Councils: Research Findings." http://www.gatra.org/wp-content/uploads/Research-findings.pdf, 2013.

[6] New Hampshire Department of Transportation. "State Coordinating Council for Community Transportation." https://www.nh.gov/dot/programs/scc/, 2017.

[7] Ibid.

[8] New Hampshire Department of Transportation. "State Coordinating Council for Community Transportation – Regional Councils." https://www.nh.gov/dot/programs/scc/rcc.htm, 2017.

In 2013, the New Hampshire Department of Transportation, in partnership with the State Coordinating Council, implemented a statewide transportation coordination software project and in 2016 started developing a software bridge project through a Rides to Wellness Grant (discussed in more detail in a later section on technology for operations).

Nine Regional Coordinating Councils (RCCs), which include local transportation providers, funding agencies, and agencies requiring transportation services select and oversee Regional Transportation Coordinators (RTCs) for their regions. The RTCs function as brokers in reach region managing call centers and arranging rides through a network of transportation service providers. Coordinating this system with the Medicaid brokerage system is the subject of the Rides to Wellness grant mentioned above and described in more detail in a later section.

MOBILITY MANAGEMENT

Mobility management is a customer-focused approach to connecting riders with transportation services so that seniors, people with disabilities, low-income workers, and youth can access the trips they need to get to jobs, services, and community life. Mobility Management programs are eligible for funding through Federal Transit Administration (FTA) Section 5310, Enhanced Mobility for Seniors and Individuals with Disabilities.[9]

Based on Transit IDEA Project 50, Developing Regional Mobility Management Centers,[10] one stop regional brokerage mobility management call centers are seen as an "effective way of creating significant cost savings over the customary 'stand-alone models' for each agency or each travel mode dealing solely with its own customers." The National Center for Mobility Management (NCMM) has been established to support regional mobility managers and provide guidance and training on coordinating services, establishing One-Call/One-Click Centers and supporting Rides to Wellness grant recipients. NCMM is an initiative of the United

[9] Federal Transit Administration. "Enhanced Mobility of Seniors & Individuals with Disabilities – Section 5310." https://www.transit.dot.gov/funding/grants/enhanced-mobility-seniors-individuals-disabilities-section-5310, 2017.

[10] Transportation Research Board. "Developing Regional Mobility Management Centers." http://onlinepubs.trb.org/Onlinepubs/IDEA/FinalReports/Transit/Transit50.pdf, 2012.

We Ride Program and is supported through a cooperative agreement with the FTA.[11]

NCMM also aligns and supports the goals of the Coordinating Council on Access and Mobility (CCAM). CCAM is a partnership of federal agencies working to build ladders of opportunity nationwide by "improving the availability, quality and efficient delivery of transportation services to people with disabilities, older adults, and people with low incomes."[12] To that end, CCAM is also involved with the Rides to Wellness and Veterans Transportation Community Living Initiatives.

Mobility management programs exist across the country. Some are community-based, some county-based, some region-based, some state-based. A statewide example of Massachusetts is described below and throughout other sections in this chapter.

Massachusetts

Massachusetts uses FTA Section 5310 funds for mobility management as well as the Commonwealth of Massachusetts Mobility Assistance Program (MAP) to fund mobility management programs throughout the state. On a statewide level, Massachusetts uses a Statewide Mobility Manager as well as an Executive Office of Health and Human Services (EOHHS) Mobility Manager and a Mobility Coordinator to administer the program. The statewide program, MassMobility, is an initiative to increase mobility for seniors, people with disabilities, veterans and others who lack access to transportation.[13] MassMobility strives to increase awareness of community transportation resources/services, foster collaboration among programs, and share best practices. MassMobility is housed at the EOHHS and is funded through federal and state transportation funds.

[11] National Center for Mobility Management. "About Us." http://nationalcenterformobilitymanagement.org/about-us/, 2017.

[12] Federal Transit Administration. "Coordinating Council on Access and Mobility." https://www.transit.dot.gov/ccam, 2017.

[13] Massachusetts Department of Transportation. "Mobility Management." http://www.mass.gov/eohhs/provider/guidelines-resources/services-planning/hst/mobility-manage/mobility-management-overview.html, 2017.

MassMobility provides resources for other best practices described in other sections in this report.

MEDICAID NON-EMERGENCY MEDICAL TRANSPORTATION SERVICE DELIVERY MODELS AND BEST PRACTICES

Overview

Non-emergency medical transportation (NEMT) is a required Medicaid benefit designed to provide transportation to and from medical appointments for enrollees who have no other means of transportation. (42 CFR 431-53). The NEMT benefit covers a broad range of transportation services including trips in taxis, buses, vans, and personal vehicles. States pay for trips to and from medical appointments and reimburse enrollees for mileage on a personal vehicle. Use of public transportation for NEMT purposes varies considerably across states and even within states as public transportation is not available in all areas. In the initial years of the program, States routinely coordinated with local public transit agencies. These direct collaborations have dissipated over time due in part to:

- Differing service standards for Americans with Disabilities Act (ADA) paratransit and NEMT;
- Differing laws and regulations, such as drug testing, for public transit and NEMT;
- Jurisdictional issues where NEMT needs extend beyond transit service boundaries; and
- Unsustainable funding agreements such as Medicaid coverage of only base paratransit fares and not the fully allocated cost of service.

With the Medicaid expansion reforms introduced in the 2010 Affordable Care Act and a renewed interest in cost-effective service delivery by the States, NEMT options have diversified. Today NEMT service delivery models encompass Transportation Brokerage, Managed Care Benefit, Fee-for-Service, Public Transit and Mixed Service Delivery. A brief description of each is provided here.

Transportation Brokerage

Today the most common delivery model is a third-party broker established as a state option under the Deficit Reduction Act of 2005 (PL 109–171, Sec. 6083). Under this model, states contract with a transportation broker who arranges transportation services under a capitated payment. States must choose the

broker through a competitive bidding process. The brokers mediate Medicaid non-emergency transport services between program beneficiaries, program administrators, and service providers. Brokers process, document and screen trip requests, acquire necessary authorizations, and either directly provide or subcontract services through a network of transportation companies offering van, taxi, public transit, and other modes of transportation. The broker may receive capitated per-member-per-month (PMPM) payments from state Medicaid for these services, or operate on a fee-for-service (FFS) basis.

Most states use a single transportation broker which is privately owned. This is due in part to the regulations of the Department of Health and Human Services - Centers for Medicare & Medicaid Services (CMS) – which administers the federal Medicaid program. CMS prohibits conflicts of interest or agency self-referrals in the administration of NEMT services. To comply, the budgets and finances of public agencies that perform as brokers must be separate and apart from their lead administrative agency. This increases the complexity of public entities as brokers.

Managed Care Benefit

States may also contract with managed care plans to provide transportation for their enrollees. The managed care organization (MCO) model is relatively new but attracting the interests of states transitioning from the traditional brokerage model. Under managed care, MCOs agree in their State managed care contracts to provide transportation services for beneficiaries within their plans. A capitated per member payment is usually negotiated with the state.

Fee for Service (FFS)

Under the fee-for-service (FFS) model, the state coordinates and approves the trips and reimburses for the cost of each trip. FFS typically involves the state establishing a flat rate or fee for each contracted NEMT service. The services are unbundled and paid for separately. FFS brokerage contracts may include for example:

Fee schedules based on the number of trip requests received and processed and the number of trips assigned to local subcontractors; and/or

Fee schedules based on the number of received and processed regional call center requests.

Public Transit

In areas where public transit is widely available, Medicaid agencies and brokers continue to use public transit for NEMT purposes. Beneficiaries are encouraged to use the service for authorized travel and offered shared rides, fare passes, tokens or are reimbursed. The administrative issues associated with exclusive reliance of public transit for NEMT services were summarized earlier. New utilization models have emerged and are discussed in this report.

Mixed Service Delivery

In several states, a combination of the brokerage, MCO, and FFS models is applied. The state may, for example, initiate a brokerage in an urbanized area where the supply of providers is adequate to meet broker requirements. In other geographic areas where eligible populations and resources may be sparse, MCO or fee-for-service delivery may be considered.

Table VI-1 presents the various NEMT delivery models by state. This is followed by written summaries of the models utilized by the eight states highlighted in the table. Those considered "best practices" are noted in the summaries and include Massachusetts, Ohio, Oregon, Vermont and Washington State.

Table VI-1
MEDICAID NEMT Service Delivery Models By State

Service Delivery Model Type	Geographic Coverage	Entity/ Broker	Responsibility	States
Broker	Statewide	Private Broker	Trip intake and trip assignment	Connecticut, Delaware, Idaho, Illinois, Kansas, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, Oklahoma, Rhode Island, South Carolina, Virginia, Wisconsin
	Region	Private Broker	Trip intake and trip assignment	Hawaii
		Public/Nonprofit Broker	Trip intake and trip assignment	Kentucky, Massachusetts, Vermont, Washington
		Mix of private and public/nonprofit brokers	Trip intake and trip assignment	Arkansas, Georgia, Maine
	State/County	Mix of private and public brokers	Trip intake and trip assignment	Florida, Iowa
Fee for Service	Statewide	State	Trip intake/ assignment to regional coordinators	Alabama
		Private entity	Trip intake/ assignment to enrolled providers	Alaska
	Regional	Regional trip intake centers	Trip intake and trip assignment	Louisiana
	County	County unit of state Medicaid agency	Eligibility, provider assignment	Indiana, Maryland, Minnesota, New Hampshire, North Carolina, Ohio, West Virginia, Wyoming
Brokerage/FFS Mix	Brokerages in selected area, FSS in others	Private or public non-profit broker	Trip intake and trip assignment	Colorado, Michigan, Pennsylvania, New York, Tennessee, Texas
Public Transit	Statewide	Medicaid refers NEMT clients to public transit or human service agencies	Referral	South Dakota
	Regional or Counties	State or local Medicaid agency refers NEMT clients to public transit	Eligibility, referral, arrangements with other modes when public transit is unavailable or inappropriate	Utah
Managed Care Organization (MCO)	Statewide	Comprehensive Health Care/Insurance Organization	Arranges transportation with capitated rate structure	Arizona, Oregon
	Mixed MCO and FSS	Comprehensive Health Care/Insurance Organization	Arranges transportation with capitated rate structure	California, New Mexico

NEMT Brokerage Model

State of Delaware - Statewide Brokerage

Operating Authority: Section 1915(b) Freedom-of-Choice Waiver

Program Description

The Delaware Health and Social Services - Division of Medicaid and Medical Assistance (DMMA) administers the Delaware Medicaid program. The DMMA has operated a full-risk, capitated statewide brokerage since the early 2000s. LogistiCare has held the transportation brokerage contract since the inception of the program. All eligible Medicaid beneficiaries - representing roughly 25 percent of the state population - are served. Transportation arrangements are required three days in advance of a scheduled appointment. LogistiCare verifies the recipient is Medicaid eligible and transportation is required to the covered service. Once both criteria are confirmed, the broker arranges appropriate transportation to the covered medical service via one of its contracted transportation providers.

Program Contact: Delaware Division of Medicaid and Medical Assistance, 1901 North Dupont Highway, New Castle, Delaware 19720. (302) 255-9500. http://dhss.delaware.gov/dhss/dmma/

State of Iowa – Mixed Statewide and MCO Brokerage

Operating Authority: 1902(a) (70) State Plan Amendment

Program Description

Once only the local offices of the Iowa Department of Human Services arranged non-emergency transportation for Medicaid recipients. Iowa transitioned from this locally administered fee-for-service system to a statewide brokerage in response to the recommendations of a 2008 University of Iowa study http://ir.uiowa.edu/cgi/viewcontent.cgi?article=1004&context=ppc_transportation. In 2010, the state awarded a three-year statewide brokerage contract to the *TMS Management Group*. It transitioned again in 2014 when its request was approved to eliminate NEMT from the basic services provided to new Medicaid-expansion populations authorized and created under the federal Affordable Care

Act. Iowa was the first state in the nation permitted to waive the traditional assurance of transportation access to covered medical services. Today Iowa has three Managed Care Organizations {MCOs) as shown in Table VI-2 and one FFS brokerage. Medicaid beneficiaries represent roughly 26 percent of the state population.

Program Contacts: Iowa DHS Medicaid web site:
https://dhs.iowa.gov/ime/members/medicaid-a-to-z/NEMT

Fee for Service (FFS) Broker: TMS Management Group, Inc., Midwest Regional Office, 5800 Fleur Drive, Suite 231, Des Moines, IA 50321. 866-572-7662.

Table VI-2
MCO Transportation Brokers

Iowa Managed Care Organization	Transportation Broker	Telephone
Amerigroup Iowa, Inc.	Logisticare	1-844-544-1389
AmeriHealth Caritas of Iowa, Inc.	Access2Care	1-855-346-9760
United Healthcare Plan of the River Valley, Inc.	MTM	1-888-513-1613

Commonwealth of Massachusetts – Coordinated Regional Brokerage

Operating Authority: NEMT assurance in the State Medicaid Plan

Program Description

Transportation in Massachusetts is one facet of a comprehensive and fully coordinated state program. In 2001, the state Department of Health and Human Services created the Human Service Transportation (HST) Office to coordinate transportation for human service agencies including MassHealth, the state Medicaid program. In addition to serving Medicaid beneficiaries, representing roughly 24 percent of the commonwealth population, HST provides transportation for customers of the state departments of Developmental Services and Mental Health, the Massachusetts Rehabilitation Commission, the Commission for the Blind, and the Early Intervention Program.

It contracts human services transportation through a network of regional transportation brokers for over 36,000 eligible adults and children. According to HST, nearly 85 percent of the clients are Medicaid beneficiaries.

HST transportation brokers are existing Regional Transit Authorities (RTAs) within nine geographic areas statewide. The RTAs provide HST services within and outside of their regions. Requests for service are demand-response and program-based.

Demand-Response (Dial-a-Ride): These are as-needed trips – typically medical appointments – with varying destinations, frequencies and times. They include but are not limited to MassHealth, Commission for the Blind and Rehabilitation Commission appointments.

Program-Based: These trips are for a specific destination and usually scheduled at a specific time on a daily or weekly basis. The service typically enables access to rehabilitation or developmental programs and is similar to a school bus route.

The responsibilities of the HST RTA broker include arranging client trips through subcontracts with local transportation providers; monitoring service quality with on-site inspections and consumer surveys; developing and refining trip routings to increase system efficiency, shared rides and cost effectiveness; and tracking and reporting system usage, costs and performance.

The HST RTA brokers and their subcontractors are required to adhere to HST business, vehicle and service performance standards. The terms and conditions are written into legal contract agreements. A template may be accessed at http://www.mass.gov/eohhs/docs/hst/provider-performance-standards.pdf. In addition to operations, the agreement addresses the quality of consumer services. Excerpts of two such quality-of-service standards are:

Universal - Ensure that a Consumer is never stranded. A Consumer is stranded if he or she has been transported to their scheduled service and is left without a return trip.

Program-Based Transportation Only - Ensure that Consumers are never left unattended. If the vehicle arrives late (after designated start/end time) to the Destination Facility and no staff are available, it is the driver/Monitor's

responsibility to escort the Consumers together to and from a responsible staff person.

Source: Massachusetts Human Services Transportation Program, Transportation Provider Performance Standards, Revised: Effective 07-01-14.

Best Practices

The use of the existing RTA regional framework for enhancing coordinated human service transportation in Massachusetts has produced impressive results for the Medicaid program and the commonwealth taxpayer. According to the HST, because shared program-based and demand-response rides are an efficient use of resources, the average cost of a system trip is relatively low and broker administrative expenses are among the lowest in the country. A unique feature is the shared cost saving incentive built into RTA broker contracts. Brokers are rewarded for reducing trip expenses and overhead, and improving overall efficiency.

Another innovation is HST outreach and communications with peer agencies. The Office routinely offers technical assistance to other state program managers so that they may consider:

Participation in the HST coordinated transportation system; for all or part of their transportation program.

Requesting technical assistance from HST for innovations and new approaches to meeting their client transportation needs.

Accessing HST website resources on pertinent topics such as transportation safety, local mobility resources, system coordination, and funding.

Program Contact: Director, Human Service Transportation Office, 100 Hancock St., 6th Floor, Quincy, Massachusetts 02171. 800-841-2900. hstmobility@state.ma.us.

State of Vermont – Regional Brokerage (Share Risk Contracts Capitated with Stop-Loss Provisions)

Operating Authority: 1115 Demonstration Waiver

Program Description

The Department of Vermont Health Access (DVHA) negotiates regional brokerage sole-source contracts with eight private not-for-profit transit providers. The brokers provide NEMT for both FFS and Medicaid managed care populations. The transportation services are designed for users of traditional Medicaid, Vermont Primary Care Plus Medicaid and Dr. Dynasaur, a state sponsored medical assistance program. Medicaid beneficiaries represent roughly 32 percent of the Vermont population.

DVHA administers and monitors the statewide NEMT program and also authorizes, processes, and monitors trips within the system. The responsibility of the transportation broker is to screen for eligibility, schedule the least-costly mode of NEMT transportation, provide the service, and submit claims to DVHA for processing. The brokers must adhere to the terms and conditions of DVHA Personal Services Contracts, Provider Enrollment Agreements, and the Vermont NEMT Procedure Manual.

Best Practices

In 2013, DVHA switched from reimbursing brokers on a cost-plus basis to a shared-risk, capitated contract arrangement with negotiated per-member-per-month (PMPM) rates. The contracts include stop-loss provisions and fuel cost adjustments. The PMPM rates are calculated on actual NEMT users rather than eligible recipients and are adjusted based on geographic and historical utilization data. Capitated rates currently range from $94 to $174 per month which DVHA cites as low.

Vermont's exclusive use of community-based, private, non-profit transportation providers is an innovation. Today, only a handful of states have integrated community-based public transit providers in their brokered medical transport programs. Moreover, DVHA brokers perform traditional tasks such as trip request intake and also deliver the trip. This eliminates a costly administrative

layer in the conventional brokerage model where trip pick up and drop off is performed by a subcontractor. A brief description of two DVHA private not-for-profit providers follows:

The Green Mountain Community Network, Inc. (GMS) www.greenmtncn.org. GMS is a private not-for-profit organization providing transportation services in Bennington County, Vermont. GMS is governed by a volunteer board of directors and funded in part by the State of Vermont, the Federal Transit Administration and Medicaid. GMS offers deviated fixed bus routes, demand response, Medicaid, elder/disabled transportation, and private pay services.

Special Services Transportation Agency (SSTA) www.sstaride.org. SSTA is a private not-for-profit corporation in Colchester, Vermont. Its stated mission is to provide accessible transportation for people with specialized mobility needs. The system provides an average of over 600 to 700 rides per day representing primarily coordinated transportation to human service agencies such as the Visiting Nurse Association, the Champlain Senior Center (a meal site), the Howard Community Health Services, and the Champlain Valley Agency on Aging.

The other DVHA transportation providers are listed in Table VI-3 of this report.

Program Contact: Department of Vermont Health Access, NOB 1 South, 280 State Drive, Waterbury, Vermont 05671-1010. 802-241-0144. http://ovha.vermont.gov/for-consumers/beneficiary-non-emergency-medical-tranportation

Table VI-3
Department of Vermont Health Access Transportation Brokers

Area Served	Broker	Phone	Address	Web Site
Addison County	**ACTR** Addison County Transit Resources	(802) 388-2287	PO Box 532 297 Creek Road Middlebury, VT 05753	www.actr-vt.org
Windsor & Windham Counties	**CRTI** Connecticut River Transit, Inc.	(802) 460-7433	706 Rockingham Road Rockingham, VT 05101	www.crtransit.org
Bennington County	**GMCN** Green Mountain Community Network	(802) 447-0477	215 Pleasant St. Bennington, VT 05201	www.greenmtncn.org/index.html
Franklin, Grand Isle & Washington Counties	**GMTA** Green Mountain Transit Agency	(802) 223-7287	6088 VT Rte 12 Berlin, VT 05602	www.gmtaride.org
Rutland County	**MVRTD** Marble Valley Regional Transit District	(802) 747-3502	158 Spruce St Rutland, VT 05701	www.thebus.com
Caledonia, Essex & Orleans Counties ~~~~ Lamoille & Orange Counties	**RCT** Rural Community Transportation, Inc.	(802) 748-8170 ~~~	1161 Portland Street St. Johnsbury, VT 05819	www.riderct.org
Chittenden County	**SSTA** Special Services Transportation Agency	(802) 878-1527	2091 Main St Colchester, VT 05446	www.sstaride.org

State of Washington – Regional Community Brokerages [negotiated administrative fee]

Operating Authority: 1902(a) (70) State Plan Amendment

Program Description

The Washington State Health Care Authority (HCA) regional broker system was initiated in 1989 and is one of the oldest in the country. HCA purchases health care services for more than 2 million Washington residents through two programs — Washington Apple Health (the state Medicaid program) and the Public Employees Benefits Board program. HCA retains six community-based brokers to coordinate NEMT trips in 13 medical transportation regions which are healthcare catchment areas. The brokers arrange trips for eligible clients - in Medicaid, the Children's Health Insurance Program, and various state-sponsored medical transportation assistance programs. The transportation available through brokers includes public transit bus, gas vouchers, client and volunteer mileage reimbursement, taxi, commercial bus, wheelchair van or accessible vehicle, and air and ferry tickets. Medicaid beneficiaries represent roughly 17 percent of the state population.

Best Practices

The competitively contracted non-profit HCA transportation brokers include local planning agencies, councils on aging and other human service agencies. State officials credit the brokerage system with helping to control medical transportation costs and improve quality and safety statewide, while assuring needed access for all Medicaid recipients. The transportation brokers are reimbursed for actual service costs plus an average administrative fee of $3.15 per managed trip. Performance incentives in place since 2011 target on call center performance and cost-effectiveness. Approximately one-third of NEMT trips are provided on fixed-route transit. HCA's exclusive reliance on community-based brokers is one of its innovations. Today, only a few states have community based non-profit providers in their brokered transportation services. Washington may be unique among them as none are public transit systems.

Program Contact: Washington State Health Care Authority, Cherry Street Plaza, 626 8th Avenue SE, Olympia, Washington 98501. 800-562-3022. https://www.hca.wa.gov/

State of Colorado – Regional Brokerage and Decentralized County FFS

Operating Authority: 1902(a) (70) State Plan Amendment

Program Description

The Colorado Department of Health Care Policy and Financing (HCPF) administers the Health First Colorado Medicaid Program. Medicaid beneficiaries represent roughly 14 percent of the state population. Administering NEMT is challenging in a state where human services, populations and transportation needs vary radically from one region to the next. This challenge is reflected in the Colorado NEMT mixed service delivery model comprising a regional brokerage, three county collaboratives, and multiple county programs as follows:

Veyo (formerly Total Transit): HCPF contracts with *Veyo* as the NEMT transportation broker in nine Colorado counties: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, Larimer, and Weld. In these urbanized areas, Veyo processes trip requests through fifty-two (52) contracted transportation providers.

Three Multi-County Collaboratives: In 19 counties, Medicaid NEMT is administered by each county Medicaid HCPF office in partnership with three multi-county collaboratives. These partnerships function as regional transportation brokers. The collaboratives are:

The Northwest Colorado Council on Governments - Mountain Ride Resource Center serving Garfield, Eagle, Grand, Jackson, Pitkin, Routt, and Summit counties,

The Northeast Colorado Transit Authority - County Express serving Logan, Morgan, Phillips, Sedgwick, Washington, and Yuma counties, and

The San Luis Valley Multi-County Collaborative serving Saguache, Mineral, Rio Grande, Alamosa, Conejos, and Costilla counties.

Non-Collaborative Counties: For the remaining 36 Colorado counties, NEMT services are contracted by the county human services department.

Program Contact: Colorado Department of Health Care Policy and Financing (HCPF), NEMT Contract Manager, Elizabeth.Reekers-Medina@state.co.us. 303-866-5516.

NEMT Managed Care Model

State of Oregon: Managed Care Organizations

Operating Authority: Formerly—1915(b) Freedom-of-Choice Waiver. Currently operating under a Section 1115 Demonstration Waiver.

Program Description

Oregon was the second state in the nation to introduce a regional community brokerage model. The original NEMT program was created under a Section 1915(b) Freedom-of-Choice Waiver and, initially, only the Portland metropolitan area had access to brokered services. Eventually, the brokerage was extended statewide with community brokers operating in eight regions. The brokers were public entities and most were public transit operators. The Oregon NEMT was one of the few to rely exclusively on community-based brokers and was often cited as a best practice.

In 2013, under the governor's health reform initiative and strengthened by Affordable Care Act reforms, Oregon implemented the Oregon Health Plan (OHP) - a coordinated care model. Sixteen (16) coordinated care organizations (CCOs) were created; each representing a network of health care providers within their regions for Medicaid beneficiaries. Consumer Advisory Councils – a feature of the OHP – comprise local community members that engage, collaborate and advise on CCO services and practices. Each coordinated care organization has a transportation broker with a call center and subcontractors providing NEMT services at low negotiated rates.

Medicaid beneficiaries represent roughly 17 percent of the state population.

Program Contact: Oregon Health Authority, 500 Summer Street, NE, E-20, Salem, Oregon 97301-1097 OHA.DirectorsOffice@state.or.us

See Figure VI-1 for the list of Non-Emergent Transportation Brokers for the Oregon Health Plan.

Figure VI-1
Non-Emergent Transportation
Brokers for the Oregon Health Plan

HEALTH SYSTEMS DIVISION
Integrated Health Programs

Oregon Health Authority

Non-Emergent Transportation Brokerages for Oregon Health Plan members

Call your local brokerage, or your coordinated care organization (CCO)'s ride service to ask for rides for health care visits that OHP covers. You can also ask them to approve and reimburse your medical transportation costs, if you are unable to pay for them yourself.

Broker/Call Center	Phone
Bay Cities Ambulance For Umpqua Health Alliance members only	541-672-5661 1-877-324-8109
Cascades East Ride Center Central Oregon Intergovernmental Council	541-385-8680 1-866-385-8680
Cascades West Ride Line Oregon Cascades West Council of Governments	541-924-8738 1-866-724-2975
Ready Ride For AllCare CCO members only	1-800-479-7920
Ride to Care For FamilyCare and Health Share of Oregon members only	1-855-321-4899
RideCare Sunset Empire Transportation District	503-861-0657 1-888-793-0439
RideSource Call Center Lane Transit District	541-682-5566 1-877-800-9899
TransLink Rogue Valley Transportation District	541-842-2060 1-888-518-8160
Transportation Network Mid-Columbia Council of Governments	1-877-875-4657
Tri-County MedLink Fee-for-service members only	1-866-336-2906
Trip Link Salem Area Mass Transit District	503-315-5544 1-888-315-5544
Well Ride For Yamhill CCO members only	1-844-256-5720

Bay Cities Ambulance for Umpqua Health Alliance members; TransLink for all other members

Cascades East Ride Center

Cascades West Ride Line

Ride to Care for FamilyCare and Health Share of Oregon members; Tri-County MedLink for all other members

RideCare

Transportation Network for EOCCO members; TransLink for all other members

RideSource

TransLink

Transportation Network

TripLink

Ready Ride for AllCare members; TransLink for all other members

Well Ride for Yamhill CCO members; Tri-County MedLink for all other members

Non-Emergent Medical Transportation Brokerages (effective 11/1/15)

NEMT In-House FFS Management Model

State of Ohio – In-House FFS Management

Operating Authority: NEMT assurance provided in the State Medicaid Plan

Program Description

Ohio Department of Medicaid

Created in 2013, the Ohio Department of Medicaid (ODM) is the first state executive-level Medicaid agency in the nation. With a network of approximately 90,000 active providers, ODM oversees the delivery of Medicaid health coverage to more than 3 million daily. Medicaid beneficiaries represent roughly 21 percent of the state population. ODM delegates the administration of NEMT services to the Department of Jobs and Family Services (DJFS) which has a decentralized county focus. There are 88 counties; each with its own unique system of service delivery. Most of the DJFS offices contract NEMT services through local public and private agencies with negotiated FFS rates. In Hamilton County, DJFS contracts with a national transportation broker, *MTM*.

Best Practices

Public Transit Service Rates: When contracting public transit agency services, DJFS recognizes two levels of service—fare rate and premium rate. The fare rate is the same price the general public pays for a ride. DJFS recognizes that some NEMT beneficiaries and trips may require a higher level of service and negotiates a premium rate for premium service. This may be significantly higher than the fare rate but recognizes the transit agency's fully allocated cost per trip.

Community Transportation Plan: The State Department of Medicaid mandates each county DJFS office develop and maintain a community transportation plan that describes NEMT services and methods of implementation. It must be updated annually or when changes in the program occur. The plan must include but not be limited to:

- The contact name of person at the county DJFS responsible for administering NEMT.
- A description of consumer access to NEMT services and the process the consumer uses to request transportation.
- A list of organizations DJFS uses to coordinate and broker transportation resources.
- The modes of transportation the county DJFS primarily uses and the secondary modes utilized.
- County DJFS policy regarding selection of transportation deemed most cost effective.
- The identity of each transportation contract vendor's name, address, phone number, length of the contract, parameters of the contract, and cost of the contract.
- The policies and procedures designed to address the misuse of NEMT services by consumers and address quality control issues with vendors.
- The implementation of referrals by the county DJFS that enable consumers to access transportation through Medicaid programs other than NEMT.
- The county DJFS process to assist consumers that cannot be safely transported independently during a Medicaid covered service.
- The method by which the county DJFS informs consumers of NEMT program and guidelines.

Through the community transportation plan, each county DJFS office must also maintain a data collection system organized with its transportation vendors; and resulting in quarterly reports that include the unduplicated count of Medicaid

consumers; the unduplicated count of one-way trips; the cost of providing each transportation service; and the total amount of mileage, if applicable.

Program Contact: Ohio Department of Medicaid, 50 West Town Street, Suite 400, Columbus, Ohio 43215.
http://medicaid.ohio.gov/FOROHIOANS/CoveredServices.aspx#1683598-transportation

TECHNOLOGY

Transit-related technology has increased and expanded rapidly in the past few years. Intelligent Transportation System (ITS), Automated Vehicle Locators (AVL), scheduling software, innovative fare collection technologies, etc. are becoming standard components of transit systems nationwide. Technologies have been slower to be adopted in rural areas and by human services transportation primarily due to the costs associated with implementing new technology.

Frequently different software between agencies is a barrier to coordination. Interoperability (the ability for multiple agencies' systems to communicate/share information electronically) allows for multiple computer systems to exchange information even if different agencies use different software. For example, many public transit agencies now use the General Transit Feed Specification (GTFS) to share schedule and routing information in a standardized format. GTFS is a simple series of text files. There are even free resources available to help transit service providers to convert information into GTFS format (for example, National Rural Transit Assistance Program's GTFS Builder.[14]) It is a simple solution that can be a first step in developing interoperability.

Interoperability between agencies when private information is involved creates additional challenges. However, privacy can be built into agreements and technology bridges, where not all data is shared between all agencies; only the applicable information is shared. The agencies, policies, and protocols that determine eligibility for services continue to do so in a coordinated system, but only the results (yes, eligible; no, not eligible; and for how long), not the details of

[14] National Rural Transit Assistance Program. "GTFS (General Transit Feed Specification) Builder." http://nationalrtap.org/supportcenter/Builder-Apps/GTFS-Builder, 2017.

the determination, are shared within the interoperable network. One-Call/One-Click Centers are discussed separately in a later section, including data sharing/data interoperability needs.

Recent initiatives, including Rides to Wellness and Veterans Transportation and Community Living, have focused on technological solutions to coordination. An example of each initiative is presented below.

New Hampshire

In New Hampshire, the Department of Transportation (NHDOT) and Department of Health and Human Services, along with other partner agencies, received a Rides to Wellness Grant[15] from the Federal Transit Administration (FTA) in 2016 to develop a technology bridge between the Medicaid-funded transportation broker's software to NHDOT's coordination software system. New Hampshire's Medicaid brokerage is discussed in a later section and its statewide and regional coordinating councils are discussed in a previous section.

Coordinated Transportation Services (CTS) is the statewide Medicaid broker, which uses its own software to schedule and assign trips to enrolled providers throughout the state. The community transportation coordination model uses a separate third-party system. The Rides to Wellness grant is being used to develop a bridge between the Medicaid transportation and coordinated community transportation programs to allow for seamless integration between the programs, increase ridership, and more efficiently operate transportations services. Partner HB Software Solutions (HBSS) is testing a new concept in three regions. The concept is QRyde, an algorithmic engine that imports and encodes the existing routes of the providers. The engine instantly accepts or rejects rides based on available capacity of each transportation service provider[16]. It is being tested with the Tri-County Community Action Program in Coos and Grafton Counties, Easterseals/Special Transit Services in the Derry-Salem region, and with COAST

[15] Federal Transit Administration. "FY 2016 Rides to Wellness Demonstration and Innovative Coordinated Access and Mobility Grants." https://www.transit.dot.gov/funding/grants/fy-2016-rides-wellness-demonstration-and-innovative-coordinated-access-and-mobility, 2016.

[16] New Hampshire Department of Transportation. "Bridge to Integration: Incorporating Non-Emergency Medical Transportation into NH's Coordination System." https://www.nh.gov/dot/programs/scc/documents/r2w_exec_summary.pdf, 2016.

in the seacoast area (COAST also used a Veterans Transportation and Community Living grant to implement their regional call center).

ONE-CALL/ONE-CLICK CENTERS

One-call/one-click centers are shared informational telephone lines/websites that provide potential users with the most convenient access to information on all transportation services in the region/state.

Benefits include:

- The administrative costs for the participating agencies are reduced
- A one-call center is the first step to centralized dispatching
- Users will only need to call one telephone number to obtain all the transit information they need, thereby improving customer service

One-call/one-click centers for providing transportation information are often an integral part of a Mobility Management Program, discussed in more detail in a previous section. Having a one-stop-shop for all transportation resources in a region/state has benefits on many levels:[17]

- One-stop source of transportation information for customers – including finding the right fit to meet each customer's needs based on eligibility and program availability
- Community partnership – multiple community partners working towards a common goal – builds trust and can lead to additional levels of coordination
- Gap identification – helps communities to better articulate gaps in transportation services that need to be filled

One-call/one-click centers can be organized and operated using a variety of models; some centers are housed within a non-profit agency, part of a local or county government, regional planning agency, college or university, or setup as

[17] National Center for Mobility Management. "One-Call/One-Click Transportation Information Services." http://nationalcenterformobilitymanagement.org/wp-content/uploads/2014/01/OCOC_PromisingPractices_FINAL.pdf, 2014.

a Public Private Partnership.[18] Based on a national survey conducted in 2010,[19] seven respondents reported statewide one-call/one-click operations.

TransPortal – Jacksonville, Florida[ATS1]

TransPortal is a one-call/one-click center serving a 12-county area of northeastern Florida (Counties of: Suwannee, Columbia, Baker, Union, Bradford, Alachua, Nassau, Duval, Clay, Putnam, St. Johns, Flager) Jacksonville Transit Authority (JTA) is the lead agency.

Website: http://www.transportal.net

TransPortal History and Overview

Northeast Florida Mobility Coalition

- Created in 2006
- Led by an elected chairman and facilitated by JTA staff.
- Comprised of transportation providers, elected officials, policy makers, planning experts, funding agency representatives, and transportation agencies for disadvantaged individuals.
- Created to identify and implement activities to improve regional coordination of trips in northeastern Florida.
- Regional desire to coordinate services; however, it was unattainable at the time.
- The Coalition has applied for many grant programs.

[18] National Council for Public-Private Partnerships. "7 keys to success." http://www.ncppp.org/ppp-basics/7-keys/, 2017.

[19] Community Transportation Association of America. "One Call – One Click Transportation Services Toolkit." http://web1.ctaa.org/webmodules/webarticles/anmviewer.asp?a=2465&z=101, 2017.

TransPortal Planning and Development

- 2011: $1.9 million Veterans Transportation and Community Living Initiative (VTCLI) grant received in addition to other grant funds including Section 5317.
- The region finally obtained the funding needed to create a one-call transportation resource center, to be known as the Regional Multi-Modal Transportation Resource Center, or TransPortal.
- The goal was to "develop and sustain a customer centered mobility management system and to coordinate a shift from decentralized transportation services to a centralized mobility management system of collaborating agencies focused on meeting the mobility needs of people."
- JTA was the lead for the development of the call center.
- Development of the call center included participation of over 200 individuals from:
    - Various non-profit,
    - Public transit,
    - Local and county government,
    - Regional planning agencies, and
    - Elected officials from the Federal, State, and local levels.
- September 2014: 1-Click application for TransPortal, created by Cambridge Systematics, was launched.

TransPortal Operations Overview

- TransPortal provides information (cost, travel time, availability) for transportation options including:
    - transit and paratransit services
    - bicycling
    - walking
    - carpool and vanpool
    - volunteer driver programs
    - taxis
    - motor or long-distance coaches (e.g., Greyhound)

- passenger rail
- social and non-profit agency services

- TransPortal is comprised of 25 transportation providers.
- An average of 2,800 trips and over 230 vehicles are scheduled per day.
- Customers can schedule a trip by either calling TransPortal or logging onto the TransPortal website.
- The scheduling process through the TransPortal website is shown in Figure VI-2. Screen captures of the TransPortal website home page and trip options page are shown in Figures VI-3 and VI-4, respectively[ATS2].

Figure VI-2: TransPortal Scheduling Process (website)

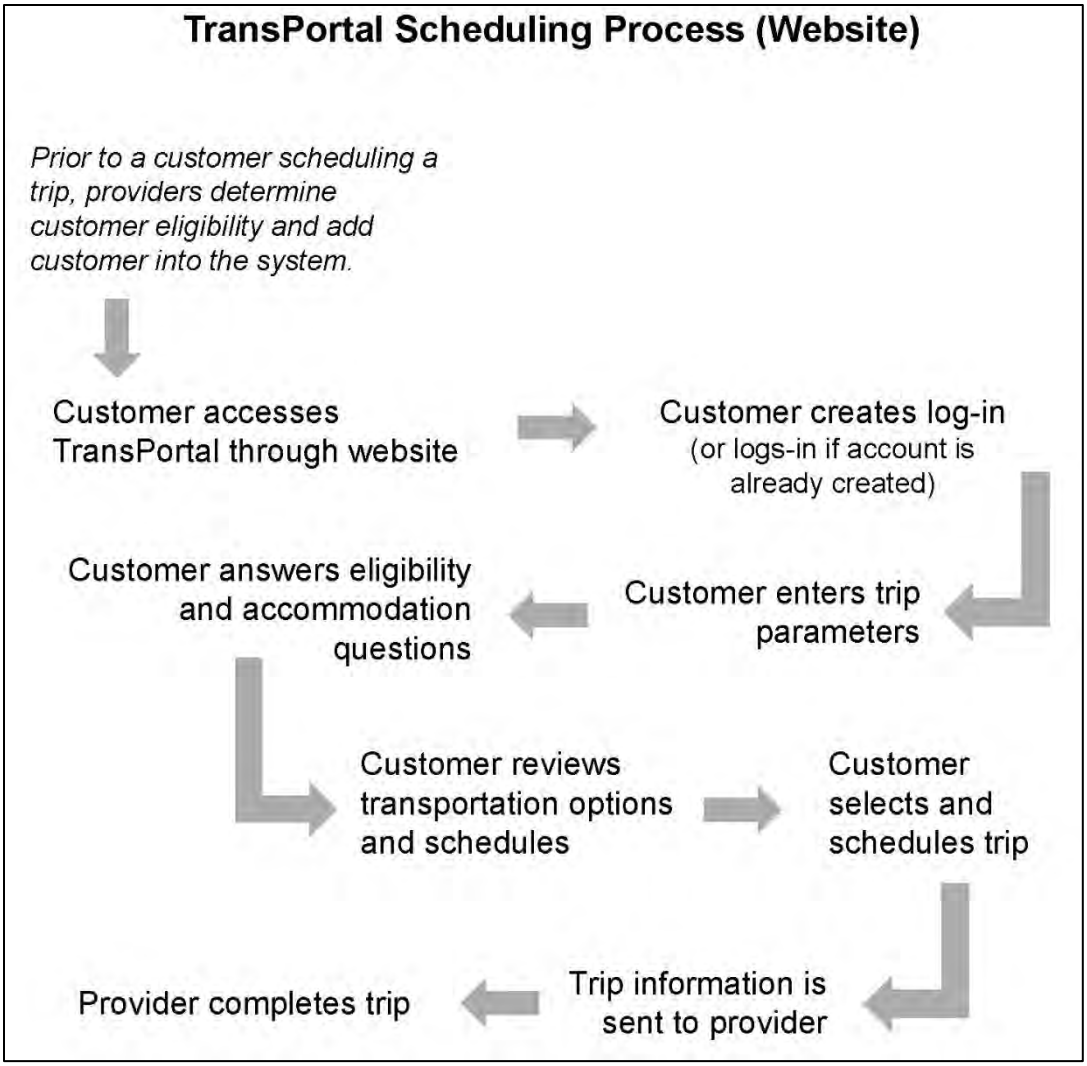


Figure VI-3: Screen capture of the TransPortal website homepage

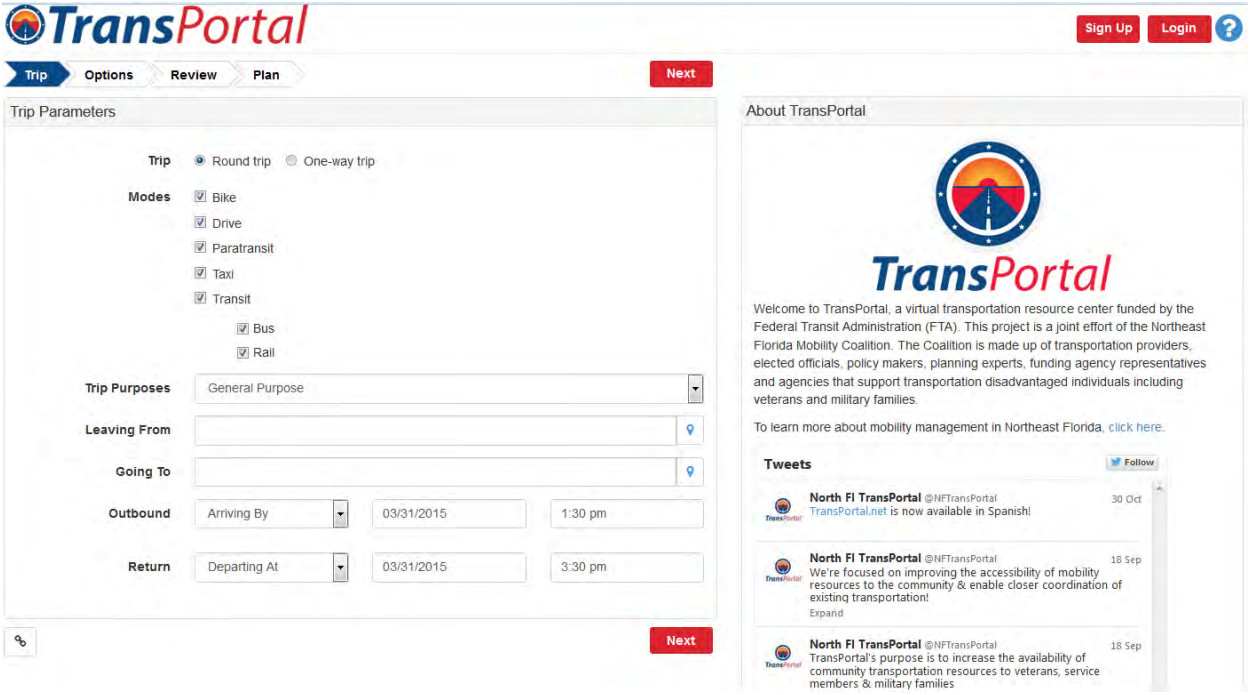
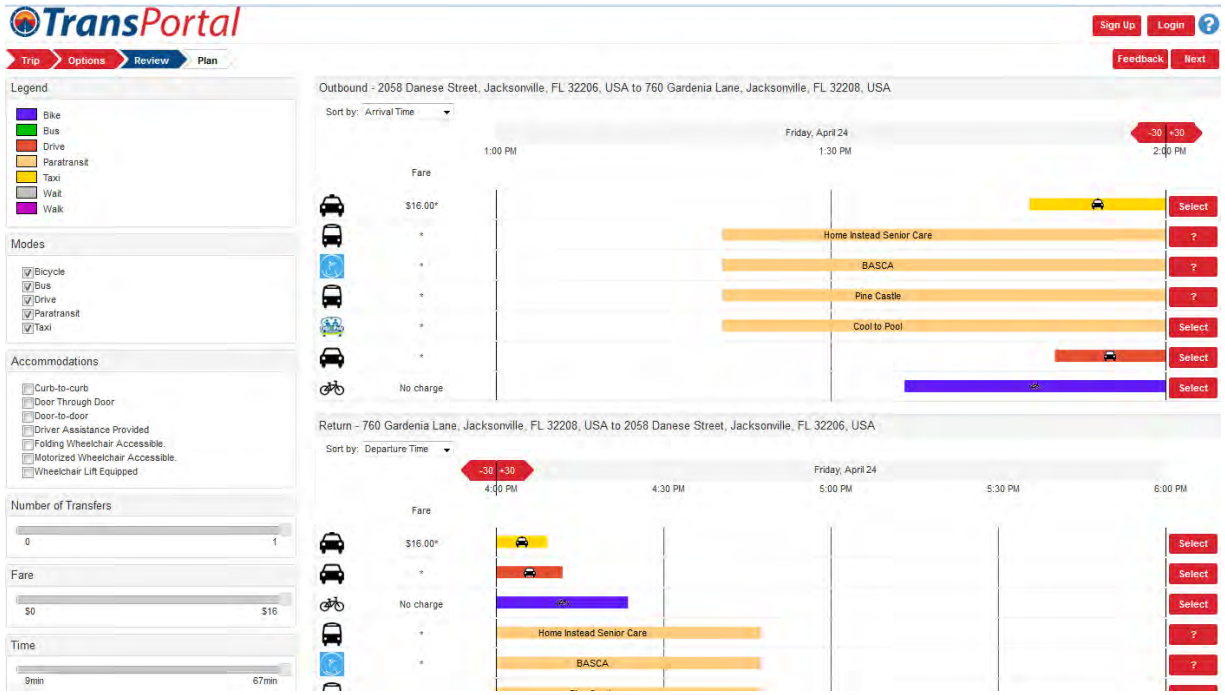


Figure VI-4: Screen capture of the TransPortal website (trip options)



Trips Offered by TransPortal

- ADA services
- Public transit
- Veterans trips
- Taxi cab services
- Area on Aging
- Employment trips
- Rideshare services
- Other: Amtrak, Greyhound, auto/pedestrian ferry boat, walking and bicycle paths

Funding

- Initial start-up costs were funded through the Veterans Transportation and Community Living Initiative grant received in 2011 as well as Section 5317.
- FTA and the Florida Department of Transportation fund at least 80 percent of all costs.
- As the largest transportation provider in the region, JTA funds most of the software and operational matches with other transportation providers contributing.
- Since JTA is the default call center that is fully staffed, JTA covers the staffing costs.
- Section 5310 grant funds are used to cover all software and hardware costs.
- Standard software and hardware operational costs are covered by the Mobility Management center grants.

Successes and Benefits

This section discusses the successes and benefits specific to the planning and implementation of TransPortal.

Operational Efficiencies:

- ***Increase service availability while reducing cost***
  Example: Veterans were only able to go to the VA Medical Center three days a week. Two agencies could afford to make the trip to the VA Medical

Center six times a week, twice a day. With collaboration, the agencies were able to coordinate their schedules to provide these trips to the VA Medical Center 5 days a week and at less cost than previously.

- ***Contracted deviated express routes from suburbs/rural area***
  Example: The under-productive JTA express service and the adjacent county's rural transit medical provider trips were duplicated. Instead of having passengers transfer to another vehicle to get to their destination, JTA contracted with the rural transit provider. JTA's operating costs were $235,700 and the rural contract is $85,000 resulting in a $150,000 savings.

- ***Regional Multi-Modal Travel Training Program***
  Two agencies had travel training programs. By having one regional multi-modal travel training program (bid to a subcontractor that was not agency-centric, but multi-modal and passenger centric), agencies saved $100,000 a year. Now the entire region has access to a travel trainer.

Financial Efficiencies:

- ***Regional collaboration for grant funding pursuits***
  JTA could not have received some of the grant funding on their own. As a region, they were able to win over $3 million in regional grant awards.

- ***Reduced pricing with collective purchasing power***
  Purchase of software, MDTs, bus shelters, etc.

- ***Shared staff knowledge and resources***
  Maintenance, technology, Title IV, ADA, etc.

- ***Joint training***
  Technical (software, maintenance, ADA) and softskills (e.g., Management Academy)

California

In Riverside and San Bernardino Counties in California, a Veterans Transportation and Community Living Initiative (VTCLI) has created 'Vet Link,' a one-call/one-click transportation link for the region.[20]

SHARED RIDES/SHARED VEHICLES/VOLUNTEER DRIVERS

Shared mobility concepts and solutions are expanding daily with advancements in technology and the increased need for coordination. From the transit perspective, how shared mobility alternatives can be used as mobility options under FTA grant programs varies and FTA is working to define guidance on civil rights requirements, conditions for receiving FTA support, and funding eligibility, among other issues.[21] Some examples of shared mobility solutions that have been in use for a longer period of time are described below.

Sharing rides is accomplished in a variety of manners. Ridesharing in the form of carpooling and vanpooling has long been an alternative to the single occupancy vehicle. Ridesharing has recently taken new form with advanced technology and transportation network companies (TNCs) such as Uber and Lyft. TNCs generally function as on-demand taxi services through the use of mobile applications, but identifying possible shared rides that reduce the cost of trips for riders is also available in some locations. From a transit perspective, sharing rides is primarily associated with putting clients from multiple funding programs on the same demand response vehicle. A transit example in Delaware County, Pennsylvania is provided below as well as the statewide carpool matching system in Massachusetts.

[20] AMMA Transit Planning. "Inland Southern California Vet Link." http://ammatransitplanning.com/wp-content/uploads/Vet-Link-summary.pdf, 2013.

[21] Federal Transit Administration. "Shared Mobility." https://www.transit.dot.gov/regulations-and-guidance/shared-mobility-definitions, 2017.

Pennsylvania

Community Transit in Delaware County provides a Senior Shared Ride Program[22] for senior citizens willing to share their trip with other passengers. Sharing rides reduces the fare paid by the individual (15% of the reduced shared ride fares). The remainder of the fare is paid for using funds from the Pennsylvania Lottery through a grant with the Pennsylvania Department of Transportation. Trips have to originate in Delaware County, and most stay within the county, but longer distance trips to destinations in Philadelphia are possible on a more limited basis.

Massachusetts

The Massachusetts Department of Transportation offers a free statewide transportation demand management program, MassRIDES,[23] to match potential carpoolers and help start vanpool services. Since inception in 2010, MassRIDES has resulted in 2,127,042 shared rides.

Sharing vehicles requires that agencies own and operate vehicles. Memoranda of Understanding or Joint Agreements are needed for this coordination strategy to work properly. Agencies that operate vehicles are able to share those vehicles with other agencies in a variety of circumstances, such as when one agency has a vehicle mechanical breakdown, when vehicles are not in use by one agency, or when capacity for a specific trip is not available. Purchasing vehicles to support new accessible taxi, ride sharing and/or vanpooling programs can be funded through Federal Transit Administration (FTA) Section 5310, Enhanced Mobility for Seniors and Individuals with Disabilities.[24]

Key benefits include:

- Reduction in the overall local capital outlay (by individual agency and collectively)
- Capital funds can be shifted to cover operational costs or to increase the level of service

[22] Community Transit. "Shared Ride Program." http://www.ctdelco.org/shared.html, 2017.

[23] MassRIDES. "NuRide." https://nuride.com/MassRIDES, 2017.

[24] Federal Transit Administration. "Enhanced Mobility of Seniors & Individuals with Disabilities – Section 5310." https://www.transit.dot.gov/funding/grants/enhanced-mobility-seniors-individuals-disabilities-section-5310, 2017.

- Saved funds can also be used for capital funding for facilities, equipment, and other capital assets

Volunteer driver programs are another way to fill transportation gaps where public transportation is less appropriate or too expensive to be viable. Volunteer driver programs exist throughout the country, some in formalized arrangements with government and transit agencies and some through community programs. Volunteer driver programs can be funded through Federal Transit Administration (FTA) Section 5310, Enhanced Mobility for Seniors and Individuals with Disabilities.[25] Example volunteer drive programs in Massachusetts and New Hampshire are described below.

The Massachusetts Mobility Management Program, MassMobility, provides a list of volunteer driver programs throughout the state as well resources on establishing programs on their website.[26] MassMobility also includes profiles of successful volunteer driver programs:[27]

- TRIP Metro North (hosted by Mystic Valley Elder Services) – Transportation Reimbursement and Information Project (TRIP) – seniors recruit drivers, pursue reimbursement for trips, and reimburse the volunteer drivers themselves
- The TRIP Model, created by the Independent Living Partnership, has been used throughout the country to setup successful volunteer driver programs and is easily replicable. National resources are available to establish local TRIP programs.[28]
- Friends of the Millbury Seniors - Millbury Council on Aging – vehicles are operated by paid drivers as well as by volunteers – so volunteers must also complete mandatory training and be part of the drug and alcohol testing program. Volunteer drivers are recruited amongst the retirees in the area, many of which are returned police and fire personnel. The Friends of the Millbury Seniors Group purchases a supplemental liability insurance policy in addition to the commercial vehicle policy to cover all volunteer drivers and passengers. The success of this

[25] Federal Transit Administration. "Enhanced Mobility of Seniors & Individuals with Disabilities – Section 5310." https://www.transit.dot.gov/funding/grants/enhanced-mobility-seniors-individuals-disabilities-section-5310, 2017.

[26] Massachusetts Department of Transportation. "Volunteer Driving." http://www.massdot.state.ma.us/transit/MobilityManagementCenter/Resources/VolunteerDriving.aspx, 2017.

[27] MA Mobility Management Center. "Profiles of Successful Volunteer Driver Programs in Massachusetts." http://www.massdot.state.ma.us/Portals/12/docs/successful_programs.pdf, 2016.

[28] Independent Living Partnership. "TRIP for America." http://ilpconnect.org/triptrans/, 2017.

program is in the ability to expand hours of service and amount of service provided to community members.

- Road to Recovery Program – American Cancer Society – national program with chapters in every state[29] – volunteer drivers use personal vehicles to transport ambulatory cancer patients to medical treatment appointments.
- Friends in Service Helping/Friends in Service Here (FISH) – nationwide there are chapters that are loosely organized and some provide volunteer driver services – many partner with local councils on aging – FISH volunteer drivers are not reimbursed for mileage

New Hampshire

In New Hampshire, the State Coordinating Council for Community Transportation, described in a previous section, conducts an annual volunteer driver program peer-to-peer forum.[30] The forum includes networking opportunities, roundtable discussions, and techniques for volunteer recruitment and retention. The SCC just completed the third annual forum in April 2017.

BROKERAGE

The central function of a brokerage is to operate the central reservation and dispatch center for all of transportation services. In Rhode Island currently the statewide brokerage is used for Medicaid transportation only. A brokerage could, however, be used for all types of transportation services in conjunction with a one-call center (described in more detail in a previous section). Potential riders would call one phone number and have the ability to make a reservation or receive information on any transit or paratransit service in the area. Software for reservations and scheduling would be required that would direct individuals in need of rides to the most appropriate service and provide agencies with the most efficient routes of travel. The broker would schedule the trip on the most efficient vehicle regardless of provider. The broker would have service contracts with each of the providers and would pay the transportation provider for the trip and bill the sponsoring agency for the service.

[29] American Cancer Society. "Road to Recovery." https://www.cancer.org/treatment/support-programs-and-services/road-to-recovery.html, 2017.

[30] New Hampshire Department of Transportation. "Volunteer Driver (VDP) Information." https://www.nh.gov/dot/programs/scc/index.htm, 2017.

The ability of a brokerage to effectively manage reservations and dispatch vehicles for multiple services would require that agencies provide the broker with up-to-date service information. Software would be necessary for the brokerage agency to administer trips for multiple agencies with minimal staff (technology was described in more detail in previous sections). The performance of the reservation software will be further enhanced by the installation of mobile data terminals (MDT) and automatic vehicle location systems (AVL). These pieces of hardware would enable drivers and dispatchers to easily communicate essential information. For smaller rural systems, this equipment is not required, but would enhance the capabilities of the operation.

The primary costs associated with creating a coordinated public transportation system under a lead agency or brokerage system are related to the software, hardware, and staff requirements of implementing the reservation and dispatch center. A geographic information system (GIS) based reservation and dispatch software system can be a considerable investment. Although there are significant costs associated with initiating coordination under a brokerage agency, there are numerous benefits to such a technologically-advanced coordination effort. A central reservation system relying on reservation and dispatch software will increase the efficiency of the total system by spreading trips throughout the system and helping each agency to optimize their routes. Additionally, it will make the system easier to use for riders and more responsive to their needs (more detailed information on One-Call/One-Click Centers was provided in a previous section).

Sharing reservation and dispatch service also has the potential to reduce the per agency cost of managing their service by eliminating duplication of administrative services. However, this type of organization would require extensive time to implement and considerable local resources from the participating agencies. Agreements would need careful consideration so that participating agencies are assured that their clients and township or municipal residents are assured equal and fair treatment for scheduling of trips. Many of the providers have specific client transportation needs, while some current services are only provided to eligible patrons. The largest barrier to overcome under this model of coordination

is local boundaries. Many times throughout the course of discussing coordination of trips, the term "Turf Wars" emerges. This is common among many areas across the United States and until these turf and boundary issues are resolved, this model of service is likely to fail. For example, if a community only provides services within that community, for whatever reason although likely constrained to funding, then under the brokerage model, this community must be willing to pool their funds to a larger system and provide trips to other agencies or areas.

Another approach would be for the lead agency to establish a contract with the brokerage and for the brokerage to then establish all of the contracts with the operators. This approach has been used in a number of locations, particularly in states that have moved to a brokerage for Medicaid transportation services. In this approach, the lead agency has only a single contract with the brokerage plus the funding agreements with the sponsoring agencies.

Key benefits of a consolidated call center include:

- Reduction in the duplication of administrative costs, based on an economy of scale
- Provides a single point of contact for users
- Increase in the marketability of the region's transit service
- Allows for improved fleet coordination
- Greater efficiencies in service delivery

Many states now use statewide or regional brokerages to facilitate transportation services. More information on brokerages for non-emergency medical transportation (NEMT) is provided in a previous section. As noted in that section, many states use a single privately-owned broker for NEMT. New Hampshire uses a different model for a statewide brokerage than that currently used in Rhode Island. The New Hampshire example is provided below.

New Hampshire

New Hampshire's Medicaid-funded transportation broker, Coordinated Transportation Solutions (CTS), arranges rides using public transportation, a

transportation service, a wheelchair van or non-emergency ambulance service.[31] CTS is a not-for-profit organization that designs mobility management solutions for its partners – and incorporates existing transportation resources into Medicaid transportation programs.[32] It is this level of partnership that distinguishes New Hampshire's Medicaid brokerage program from others in New England. For example, CTS partnered with the New Hampshire Departments of Transportation and Health and Human Services, among other partners, to pursue and win a Rides to Wellness grant to build a software 'bridge' between the Medicaid brokerage system and coordinated transit services system at three pilot sites. More detailed information on this project is provided in a previous section on technology.

CONSOLIDATED OPERATIONS

Consolidated programs are created when multiple transit service providers – including both public transit and human services transportation programs – combine operations to provide community transportation services.

Consolidation of transit services is the most intense form of coordination. Under this scenario, one agency would assume responsibility and management of all or most of the other transportation providers in an area. Participating agencies would turn over their vehicles, equipment, and other transportation related assets to the agency assuming control and cease to engage in transportation activities.

The consolidation of several different transportation providers under one agency would require that the designated agency expand its infrastructure and staff to accommodate the new responsibilities. All vehicles would need to be donated, leased, or sold to the consolidated service. The consolidated agency would contract with agencies throughout the county to ensure that service is provided to meet the needs of their constituents. The ability to operate all or many of the

[31] New Hampshire Department of Health and Human Services. "Medicaid Transportation Program for Free-for-Service and Premium Assistance Program Recipients." https://www.dhhs.nh.gov/ombp/medicaid/transportation/, 2017.

[32] Coordinated Transportation Solutions. "Medicare/Medicaid Management." https://www.ctstransit.com/medicaid-medicare-management, 2017.

area transportation services may require the consolidated agency to expand their facility to accommodate a larger vehicle fleet and additional staff. The single agency would also need to hire more operations employees (drivers, mechanics, managers, and dispatchers) to operate and oversee the increased service. The increased service provision may also require increasing administrative staff. However, total employment has the potential to be significantly less than the aggregate number of employees currently providing service because of the efficiencies from consolidated service.

A consolidated service will generate new costs, but it also has the ability to reduce the overall amount of resources spent on transportation service operations in the area. A consolidated service would benefit from the same reservation and dispatch software described in the brokerage and one-call/one-click centers sections.

Taking on responsibility for providing the specialized services of some of the agencies may make it difficult for any of the providers to provide those services at their current operating costs. The total costs of consolidating all services are dependent on multiple factors, many of which are unknown. While the efficiency gains of operating all services through one agency may reduce total transportation costs in the future, there will be considerable initial costs associated with the restructuring of the transportation services.

A single consolidated transportation agency has the potential to increase efficiency by reducing duplication of service and administration. These improvements may enable the consolidated agency to improve the capacity of the public transportation system and reduce the cost of operation per trip by providing more trips with the same amount of resources. This added capacity will improve accessibility for transit users and make it easier for them to travel to jobs and services. Centralizing all transportation services under an agency specifically designed for the delivery of such service will also enable other agencies to focus on their primary missions.

Key benefits include:

- Creation of an economy of scale, thereby reducing the cost per passenger, administrative costs, and operational costs
- Increase in the level of local match funding available to obtain federal funding, through contract services provided to other agencies in the region
- Reduction in the duplication of services and facilities

Examples of consolidated programs in California, Florida, and Colorado are provided below.

California

In California, Consolidated Transportation Services Agencies (CTSAs) were created in 1979 to foster coordination among social service transportation providers to utilize existing transportation.[33] In Los Angeles County, Access Services was established in 1994 and designated as the CTSA by the Los Angeles County Metropolitan Transportation Authority (LA Metro).[34] As a CTSA, Access Services conducts the following activities:

- Local Transit Services Directory (RIDEINFO) referral service (website with detailed information on resources by neighborhood/community, email, and phone number)
- Regional Transit Services Directory (website with links to regional fixed-route service providers)
- Coordination with the California Association of Coordinated Transportation (CalACT) and other CTSAs across the state
- Participation in local transportation planning meetings
- Coordination and technical assistance related to the preparation of FTA Section 5310 grant proposals
- Development of the Los Angeles County Coordinated Action Plan on behalf of the Southern California Association of Governments (SCAG) and LA Metro

[33] California Association for Coordinated Transportation. "Chapter One: What is a Consolidated Transportation Services Agency." https://www.calact.org/ctsaebook, 2017.

[34] Access Services. "Consolidated Transportation Services Agency." http://accessla.org/other_mobility_resources/ctsa.html, 2017.

CalACT is the largest state transit association in the United States[35]. CalACT represents small, rural, and specialized transportation service providers statewide and was created to facilitate coordination between diverse transportation service groups. CalACT is a clearinghouse for information and resources including training and conferences, sets up cooperative purchasing agreements, serves as the Rural Transit Assistance Program (RTAP) administrator in California, and is active in legislative advocacy at the state and national level.

Florida

In Polk County, Florida, Citrus Connection used a $1.5 million Veterans Transportation and Community Living (VTCLI) grant to consolidate three public transit agencies into a One-Call/One Click Center for all county residents, including the large veteran population.[36] The program has one physical location for all three agencies to coexist. All staff members have access to a single database for booking trips, looking up bus schedules and stop locations, and application and eligibility information. The call center also has an automated phone system where customers can access a lot of information without needing to speak with a customer service representative.

Another example of a consolidated transit program is Space Coast Area Transit (SCAT) in Brevard County, Florida. SCAT provides fixed-route service as well as paratransit service, service for human services agencies, a volunteer driver program, and a ridesharing/vanpool program. Florida now uses MTM as a NEMT broker in Regions 3 through 8.

Colorado

Via (formerly Special Transit) in Boulder, Colorado operates as a consolidated transit service. Special Transit provides paratransit services throughout Boulder County through contracts with human services agencies. They also contract with

[35] California Association for Coordinated Transportation. "We Promote Mobility." https://www.calact.org/home, 2017.

[36] CitrusConnection. "Regional Mobility Call Center." http://www.ridecitrus.com/about-us/regional-mobility-call-center/, 2017.

the Regional Transit District in Denver to provide the ADA complementary paratransit service in Boulder County. In addition to the paratransit services, Special Transit operates several fixed-route services in the region, provides travel training and serves as a mobility manager. All reservations, scheduling, dispatch, and operations are consolidated into the single agency.

TRAVEL TRAINING

Travel training is used to educate and assist riders and potential riders on how to travel confidently within a roadway and vehicular transportation network, with a primary focus on using transit services. Travel training is also generally focused on individuals with disabilities and seniors in order to enhance independence and mobility. Travel training can be funded through Federal Transit Administration (FTA) Section 5310, Enhanced Mobility for Seniors and Individuals with Disabilities.[37]

Massachusetts

The Massachusetts Bay Transportation Authority (MBTA) in Boston provides free travel instruction to seniors and people with disabilities.[38] The program trains participants to ride independently throughout the MBTA network of bus, subway, and commuter rail networks. Travel instruction is provided in three formats: one-time system orientation training at MBTA's training facility located along the Red Line near Broadway Station (approximately 3 hours), small group training at locations throughout the community, and individual travel training where travel training staff meet qualified individuals at their homes and ride along on actual trips with the individuals. System orientation training has been developed for two specific groups: people who are blind or have low vision, and seniors and people

[37] Federal Transit Administration. "Enhanced Mobility of Seniors & Individuals with Disabilities – Section 5310." https://www.transit.dot.gov/funding/grants/enhanced-mobility-seniors-individuals-disabilities-section-5310, 2017.

[38] Massachusetts Bay Transportation Authority. "Riding the T." http://www.mbta.com/riding_the_t/accessible_services/default.asp?id=25947, 2017.

with disabilities other than blindness. MBTA uses a contractor (Innovative Paradigms) to administer the travel training program.[39]

The Massachusetts Mobility Management Program, MassMobility, directs individuals and agencies to free travel training programs throughout the state on their website.[40] In Massachusetts, public transit services are operated by 15 Regional Transit Authorities (RTAs) and the MBTA. The MBTA, many RTAs, and other social services organizations provide travel training. Eight RTAs provide travel training programs within local schools advertised through the Safe Routes to School Program.[41] Other agencies providing travel training in Massachusetts include: Easterseals Massachusetts and Massachusetts Commission for the Blind. The University of Massachusetts Boston offers a graduate program in Orientation and Mobility[42] that is completed via a mix of online courses and in-person class requirements.

Resource – Project Action

Easterseals – Project Action Consulting,[43] established in 2015 as a permanent consulting division of Easterseals, provides states, regional agencies, and transportation and human service providers with travel training solutions and expertise to meet community needs. Easterseals Project Action Consulting includes the following services:

- Travel Training Certification and Instruction
- Training on ADA Requirements
- Customer Service and Effective Communication
- Transit Management Training
- Facilitation and Public Engagement
- Paratransit Management Certification and Instruction

[39] Innovative Paradigms. "Travel Training." http://www.innovativeparadigms.com/services/traveltraining, 2017.

[40] Massachusetts Department of Transportation. "Travel Instruction." http://www.massdot.state.ma.us/transit/MobilityManagementCenter/Resources/TravelInstruction.aspx, 2017.

[41] Massachusetts Department of Transportation Safe Routes to School Program. "SRTS How-To." http://www.massdot.state.ma.us/Portals/12/docs/TravelInstruction/Travel_Instruction_Schools.pdf, 2017.

[42] UMass Boston. "Fact Sheet: School for Global Inclusion and Social Development." http://www.nercve.org/sites/nercve.org/files/files/files/OM_factsheet_2016_F.pdf, 2016.

[43] Easterseals. "Project Action Consulting." http://www.projectaction.com/, 2017.

Chapter VII

TRANSPORTATION
CONSULTANTS, INC.

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Chapter VII

Recommended Coordination Strategies

INTRODUCTION

Different coordination strategies have been described in Chapter V and best practices for many of these strategies were identified and discussed in Chapter VI. Transportation needs, gaps, and priorities were assessed and described in Chapter IV. Needs were identified through both quantitative assessment relying on demographic data and qualitative assessment through surveys, stakeholder meetings, community meetings, and input from transportation and social service providers. The various strategies were then compared with the identified needs and best practices to develop the strategies recommended in this chapter for implementation in Rhode Island.

As noted in Chapter IV, Rhode Island's top human services transportation priorities are:

- Increasing funding for human services transportation
- Increasing rural service area coverage
- Ensuring affordability of human services transportation
- Improving information sharing and communications
- Capitalizing on technology opportunities
- Increasing span and frequency of urban service
- Reducing wait times through provision of on-demand or same-day service
- Increasing travel training for new transit customers
- Increasing customer service training for drivers

FTA Section 5310 funds are eligible to be used for a wide variety of purposes serving seniors and individuals with disabilities, including:

- Traditional Section 5310 projects; i.e. public transportation capital projects planned, designed, and carried out to meet the specific needs of seniors and individuals with disabilities (at least 55%)
- Public transportation projects exceeding ADA minimum requirements that are targeted toward meeting the transportation needs of seniors and individuals with disabilities. (up to 45%)
- Program administration (up to 10%)

Rhode Island's Section 5310 funds are currently used to purchase vehicles for human services transportation service. Based on the above priorities and uncertainty of future state and federal funding, this plan recommends the continued investment of Section 5310 funds in vehicle acquisition, as well as additional capital investments consistent with the above-referenced priorities, as funds are available.

As noted in Chapter II, additional funding for human services and public transportation is provided through federal and state sources including Medicaid, Substance Abuse and Mental Health (SAMHSA) block grants, Temporary Assistance to Needy Families (TANF), and Rhode Island's gas tax. Coordinating the investment of these transportation dollars with those of the Rhode Island Public Transit Authority is critical to the successful implementation of this plan.

In recognition of the importance and interdisciplinary nature of human services transportation, the Rhode Island General Assembly directed the establishment of a Human Services Transportation Coordinating Council in June 2017, charged with overseeing implementation of this Coordinated Plan as well as identifying sustainable funding for Rhode Island's free-fare bus pass program.

It is anticipated that the short-term focus of the Coordinating Council will be identifying dedicated funding for the bus pass program. Given that transportation affordability is a top priority for Rhode Island, this is appropriate. It is recommended that the council also work, through committees or working groups, to address service area coverage, information sharing and communications, technology opportunities, training for drivers and riders, and availability and quality of urban transit service.

Many, if not all, of these priorities can be addressed through the coordination strategies and best practices identified in the previous chapters. This final chapter outlines a potential path toward integrating these varied priorities under the twin umbrellas of Coordinating Councils and One-Call/One-Click. Within the broad framework of these concepts, other strategies including mobility management, travel training, technology integration, consolidated scheduling

and dispatching, and integration of non-emergency medical transportation (NEMT) can be harnessed in a mutually-beneficial manner.

While any of the individual strategies recommended for Rhode Island could be implemented independently, the strategies are much more effective when combined. The two primary recommendations are to develop coordinating councils and a statewide one-call center. Implementation of these two strategies creates the framework for implementing the other recommended strategies.

DEVELOP COORDINATING COUNCILS

The use of the coordinating council strategy for coordinating transportation resources in Rhode Island would allow for consistency and efficiency statewide while also embracing regional differences in both needs and operations. Local priorities can be set within a statewide framework. Using the New Hampshire model, a state coordinating council would provide cooperative governance and local coordinating councils would design and implement coordinated services appropriate to the needs, resources, and character of each region.

The Rhode Island Human Services Transportation Coordinating Council established by the General Assembly will be responsible for determining the specific strategies to be implemented, specific details for implementing each strategy, and responsibilities for implementation.

State Coordinating Council

In Rhode Island, the State Coordinating Council could include representation from the state departments and agencies that fund or operate transportation services such as Behavioral Health, Developmental Disabilities and Hospitals (BHDDH), Department of Children, Youth and Families (DCYF), Department of Human Services, Department of Labor and Training (DLT), Office of Rehabilitation Services (ORS), Department of Health, Division of Elderly Affairs, Office of Veterans Affairs, Department of Education, Executive Office of Health and Human Services (EOHHS), the Governor's Office, RIPTA, and others as deemed appropriate. The Governor's Working Group may be the foundation for creating the state coordinating council.

RIPTA has been directed to create a State Coordinating Council specifically to recommend sustainable funding for the fare-free program for low-income seniors and individuals with disabilities.

The State Coordinating Council should continue to work after providing recommendations for funding the fare-free pass program to address other issues including funding to sustain current levels of service and to expand or enhance service to meet the identified gaps in service. The State Coordinating Council should meet at least annually to review policies and performance and solve any issues that arise. If combined with the mobility management strategy described later, a statewide mobility manager could serve as primary staff for the state coordinating council and administrator of statewide transportation guidance assistance including travel training, described in a later section.

Local Coordination Councils

The local coordinating councils, which in Rhode Island may be counties, may be previously established regions for other purposes, or may be new regions designated as most relevant to transportation service provision. The local councils would, under the framework and policies established by the State Coordinating Council, set up and operate a coordinated transportation system either through direct operation or through a coordinated system with multiple service providers.

The local coordinating councils would include representation from local transportation service providers, local funding agencies, and local agencies requiring transportation services. The regional coordinating councils establish a program within the state framework and address coordination issues among transportation providers in the region and the transportation needs in the community. If this strategy is employed with the mobility management coordination strategy discussed in more detail in the following section, regional mobility managers would act as the primary staff for the local coordinating councils.

Mobility Management

Some of the many facets of mobility management are already occurring around Rhode Island on an informal basis as transportation service providers, funders, and agencies requiring transportation services communicate and share information. If mobility management is formalized on a statewide basis, similar to the Massachusetts model, a statewide mobility manager could serve as primary staff for the State Coordinating Council and regional mobility managers could serve as primary staff for the local coordinating councils.

At the state level, a mobility management program would administer programs and resources for transportation providers, funders, and agencies requiring transportation resources as well as centralized regional call centers. The mobility management program would organize and facilitate coordination among the many agencies in Rhode Island funding and operating transportation services as described in the previous section on coordinating councils. The mobility management program can also serve a marketing and education function for all transportation services and resources statewide, providing information, guidance, and a consistent face for a coordinated transportation network. It can also foster and share best practices between the regions and provide training programs and opportunities for transportation service providers throughout the state. The state Mobility Manager could be responsible for addressing coordination issues at the policy level and could be particularly important for integration of NEMT services into a statewide coordinated transportation system.

At the regional or local level, the mobility management program would be more involved with the day-to-day coordination and operation of transportation services, especially through the centralized call centers. Regional mobility management also has a role to play in information and resource sharing, marketing, and education. The role of the mobility manager may be expanded to address all modes of transportation including bicyclists, pedestrians, and rideshare programs.

Travel Training

Travel training is a great way to market transit services and adjust public perception of transit services, in addition to its primary role in assisting riders and potential riders in understanding how to travel with confidence throughout a transportation network. Travel training is primarily designed to assist seniors and individuals with disabilities, but it can also be used as a general public educational program to dispel fears and negative perceptions of traveling via transit.

Combined with the mobility management strategy described above, individuals needing travel training would be identified by regional mobility managers and appropriate travel training would be set up through the call center. A regional mobility manager may also be a certified travel trainer and conduct travel training; may rely on a pool of volunteers/peers who are willing to ride along with potential new riders to show them how the system works; or may schedule individuals with a formal travel training program at a school or community center. The statewide mobility manager may also be able to provide travel training and travel training resources to regional mobility managers, similar to the Massachusetts model.

Joint Planning and Grant Applications

Local agencies could work together to determine transportation needs and priorities for meeting those needs. A single consolidated grant application would then be submitted for each of the funding programs that are used by agencies in that local area. This provides the opportunity for more local decision-making to set priorities for service and often increases the possibilities of funding by showing the cooperative efforts and local priorities.

Joint Procurement

Local transportation agencies may work together to purchase items such as fuel, tires, or insurance. By working together, the agencies are a larger purchaser and have the potential to obtain better pricing from vendors.

Shared Expertise and Training

This is already being done by transportation providers in Rhode Island, but could be increased through a local coordinating council. Agencies could determine areas of expertise for which they would be responsible and would develop that expertise within the organization and then provide assistance to other agencies as needed. This can reduce the cost to agencies as they do not need to duplicate the expertise available through other local or statewide agencies.

Shared Facilities

There have not been specific opportunities identified for this strategy, but it is one that should be considered as local agencies increase their level of cooperation. If an agency has spare capacity at their facility, use by other agencies could be considered with appropriate cost-sharing agreements.

Vehicle Sharing

There are opportunities in Rhode Island for agencies to share vehicles. Not all agencies have peak demands at the same time, but maintain a fleet to meet those peak demands. It is possible for agencies to share vehicles through leasing agreements to supplement the fleets of other agencies. Issues of driver training, liability, and insurance are addressed through the leasing agreements.

CREATE STATEWIDE ONE-CALL CENTER

Information Call Center

One approach to a call center is to serve as an information clearing house. Operators have access to information about all of the services available through the different transportation providers. They assist the caller in determining what services might be appropriate for that individual based on location, time, destination, and eligibility for funding programs. The operators then provide the agency contact information for the user to make the request through the appropriate agency or agencies.

A variation of this strategy is for the operators to have the ability to transfer the call to appropriate agency scheduling center, saving the user a phone call. This is a relatively low-cost extension of the phone system capabilities.

One-Call/One-Click Center

A one-call/one-click center could be modeled on a combination of the best practices identified in Jacksonville, Florida and best practices from Massachusetts and New Hampshire. The approach could be to develop a statewide call center to link transportation services through technology, including integration of NEMT service.

As discussed under best practices, Transportal is the one-call/one-click center serving 12 counties in northeastern Florida including the City of Jacksonville. Jacksonville Transit Authority (JTA) serves as the lead agency, but service is provided by 25 different operators. An average of 2,800 trips and 230 vehicles are scheduled per day through the center.

The primary difference between the Rhode Island center and the model in Jacksonville would be the possible inclusion of non-emergency medical transportation in the one-call center. Rather than operating a separate, independent brokerage for Medicaid trips, the call center could serve as the brokerage for the Medicaid program.

In the proposed strategy, transportation providers could be linked through technology. A consolidated scheduling and dispatch system would have to be set up through the one-call/one-click center to receive all trip requests and schedule the trips on specific vehicles. Each operator could remain independent as an operator, but could have vehicles scheduled through the one-call center. Participating agencies could also have the ability to schedule trips for their respective clients or for requests received directly by the agency.

Billing for program funded trips and payment to operators must be set up using the software platform for scheduling trips. Data on each individual who has transportation funded through a program would be kept in the database and eligibility for service would be determined at the time the trip is requested. Trip

data are recorded and payment is made to the operator providing the service. This requires accurate reporting of cost data.

A major operational advantage to this strategy is that trips are scheduled based on origin, destination, and time of travel rather than by program or funding source. Rides are provided on the most cost-effective vehicle without regard to the funding agency or operating entity. This allows for more productive use of vehicles as multiple passengers may be served on a single vehicle trip, increasing productivity and efficiency. By grouping trips and sharing rides, there is potential cost savings that may be used to address other gaps and transportation needs. Technology is then used to ensure that individual rides are billed to the correct funding source and payment made to the operator.

The trip planning interface is a key element of the one-call/one-click center. The web portal allows anyone to plan a trip and request the appropriate service which is then scheduled through a link to the scheduling software platform.

Travel training could be a function of the one-call/one-click center. Staff at the call center would screen individuals to determine which services they may be able to use and which may require some assistance through a travel training program. Travel training may be set up using volunteers, a local Mobility Manager, call center staff, transportation agencies, or a contractor. The call center could be involved in coordinating the travel training program for the state, whether it is a function of the call center or administered through the local Mobility Managers.

Integration of Non-Emergency Medical Transportation

To obtain the greatest efficiencies, non-emergency medical transportation (NEMT), particularly Medicaid transportation, could be integrated with the one-call/one-click center. The NEMT program in Rhode Island is a major transportation program with an annual budget of about $37 million. Medicaid transportation service is currently contracted through a private brokerage. Integrating the Medicaid brokerage with the one-call center could offer an opportunity for significant increases in shared rides and grouped trips resulting in lower costs per passenger trip and greater operating efficiencies. The proposed approach is based on findings from the analysis of best practices. Massachusetts

uses Regional Transit Authorities as the brokerage for the nine geographic regions in the state. New Hampshire is working to link the NEMT brokerages with the coordinated human services and public transportation services. Integration of NEMT services with the one-call center will incorporate aspects of these best practices.

There are a number of key considerations to integrate Medicaid transportation as part of the one-call center. Many of these may be accomplished through the use of technology, but must be addressed to ensure that the needs of Medicaid recipients and the Medicaid program are met. The key considerations include:

- Receive and assist individual requests for NEMT transportation and determine eligibility for NEMT service.
- Identify specific patient needs including appointment type, location, urgency, and level of assistance.
- Meet rigorous specifications for data confidentiality and security. The call center and transportation providers must ensure compliance with the Health Insurance and Portability Act (HIPAA) regarding confidentiality.
- Establish, manage, and maintain a network of transportation providers to deliver NEMT services for all eligible beneficiaries who request services. It is possible that some providers will serve only NEMT passengers.
- Maintain accurate records of passenger trips and billing for service to the Medicaid program.

PHASED IMPLEMENTATION

The proposed strategies should be implemented in phases. Some of the strategies may be implemented with little effort while others will require additional funding and development of agreements and contracts. The recommended phasing for the proposed strategies is provided in this section.

The first step is the establishment of the State Coordinating Council. This has been directed at the state level and steps have been taken to establish the Council.

Local Coordinating Councils could be established at any time following organization of the State Coordinating Council and establishment of statewide priorities by the State Coordinating Council. The first step in creating local councils would be to determine the appropriate geographic areas. One approach is to create a local council for each county. Other geographic divisions could be used if preferred locally.

Mobility Managers will be needed to support the Local Coordinating Councils. These positions will have to be created in one of the local participating agencies and funding obtained for the position. A job description should be created at the statewide level and used by the Local Councils to create the position and hire an appropriate person. This will help to ensure similar roles and responsibilities in each region. Guidance for skills and roles of mobility managers is available from the National Center for Mobility Management. The initial emphasis must be on coordinating services locally and then integrating the services with the one-call/one-click center.

Creating the one-call/one-click center will require greater effort and time. Many of the issues to be addressed are described with the proposed approach. Identifying the entity to operate the center is an initial step along with the other entities that will participate. The suggested approach is that all of the local public and human services transportation programs participate to achieve the greatest efficiencies and enhanced services. In the Jacksonville model, the regional transit service took responsibility for creating and operating the one-call center through the use of technology. The center was built on the call center already in place for the regional paratransit service. RIPTA is in a similar position and could be considered for this role. Funding to establish the center will be needed, but grants to support this are available. Funding agreements will be needed as the center is created, but much of the funding may come from cost savings to individual operators. Implementation of the one-call center should be phased to minimize the challenges of integrating multiple agencies at one time. Phasing could include creation of a central information call center followed by integration of local providers into a consolidated scheduling and dispatch operation.

The Medicaid program could be integrated after the one-call center has been established and operated for at least one year. Timing must also coincide with contract periods for the current or future brokerage contracts to avoid contract penalties and to support a smooth transition from a private brokerage to the state one-call/one-click center.

Specific steps for phased implementation should be established by the State Coordinating Council following the recommendations outlined in this plan.

Appendix A

TRANSPORTATION
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Human Services Transportation in the State of Rhode Island

STAKEHOLDERS

SELF ASSESSMENT TOOL

1. Is a governing framework in place that brings together providers, agencies and consumers? Are there clear guidelines that all embrace?

Rating Helpers

- **A shared decision-making body such as a coalition, lead agency, advisory board and/or working group is taking a leadership role.**
- **The shared decision-making body includes public and private transportation providers, non-profit human services agencies, health providers, employment providers, and consumers.**
- **Those at the table are clear about and comfortable with the decision-making process, whether it is based on consensus or majority rule.**
- **Roles and responsibilities are outlined in a formal, written agreement.**
- **These shared decision-making group communicates effectively with those not at the table.**
- **The group meets regularly, establishes strategic and measurable goals and objectives, follows a work plan, and regularly evaluates its progress and performance.**

PROGRESS RATING (*Circle one rating below that best describes the State program*).

Needs to Begin **Needs Significant Action** **Needs Action** **Done Well**

==========

2. Does the governing framework cover the entire State and maintain strong relationships with neighboring communities, regions and state agencies?

Rating Helpers:

- **The shared decision-making body covers the entire state and maintains collaborative working relationships with communities, regions and with human services and state transportation agencies.**
- **The relationships are used to address service issues such as ensuring transportation services can cross jurisdictional boundaries, customers have access to easy transfer points, and that**

service is provided to individuals where transportation gaps exist or when people are too frail to use public transportation.

- **The relationships are also used to work on policy and financial issues to create a framework that enhances coordination.**

PROGRESS RATING (*Circle one rating that best describes the State program*).

Needs to Begin **Needs Significant Action** **Needs Action** **Done Well**

==========

3. Is there sustained support for coordinated transportation planning among elected officials, agency administrators and other community leaders?

Rating Helpers:

- **The shared decision-making body has sustained support for coordination by calculating and communicating the specific benefits to community stakeholders and service providers.**
- **Elected officials, agency administrators, and community leaders have been active in coordinated transportation services planning.**
- **It is widely recognized and accepted that transportation must be integrated into community initiatives related to aging, disability, job training, health care, and services to low-income persons.**
- **Community leaders provide sufficient staff and budget and provide leadership on policy initiatives to support coordination efforts.**

PROGRESS RATING (*Circle one rating below that best describes the State program*).

Needs to Begin **Needs Significant Action** **Needs Action** **Done Well**

==========

4. Is there an inventory of community transportation resources and programs that fund transportation services?

Rating Helpers:

- **All entities in the State that buy, sell, or use transportation services have been identified.**
- **The inventory encompasses public transit systems, community non-profits, churches, schools and private providers such as taxis.**
- **Transportation services provided by different federally funded programs such as Meals on Wheels, Medicaid, Head Start, Vocational Rehab Services, Independent Living Programs, employment services and other programs have been identified and their scope of services catalogued.**

PROGRESS RATING (*Circle one rating below that best describes the State program*).

Needs to Begin **Needs Significant Action** **Needs Action** **Done Well**

==========

5. Is there a process for identifying duplication of services, underused assets and service gaps?

Rating Helpers:

- **All entities providing transportation service in the state have been surveyed and information has been collected on geographic areas serviced, spending for transportation, types and number of trips provided, hours of operation, cost per trip, sources of funds, number and types of vehicles, number of trips per day/hour, and type of maintenance.**
- **Agencies providing travel training and eligibility assessments have been identified.**
- **The data has been analyzed to assess service duplication, underutilized assets, and inefficient service delivery.**
- **The data and the analysis have been shared with the decision-making body, community leaders, and others to drive and enhance coordination efforts.**
- **The data is regularly updated to ensure its ongoing value.**

PROGRESS RATING (*Circle one rating below that best describes the State program*).

Needs to Begin **Needs Significant Action** **Needs Action** **Done Well**

==========

6. Are the specific transportation needs of various target populations well documented?

Rating Helpers:

- **Information and data that outlines the needs and expectations of individuals with disabilities, older adults, youth, job seekers and persons with low incomes have been collected.**
- **Non-users of transit have been asked through surveys, focus groups, or similar means to identify what characteristics would make transit an attractive choice.**
- **Major health and human service agencies have been asked through surveys, focus groups or similar means to articulate what would motivate their clients to ride public transit.**
- **The data has been analyzed and used by the shared decision-making body to drive the coordination planning process.**

PROGRESS RATING (*Circle one rating below that best describes the State program*).

Needs to Begin **Needs Significant Action** **Needs Action** **Done Well**

==========

7. Are transportation line items included in the annual budgets for all human service programs that provide transportation services?

Rating Helpers:

- **Each human services agency participating in transportation coordination has listed transportation costs as a separate item in its budget to facilitate a strategic planning process for transportation services.**
- **These agencies have completed an analysis of how improved coordination can extend their current transportation resources and/or reduce the amount of funds spent on transportation.**

PROGRESS RATING (*Circle one rating below that best describes the State program*).

Needs to Begin **Needs Significant Action** **Needs Action** **Done Well**

==========

8. Is clear data systematically gathered on core performance issues such as cost per delivered trip, ridership, and on-time performance? Is the data systematically analyzed to determine how costs can be lowered and performance improved?

Rating Helpers:

- **Operations planning and service planning are priorities in our system.**
- **Data in core performance areas is collected, disseminated, and analyzed.**
- **In addition to typical reviews, there are efforts to lower costs and improve performance through exploring new and creative means to provide services.**

PROGRESS RATING (*Circle one rating below that best describes the State program*).

Needs to Begin **Needs Significant Action** **Needs Action** **Done Well**

==========

9. Is the plan for human services transportation coordination linked to and supported by other state and local plans such as the Regional Transportation Plan or State Transportation Improvement Plan?

Rating Helpers:

- **Human services agency representatives participate in transportation planning together with metropolitan or community planning organizations, taking full advantage of their resources and coordination expertise.**
- **The cross-participation has created a set of mutually supportive and linked plans to actively strengthen coordination efforts.**

PROGRESS RATING (*Circle one rating below that best describes the State program*).

Needs to Begin **Needs Significant Action** **Needs Action** **Done Well**

==========

10. Does the transportation system have an array of user-friendly and accessible information sources?

Rating Helpers:

- **Information about transportation services and options is easy to obtain in the community.**
- **There is a "one-stop" resource such as a toll-free number or a web site where consumers can obtain information about service and schedules and make reservations regardless of provider.**
- **There are "mobility managers" within human service agencies who advise their clients about transportation options.**
- **Information is accessible and can be obtained in electronic, Braille, or large-print formats.**
- **Customer representatives are available to assist first time users or people needing extra help.**
- **The system is designed for the general public as well as for people with special needs and clients of human service agencies.**
- **Technology is used effectively to enable and support information systems.**

PROGRESS RATING (*Circle one rating below that best describes the State program*).

Needs to Begin **Needs Significant Action** **Needs Action** **Done Well**

==========

11. Is there a seamless payment system that supports user-friendly services and promotes customer choice of the most cost-effective service?

Rating Helpers:

- **Regardless of the funding source for each particular trip, the customer or client uses the same payment mechanism each time.**
- **If there is a fixed route system, a transit pass has been implemented to encourage riders to choose lower-cost fixed route services. The billing process is transparent to the consumer.**

- **The seamless payment system enables customers to choose appropriate cost-effective transportations services.**
- **These payment systems may include universal payment cards, fare cards and similar mechanisms.**
- **Up-to-date technology is being used to support and manage this system.**

PROGRESS RATING (*Circle one rating below that best describes the State program*).

Needs to Begin **Needs Significant Action** **Needs Action** **Done Well**

==========

12. Are customer ideas and concerns gathered at each step of the coordination process? Is customer satisfaction data collected regularly?

Rating Helpers:

- **Customer input was gathered during the planning and needs assessment process through town meetings, surveys, focus groups, or similar means.**
- **Consumer representatives are active members of advisory and other work groups. In addition, a customer service-monitoring program provides information for a yearly "report card" or similar status report.**
- **Customers are encouraged to submit suggestions, complaints and compliments. Actions are taken on complaints within 24 hours of receiving them.**

PROGRESS RATING (*Circle one rating below that best describes the State program*).

Needs to Begin **Needs Significant Action** **Needs Action** **Done Well**

==========

13. Are marketing and communications programs used to build awareness and encourage greater use of the services?

Rating Helpers:

- **There are active marketing and communications programs that promote the ease and accessibility of coordinated transportation services.**
- **The programs use an array of media such as direct marketing, public service announcements, advertisements in local newspapers, and articles and notices in newsletters of various community organizations.**
- **Information is also disseminated through human service agencies, employment specialists, health care providers, civic organizations and churches.**

PROGRESS RATING (*Circle one rating below that best describes the State program*).

Needs to Begin **Needs Significant Action** **Needs Action** **Done Well**

==========

14. Are support services coordinated to lower costs and ease management burdens?

Rating Helpers:

- **Systematic studies have been completed in our State and/or communities which have led to the coordination of essential support services for transportation providers.**
- **These may include joint purchasing and/or leasing of equipment and facilities; shared maintenance facilities; maintaining a single phone number for customers; maintaining a shared internet information system; using a single or coordinated fare mechanism; sustaining coordinated reservation, dispatching, scheduling and payment systems; or establishing a single entity to provide human service transportation to all participating human service agencies.**

PROGRESS RATING (*Circle one rating below that best describes the State program*).

Needs to Begin **Needs Significant Action** **Needs Action** **Done Well**

==========

15. Is there a centralized dispatch system to handle request for transportation services from agencies and individuals?

Rating Helpers:

- **Agency case managers and mobility managers find it easy to schedule regular and one-time trips for their clients through a centralized dispatch system or a similar mechanism.**
- **Agency clients and the general public can easily schedule trips using the dispatch systems.**
- **The dispatchers can help agencies and individuals wisely choose from available transportation alternatives.**
- **There are also mechanisms, such as transit passes, to reduce dependency on individualized services.**
- **Technology is used to enhance overall dispatch services, including communication with drivers and passengers, scheduling and mapping routes, locating vehicles and other critical aspects.**

PROGRESS RATING (*Circle one rating below that best describes the State program*).

Needs to Begin **Needs Significant Action** **Needs Action** **Done Well**

==========

OVERALL ASSESSMENT

After reviewing each of the questions and assessing our progress, my overall evaluation of how well we are doing is:

Needs to Begin **Needs Significant Action** **Needs Action** **Done Well**

Additional Comments:

_____

_____

_____

_____

_____

_____

_____

_____

Appendix B

TRANSPORTATION
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Rhode Island Transportation Questionnaire

The Rhode Island Public Transit Authority (RIPTA) has been tasked with updating the state's *Coordinated Plan for Human Services Transportation.* The goal of this federally-mandated plan is to ensure that human services transportation in Rhode Island is seamless, comprehensive, and accessible to the many individuals who rely on it. The Federal Transit Administration requires Coordinated Plans to be developed through an inclusive process that effectively engages public, private, and non-profit transportation service providers, human services providers, and the community at large.

RIPTA invites you to join in this planning process by completing a short questionnaire on your agency's role in human services transportation services and the transportation needs of the communities that your agency serves. Please find the link to the questionnaire here:

https://www.surveymonkey.com/r/RIPTA-CHSTP

Please complete the questionnaire by **July 21**.

General Information

Name: _____

Organization: _____

Title: _____

Address: _____

Phone: _____ E-mail: _____

1. Which of the following best describes your organization? (Please check only one.)
   - □ Municipal Government
   - □ State Government
   - □ Private Non-profit Organization
   - □ Private For-profit Company
   - □ Other (please specify): _____

2. What population segments does your organization serve? (Please check all that apply.)
   - □ General Public
   - □ Low Income/TANF
   - □ Elderly; ages _____
   - □ Mental or Cognitive Disability
   - □ Youth; ages_____
   - □ Physical Disabilities
   - □ Veterans
   - □ Visually Impaired
   - □ Unemployed
   - □ Other (please specify): _____

3. Which ages do you serve? _____

4. What types of services does your organization provide? (Please check all that apply.)
   - □ Medical/Dental
   - □ Welfare/Public Assistance
   - □ Nutrition/Meals
   - □ Job/Employment Training
   - □ Veterans Services
   - □ Head Start
   - □ Transportation
   - □ Child Day Care
   - □ Residential Care
   - □ Adult Day Care
   - □ Rehabilitation Services
   - □ Housing
   - □ Recreation
   - □ Counseling
   - □ Higher Education
   - □ Other (please specify): _____

5. Which best describes your involvement with transportation services?
   - □ Directly operate transportation services ***(please proceed to the Providers section on page 3)***
   - □ Contract with a transportation provider to operate transportation services ***(please proceed to the Providers section on page 3)***
   - □ Fund transportation services, including providing transit passes or vouchers ***(please proceed to the Funders section on page 5)***
   - □ Inform people on the transportation services that are available and send them to the appropriate transportation provider for more information ***(please proceed to the Advocates section on page 6)***
   - □ Advocate for public transportation services ***(please proceed to the Advocates section on page 6)***

Transportation Service Provision [Providers]

6. How does your agency provide transportation service?
   □ Operate vehicles □ Use contractors □ Other_____

7. Please list the operators you use. *(contracted services only)*
   _____
   _____

8. How would you describe your service?
   □ Curb-to-curb □ Door-to-door □ Door through door □ Subscription
   □ Shuttle □ Circulator □ Other _____

9. For which of the following trip purposes does your organization provide transportation services?
   □ Medical/Dental □ Welfare/Public Assistance □ Nutrition/Meals
   □ Job/Employment Training □ Veterans Services □ Head Start
   □ Social/Family Visits □ Child Day Care □ Residential Care
   □ Adult Day Care □ Rehabilitation Services □ Housing
   □ Recreation □ Counseling □ Higher Education
   □ Shopping □ Employment
   □ Other (please specify): _____

10. What are your top three destinations from those selected in Question 9?
    1._____ 2._____ 3._____

11. When is your transportation service operated?
    □ Weekdays only □ Weekdays and Saturdays □ 7 days Hours of operation: _____

12. What are your hours of service?_____

13. Who is eligible for the transportation service your organization provides?
    _____
    _____

14. Describe where your service operates:
    (e.g., communities in which it operates, trip generators served: medical centers, shopping centers, grocery stores, senior centers, social service agencies, etc.)
    _____
    _____
    _____
    _____

15. Do you use volunteers to operate the transportation service?
    □ No □ Yes – How many volunteers do you have, and what types of activities do they do for the organization (e.g., drive, answer the phone, schedule trips, etc.)
    _____
    _____
    _____
    _____

16. Is transportation a line item in your organization's budget?
    □ No □ Yes

17. How much did your organization spend last year on operating transportation service? $_____

18. How many vehicles do you use to operate the service?
    □ 1-5 □ 6-10 □ 11-15 □ 16+

19. Do you also indirectly provide transportation assistance by providing free or reduced cost transit passes or vouchers to clients, or offering transportation grants?
    □ No □ Yes – Please describe assistance offered:
    _____
    _____
    _____
    _____

20. What transportation resources do you wish were available? (e.g. transportation services, free or reduced passes or vouchers, "one-stop" information resources, increased transportation funding, other)
    _____
    _____
    _____
    _____

21. Do you sometimes receive transportation requests that your organization is unable to accommodate?
    □ No □ Yes – Please describe the types of requests you most commonly receive from clients. In responding to these requests, what resources do you refer your clients to? (Please be specific.):
    _____
    _____
    _____
    _____

22. Comments – Please use the space below to provide any additional comments.
    _____
    _____
    _____
    _____

Thank you for your assistance.

Financial Assistance [Funders]

6. For what purposes does your organization fund transportation?
   □ Any/all purposes and destinations □ Limited purposes/destinations

7. For which specific purposes does your organization fund transportation? (Select all that apply)

□Medical/Dental	□ Welfare/Public Assistance	□ Nutrition/Meals
□Job/Employment Training	□ Veterans Services	□ Head Start
□Social/Family Visits	□ Child Day Care	□ Residential Care
□Adult Day Care	□ Rehabilitation Services	□ Housing
□Recreation	□ Counseling	□ Higher Education
□Shopping	□ Employment	

   □Other (please specify): _____

8. How does your organization provide financial support for transportation services? (e.g. grants, distribution of fare media, etc.)
   _____
   _____
   _____
   _____

9. Is transportation a line item in your organization's budget?
   □ No □ Yes

10. How much did your organization spend last year in support of transportation service? $_____

11. What transportation resources do you wish were available? (e.g. transportation services, free or reduced passes or vouchers, "one-stop" information resources, increased transportation funding, other)
   _____
   _____
   _____
   _____

12. Do you sometimes receive transportation requests that your organization is unable to accommodate?
   □ No □ Yes – Please describe the types of requests you most commonly receive from clients. In responding to these requests, what resources do you refer your clients to? (Please be specific.):
   _____
   _____
   _____
   _____

13. Comments – Please use the space below to provide any additional comments.
   _____
   _____
   _____

Thank you for your assistance.

Transportation Assistance [Advocates]

6. What transportation resources do you wish were available? (e.g. transportation services, free or reduced passes or vouchers, "one-stop" information resources, increased transportation funding, other)

   _____
   _____
   _____
   _____

7. Do you sometimes receive transportation requests that your organization is unable to accommodate?

   □ No □ Yes – Please describe the types of requests you most commonly receive from clients. In responding to these requests, what resources do you refer your clients to? (Please be specific.):

   _____
   _____
   _____
   _____

8. Comments – Please use the space below to provide any additional comments.

   _____
   _____
   _____
   _____

Thank you for your assistance.

Appendix C

TRANSPORTATION
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Table 1
Estimated Population Characteristics using American Community Survey 2015
State of Rhode Island

County	Census Tract	Total Population 2015 ACS	Land Area (sq. miles)	Total Number of Households 2015 ACS	Zero-Vehicle Households 2015 ACS		Total Number of Older Adults 60 and Over 2015 ACS		Ambulatory Disabled Population 2015 ACS		Low-Income Population 2015 ACS	
				#	#	%	#	%	#	%	#	%
Bristol	301	4,757	1.69	1,915	148	8%	1,137	24%	286	6%	117	2%
	302	2,987	1.76	1,231	40	3%	761	25%	152	5%	89	3%
	303	4,522	2.35	1,702	18	1%	973	22%	224	5%	99	2%
	304	4,014	2.42	1,387	19	1%	863	21%	110	3%	46	1%
	305	3,175	0.58	1,500	200	13%	487	15%	248	8%	425	13%
	306.01	3,504	4.28	1,374	30	2%	834	24%	150	4%	329	9%
	306.02	3,853	1.27	1,792	130	7%	1,271	33%	393	10%	402	10%
	307	3,966	0.42	1,943	275	14%	885	22%	427	11%	855	22%
	308	5,812	2.31	1,552	85	5%	1,003	17%	279	5%	483	8%
	309.01	5,935	2.52	2,142	87	4%	1,501	25%	456	8%	188	3%
	309.02	6,651	4.57	2,752	122	4%	2,189	33%	346	5%	363	5%
Kent	201.01	6,302	2.46	2,788	140	5%	1,717	27%	491	8%	484	8%
	201.02	5,020	1.02	1,984	189	10%	1,147	23%	253	5%	768	15%
	202	4,724	1.11	2,287	259	11%	1,183	25%	446	9%	788	17%
	203	5,922	0.84	2,544	361	14%	821	14%	444	7%	1,760	30%
	204	2,586	0.65	1,134	81	7%	439	17%	142	5%	287	11%
	205	4,337	1.72	1,842	159	9%	1,157	27%	482	11%	510	12%
	206.01	6,367	3.73	2,175	40	2%	1,230	19%	292	5%	295	5%
	206.02	3,331	2.52	1,574	41	3%	912	27%	285	9%	440	13%
	206.03	6,289	3.29	2,832	202	7%	1,862	30%	469	7%	253	4%
	206.04	5,530	1.68	2,311	153	7%	720	13%	447	8%	806	15%
	207.01	1,893	21.95	674	34	5%	464	25%	71	4%	142	8%
	207.02	4,702	16.92	1,689	7	0%	1,062	23%	251	5%	182	4%
	207.03	6,869	8.97	2,635	146	6%	1,602	23%	538	8%	378	6%
	208	6,117	50.26	2,175	44	2%	1,107	18%	155	3%	138	2%
	209.01	3,593	0.98	1,710	284	17%	790	22%	308	9%	405	11%
	209.03	5,945	12.29	2,026	15	1%	1,323	22%	152	3%	334	6%
	209.04	3,576	3.13	1,345	58	4%	916	26%	114	3%	109	3%
	210.01	2,734	0.59	1,022	88	9%	596	22%	284	10%	248	9%
	210.02	5,051	1.04	2,290	94	4%	1,504	30%	144	3%	592	12%
	211	4,847	2.64	2,054	236	11%	1,086	22%	416	9%	246	5%
	212	3,576	0.88	1,569	120	8%	817	23%	347	10%	308	9%
	213	4,802	1.61	2,031	125	6%	1,134	24%	359	7%	196	4%
	214.01	3,965	0.94	1,432	21	1%	906	23%	217	5%	88	2%
	214.02	3,668	0.85	1,530	67	4%	765	21%	180	5%	313	9%
	215.01	2,990	0.76	1,239	65	5%	668	22%	139	5%	340	11%
	215.02	4,242	1.45	1,682	66	4%	863	20%	334	8%	448	11%
	216	1,424	1.44	567	-	0%	512	36%	17	1%	35	2%
	217	4,722	0.99	1,810	79	4%	894	19%	300	6%	246	5%
	218	4,176	1.32	1,698	89	5%	875	21%	326	8%	200	5%
	219.01	3,404	0.91	1,414	72	5%	832	24%	266	8%	128	4%
	219.02	2,585	0.83	1,144	198	17%	680	26%	217	8%	357	14%
	219.03	3,818	1.48	1,648	69	4%	1,211	32%	297	8%	161	4%
	220	3,438	1.25	1,487	59	4%	937	27%	227	7%	175	5%
	221	5,586	3.04	2,299	84	4%	1,689	30%	443	8%	725	13%
	222.01	6,551	3.52	2,829	148	5%	1,713	26%	298	5%	213	3%
	222.02	3,958	3.04	2,191	197	9%	1,304	33%	269	7%	237	6%
	223	4,050	2.42	2,016	257	13%	1,148	28%	395	10%	384	9%
	224	2,268	2.58	939	27	3%	592	26%	163	7%	44	2%
	9800	-	1.46	-	-	0%	-	0%	-	0%	-	0%
Newport	401.01	5,105	2.33	2,058	117	6%	1,177	23%	401	8%	478	9%
	401.02	5,817	5.91	2,282	153	7%	1,551	27%	381	7%	572	10%
	401.03	6,439	14.76	2,696	147	5%	1,967	31%	430	7%	456	7%
	402	1,249	0.90	504	5	1%	76	6%	55	4%	73	6%
	403.02	2,448	0.79	1,085	104	10%	628	26%	153	6%	107	4%
	403.03	3,272	1.50	1,180	59	5%	384	12%	138	4%	640	20%
	403.04	2,794	2.16	1,148	96	8%	593	21%	212	8%	396	14%
	404	6,294	7.36	2,502	-	0%	2,001	32%	230	4%	294	5%
	405	4,411	0.93	2,119	543	26%	692	16%	219	5%	923	21%
	406	4,102	0.40	1,995	301	15%	741	18%	163	4%	589	14%
	407	3,426	0.62	1,539	130	8%	970	28%	179	5%	320	9%
	408	2,583	0.65	1,275	359	28%	841	33%	240	9%	414	16%
	409	4,866	3.92	1,747	127	7%	1,109	23%	228	5%	218	4%
	410	1,846	0.27	1,050	218	21%	489	26%	76	4%	439	24%
	411	1,434	0.32	783	81	10%	405	28%	71	5%	249	17%
	412	1,791	0.55	215	86	40%	70	4%	40	2%	118	7%
	413	5,464	9.45	2,360	52	2%	1,503	28%	145	3%	381	7%
	414	3,504	20.53	1,640	53	3%	1,225	35%	185	5%	391	11%
	416.01	2,956	1.05	1,325	81	6%	689	23%	194	7%	294	10%
	416.02	4,451	3.13	2,021	76	4%	1,647	37%	386	9%	209	5%
	417.01	3,281	6.79	1,379	60	4%	1,052	32%	203	6%	128	4%
	417.02	5,130	18.11	1,945	32	2%	1,381	27%	238	5%	316	6%
Washington	415	906	9.08	426	19	4%	348	38%	48	5%	67	7%
	501.02	2,192	3.43	907	26	3%	591	27%	57	3%	145	7%
	501.03	5,843	7.92	2,492	324	13%	1,132	19%	423	7%	1,135	19%
	501.04	3,953	4.66	1,346	47	3%	1,038	26%	159	4%	122	3%
	503.01	4,438	6.43	1,701	50	3%	892	20%	173	4%	457	10%
	503.02	2,748	2.31	1,191	87	7%	908	33%	121	4%	185	7%
	504.01	4,582	11.07	1,508	-	0%	691	15%	146	3%	168	4%
	504.02	2,554	7.32	1,142	23	2%	702	27%	133	5%	83	3%
	505	6,691	57.47	2,474	39	2%	1,310	20%	350	5%	670	10%
	506	7,624	40.29	2,845	49	2%	1,268	17%	390	5%	320	4%
	507	8,123	42.97	3,374	157	5%	2,150	26%	505	6%	422	5%
	508.01	5,974	1.40	2,640	319	12%	1,452	24%	406	7%	972	16%
	508.02	4,016	1.96	1,783	167	9%	1,266	32%	265	7%	239	6%
	509.01	6,040	9.31	2,431	103	4%	1,260	21%	417	7%	516	9%
	509.02	5,100	11.41	1,977	98	5%	1,353	27%	109	2%	375	7%
	510	1,553	5.44	787	11	1%	853	55%	60	4%	87	6%
	511.01	5,001	27.01	1,874	24	1%	1,377	28%	180	4%	657	13%
	511.02	2,771	9.43	1,174	28	2%	751	27%	135	5%	316	11%
	512.01	4,745	2.42	1,677	162	10%	859	18%	196	4%	816	17%
	512.02	4,554	2.77	2,000	208	10%	1,443	32%	191	4%	373	8%
	513.02	4,082	10.01	1,754	23	1%	1,606	39%	240	6%	155	4%
	513.04	2,003	9.52	808	24	3%	706	35%	151	8%	115	6%
	513.05	4,013	9.17	1,700	173	10%	1,229	31%	354	9%	364	9%
	513.06	5,590	20.67	2,168	109	5%	1,271	23%	131	2%	448	8%
	514	5,590	1.87	218	28	13%	100	2%	64	1%	303	5%
	515.02	7,186	4.93	3,143	24	1%	1,744	24%	72	1%	722	10%
	515.03	4,435	4.32	2,234	186	8%	1,416	32%	253	6%	713	16%
	515.04	4,098	4.65	1,790	48	3%	1,522	37%	253	6%	994	24%

Table 1
Estimated Population Characteristics using American Community Survey 2015
State of Rhode Island (cont. 2/3)

County	Census Tract	Total Population 2015 ACS	Land Area (sq. miles)	Total Number of Households 2015 ACS	Zero-Vehicle Households 2015 ACS		Total Number of Older Adults 60 and Over 2015 ACS		Ambulatory Disabled Population 2015 ACS		Low-Income Population 2015 ACS	
				#	#	%	#	%	#	%	#	%
Providence	1.01	5,102	0.94	1,159	169	15%	477	9%	307	6%	1,442	28%
	1.02	4,922	0.92	1,702	169	10%	798	16%	321	7%	1,246	25%
	2	6,651	0.42	2,057	544	26%	792	12%	534	8%	2,744	41%
	3	6,165	0.43	2,081	466	22%	1,105	18%	329	5%	1,468	24%
	4	3,718	0.25	1,148	282	25%	376	10%	313	8%	1,261	34%
	5	2,968	0.23	1,057	262	25%	505	17%	289	10%	1,212	41%
	6	2,022	0.82	512	76	15%	300	15%	125	6%	795	39%
	7	2,614	0.23	994	447	45%	445	17%	265	10%	1,206	46%
	8	4,236	0.49	1,758	837	48%	665	16%	333	8%	965	23%
	9	2,473	0.17	1,077	415	39%	513	21%	241	10%	839	34%
	10	2,403	0.18	1,143	428	37%	255	11%	101	4%	896	37%
	11	2,372	0.19	1,048	285	27%	162	7%	113	5%	685	29%
	12	3,220	0.22	1,157	312	27%	348	11%	339	11%	1,163	36%
	13	5,076	0.23	1,563	401	26%	581	11%	268	5%	1,790	35%
	14	6,830	0.35	1,984	414	21%	812	12%	589	9%	2,337	34%
	15	2,934	0.55	969	98	10%	312	11%	94	3%	471	16%
	16	8,705	0.47	2,660	385	14%	488	6%	405	5%	2,427	28%
	17	3,076	0.25	1,192	161	14%	479	16%	213	7%	700	23%
	18	6,249	0.71	2,107	434	21%	764	12%	448	7%	1,956	31%
	19	5,268	0.42	1,866	456	24%	427	8%	189	4%	2,550	48%
	20	7,225	0.56	2,124	516	24%	824	11%	602	8%	2,237	31%
	21.01	2,976	0.18	938	47	5%	355	12%	99	3%	501	17%
	21.02	5,563	0.32	1,793	273	15%	633	11%	266	5%	1,317	24%
	22	4,939	0.31	1,519	254	17%	237	5%	228	5%	1,491	30%
	23	4,629	0.46	1,799	125	7%	879	19%	144	3%	850	18%
	24	7,192	1.18	2,098	57	3%	1,248	17%	308	4%	340	5%
	25	3,039	0.46	1,289	205	16%	242	8%	239	8%	762	25%
	26	3,306	0.26	1,235	289	23%	556	17%	299	9%	1,062	32%
	27	5,744	0.43	1,508	354	23%	564	10%	390	7%	2,007	35%
	28	6,351	0.63	2,408	535	22%	673	11%	407	6%	2,396	38%
	29	6,785	0.96	2,723	409	15%	1,094	16%	734	11%	1,503	22%
	31	4,292	0.47	2,079	748	36%	957	22%	356	8%	1,437	33%
	32	3,242	0.27	1,391	121	9%	536	17%	57	2%	290	9%
	33	4,356	0.75	1,883	46	2%	881	20%	159	4%	396	9%
	34	5,046	1.23	1,997	47	2%	1,371	27%	124	2%	234	5%
	35	5,151	0.50	2,283	268	12%	975	19%	256	5%	986	19%
	36.01	2,797	0.32	829	212	26%	184	7%	64	2%	686	25%
	36.02	5,544	0.32	632	101	16%	338	6%	32	1%	444	8%
	37	3,499	0.34	1,719	445	26%	568	16%	189	5%	958	27%
	101.01	4,056	1.23	1,624	55	3%	751	19%	87	2%	228	6%
	101.02	3,665	1.43	1,627	154	9%	1,077	29%	246	7%	207	6%
	102	7,154	1.07	2,659	340	13%	1,401	20%	464	6%	986	14%
	103	3,875	1.41	1,744	295	17%	1,047	27%	374	10%	524	14%
	104	6,703	1.21	2,725	318	12%	1,293	19%	625	9%	1,042	16%
	105.01	4,368	1.50	1,773	216	12%	1,233	28%	259	6%	969	22%
	105.02	5,019	2.61	2,124	229	11%	1,438	29%	294	6%	614	12%
	106	6,014	0.94	2,854	268	9%	1,315	22%	701	12%	661	11%
	107.01	2,247	1.08	916	35	4%	575	26%	170	8%	99	4%
	107.02	4,165	0.72	1,751	41	2%	1,128	27%	229	5%	324	8%
	108	4,710	0.29	1,679	447	27%	567	12%	434	9%	1,506	32%
	109	4,772	0.35	1,446	275	19%	502	11%	570	12%	1,489	31%
	110	5,443	0.25	1,870	410	22%	588	11%	470	9%	2,068	38%
	111	4,453	0.31	1,418	282	20%	500	11%	304	7%	1,252	28%
	112	5,859	1.20	2,461	341	14%	1,204	21%	318	5%	902	15%
	113.01	4,425	2.73	1,846	91	5%	1,075	24%	325	7%	361	8%
	113.02	4,273	1.90	1,487	36	2%	841	20%	254	6%	151	4%
	114.01	7,726	6.86	3,237	309	10%	2,048	27%	578	7%	189	2%
	114.02	4,349	10.99	1,540	136	9%	1,147	26%	320	7%	133	3%
	114.03	7,492	2.81	2,902	140	5%	1,685	22%	516	7%	360	5%
	115	6,704	4.24	2,592	107	4%	1,337	20%	328	5%	776	12%
	116	5,486	9.34	2,051	89	4%	1,424	26%	221	4%	296	5%
	117.01	4,757	1.87	1,895	109	6%	991	21%	345	7%	795	17%
	117.02	4,449	2.68	1,546	40	3%	826	19%	186	4%	221	5%
	118	6,290	1.13	2,672	187	7%	1,559	25%	347	6%	739	12%
	119.01	3,366	0.60	1,264	116	9%	867	26%	184	5%	406	12%
	119.02	4,822	1.10	2,368	142	6%	1,942	40%	687	14%	338	7%
	120	5,808	1.12	2,500	221	9%	1,245	21%	357	6%	219	4%
	121.02	4,549	0.60	1,928	215	11%	938	21%	294	6%	405	9%
	121.03	3,007	0.30	1,552	227	15%	1,071	36%	278	9%	376	13%
	121.04	4,449	0.77	1,993	156	8%	959	22%	320	7%	511	11%
	122	7,697	13.60	2,660	127	5%	1,967	26%	374	5%	146	2%
	123	6,449	3.83	2,734	143	5%	1,618	25%	402	6%	648	10%
	124.01	7,068	1.94	2,789	115	4%	1,793	25%	453	6%	340	5%
	124.02	2,543	1.37	1,048	36	3%	550	22%	153	6%	222	9%
	125	5,338	2.69	2,526	323	13%	1,839	34%	737	14%	963	18%
	126.01	4,218	8.04	677	14	2%	397	9%	100	2%	48	1%
	126.02	7,371	8.08	2,920	113	4%	2,126	29%	363	5%	378	5%
	127.01	5,223	7.99	1,787	119	7%	1,609	31%	316	6%	125	2%
	127.02	4,701	2.20	1,859	115	6%	1,189	25%	183	4%	227	5%
	128.01	4,968	4.29	2,013	261	13%	2,042	41%	431	9%	232	5%
	128.02	2,334	2.05	923	44	5%	590	25%	141	6%	187	8%
	128.03	4,857	17.46	1,683	26	2%	1,221	25%	193	4%	35	1%
	129	5,190	3.25	2,097	149	7%	1,180	23%	351	7%	819	16%

Table 1
Estimated Population Characteristics using American Community Survey 2015
State of Rhode Island (cont. 3/3)

County	Census Tract	Total Population 2015 ACS	Land Area (sq. miles)	Total Number of Households 2015 ACS	Zero-Vehicle Households 2015 ACS		Total Number of Older Adults 60 and Over 2015 ACS		Ambulatory Disabled Population 2015 ACS		Low-Income Population 2015 ACS	
				#	#	%	#	%	#	%	#	%
Providence (cont)	130.01	3,640	27.68	1,203	10	1%	695	19%	234	6%	242	7%
	130.02	7,340	24.09	2,837	60	2%	1,703	23%	373	5%	463	6%
	131.01	4,802	31.20	1,744	68	4%	973	20%	283	6%	270	6%
	131.02	5,095	22.98	1,880	32	2%	1,214	24%	282	6%	186	4%
	132.01	4,710	13.73	1,861	38	2%	1,153	24%	276	6%	160	3%
	132.02	5,740	34.43	2,312	119	5%	1,621	28%	288	5%	480	8%
	133	4,671	50.80	1,695	20	1%	1,112	24%	369	8%	199	4%
	134	3,981	0.71	1,693	160	9%	1,035	26%	238	6%	552	14%
	135	4,844	0.55	1,771	90	5%	939	19%	185	4%	987	20%
	136	2,777	0.75	1,140	105	9%	608	22%	272	10%	461	17%
	137.01	3,951	0.55	1,457	52	4%	688	17%	269	7%	494	13%
	137.02	2,694	0.31	1,029	18	2%	487	18%	149	6%	243	9%
	138	4,740	0.88	1,926	104	5%	995	21%	264	6%	334	7%
	139	2,843	0.94	1,431	114	8%	1,032	36%	284	10%	227	8%
	140	6,015	0.80	2,210	92	4%	1,125	19%	400	7%	657	11%
	141	5,350	0.74	1,927	346	18%	867	16%	520	10%	1,521	28%
	142	5,990	1.94	830	5	1%	746	12%	158	3%	300	5%
	143	4,938	1.05	2,099	89	4%	1,514	31%	426	9%	302	6%
	144	3,670	1.02	1,649	57	3%	1,256	34%	287	8%	112	3%
	145.01	5,101	3.83	1,638	30	2%	895	18%	141	3%	48	1%
	145.02	4,529	1.25	1,874	162	9%	960	21%	325	7%	424	9%
	146	6,890	10.19	2,300	24	1%	1,295	19%	374	5%	138	2%
	147	7,059	1.41	2,959	420	14%	1,488	21%	580	8%	1,380	20%
	148	5,389	1.45	2,275	60	3%	1,376	26%	171	3%	695	13%
	150	4,437	0.45	1,570	119	8%	677	15%	231	5%	846	19%
	151	4,550	0.40	1,711	520	30%	688	15%	285	6%	1,358	30%
	152	2,464	0.22	1,546	935	60%	810	33%	511	21%	1,258	51%
	153	2,206	0.16	930	142	15%	312	14%	231	10%	614	28%
	154	2,374	0.14	823	98	12%	305	13%	133	6%	488	21%
	155	4,111	0.36	1,470	164	11%	721	18%	274	7%	805	20%
	156	2,425	0.19	970	150	15%	418	17%	195	8%	383	16%
	157	3,282	0.42	1,277	37	3%	660	20%	223	7%	176	5%
	158	3,564	0.56	1,381	54	4%	656	18%	295	8%	218	6%
	159	3,429	0.29	1,244	84	7%	432	13%	180	5%	319	9%
	160	3,357	0.44	1,487	216	15%	517	15%	252	8%	932	28%
	161	4,884	0.37	1,755	383	22%	503	10%	246	5%	1,710	35%
	163	2,819	0.70	1,110	46	4%	371	13%	139	5%	253	9%
	164	4,716	0.47	1,723	344	20%	685	15%	317	7%	1,430	30%
	165	3,574	0.38	1,676	199	12%	785	22%	206	6%	442	12%
	166	1,782	0.29	672	87	13%	235	13%	107	6%	422	24%
	167	3,308	0.32	1,164	277	24%	514	16%	276	8%	924	28%
	168	3,094	0.34	1,214	51	4%	559	18%	174	6%	351	11%
	169	1,951	0.70	761	22	3%	504	26%	98	5%	219	11%
	170	4,340	0.71	1,726	82	5%	1,182	27%	317	7%	407	9%
	171	4,728	0.81	1,769	236	13%	733	16%	285	6%	1,001	21%
	173	3,285	0.52	1,318	107	8%	635	19%	232	7%	416	13%
	174	3,914	0.67	1,519	356	23%	739	19%	349	9%	1,544	39%
	175	3,299	0.50	1,408	157	11%	641	19%	202	6%	366	11%
	176	2,698	0.22	978	168	17%	318	12%	282	10%	690	26%
	177	3,744	1.22	1,486	40	3%	863	23%	298	8%	156	4%
	178	2,687	0.24	1,040	246	24%	450	17%	288	11%	1,056	39%
	179	3,006	0.30	1,323	472	36%	535	18%	426	14%	1,318	44%
	180	2,504	0.39	1,525	748	49%	807	32%	576	23%	1,023	41%
	181	2,964	0.32	1,248	135	11%	500	17%	158	5%	905	31%
	182	2,689	0.22	1,116	188	17%	294	11%	288	11%	619	23%
	183	1,954	0.12	739	156	21%	222	11%	132	7%	710	36%
	184	5,587	1.53	2,564	457	18%	1,673	30%	647	12%	874	16%
	185	2,882	1.50	1,060	43	4%	744	26%	224	8%	445	15%
	TOTALS	1,053,661	1,033.94	410,602	40,463	10%	226,390	21%	66,874	6%	144,223	14%

Source: US Census Bureau, American Community Survey - 2015, LSC 2017

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Appendix D

TRANSPORTATION
CONSULTANTS, INC.

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Table 1

Mobility Gap Transit Need - State of Rhode Island

County	Census Tract	Total Population 2015 ACS	Total Number of Households 2015 ACS	Zero-Vehicle Households 2015 ACS	One Plus Vehicle Households 2015 ACS	Mobility Gap	Transit Need
Bristol	301	4,757	1,915	148	1,767	1.7	252
	302	2,987	1,231	40	1,191	1.7	68
	303	4,522	1,702	18	1,684	1.7	31
	304	4,014	1,387	19	1,368	1.7	32
	305	3,175	1,500	200	1,300	1.7	340
	306.01	3,504	1,374	30	1,344	1.7	51
	306.02	3,853	1,792	130	1,662	1.7	221
	307	3,966	1,943	275	1,668	1.7	468
	308	5,812	1,552	85	1,467	1.7	145
	309.01	5,935	2,142	87	2,055	1.7	148
	309.02	6,651	2,752	122	2,630	1.7	207
Kent	201.01	6,302	2,788	140	2,648	1.7	238
	201.02	5,020	1,984	189	1,795	1.7	321
	202	4,724	2,287	259	2,028	1.7	440
	203	5,922	2,544	361	2,183	1.7	614
	204	2,586	1,134	81	1,053	1.7	138
	205	4,337	1,842	159	1,683	1.7	270
	206.01	6,367	2,175	40	2,135	1.7	68
	206.02	3,331	1,574	41	1,533	1.7	70
	206.03	6,289	2,832	202	2,630	1.7	343
	206.04	5,530	2,311	153	2,158	1.7	260
	207.01	1,893	674	34	640	1.7	58
	207.02	4,702	1,689	7	1,682	1.7	12
	207.03	6,869	2,635	146	2,489	1.7	248
	208	6,117	2,175	44	2,131	1.7	75
	209.01	3,593	1,710	284	1,426	1.7	483
	209.03	5,945	2,026	15	2,011	1.7	26
	209.04	3,576	1,345	58	1,287	1.7	99
	210.01	2,734	1,022	88	934	1.7	150
	210.02	5,051	2,290	94	2,196	1.7	160
	211	4,847	2,054	236	1,818	1.7	401
	212	3,576	1,569	120	1,449	1.7	204
	213	4,802	2,031	125	1,906	1.7	213
	214.01	3,965	1,432	21	1,411	1.7	36
	214.02	3,668	1,530	67	1,463	1.7	114
	215.01	2,990	1,239	65	1,174	1.7	111
	215.02	4,242	1,682	66	1,616	1.7	112
	216	1,424	567	0	567	1.7	0
	217	4,722	1,810	79	1,731	1.7	134
	218	4,176	1,698	89	1,609	1.7	151
	219.01	3,404	1,414	72	1,342	1.7	122
	219.02	2,585	1,144	198	946	1.7	337
	219.03	3,818	1,648	69	1,579	1.7	117
	220	3,438	1,487	59	1,428	1.7	100
	221	5,586	2,299	84	2,215	1.7	143
	222.01	6,551	2,829	148	2,681	1.7	252
	222.02	3,958	2,191	197	1,994	1.7	335
	223	4,050	2,016	257	1,759	1.7	437
	224	2,268	939	27	912	1.7	46
	9800	0	0	0	0	1.7	0
Newport	401.01	5,105	2,058	117	1,941	1.7	199
	401.02	5,817	2,282	153	2,129	1.7	260
	401.03	6,439	2,696	147	2,549	1.7	250
	402	1,249	504	5	499	1.7	9
	403.02	2,448	1,085	104	981	1.7	177
	403.03	3,272	1,180	59	1,121	1.7	100
	403.04	2,794	1,148	96	1,052	1.7	163
	404	6,294	2,502	0	2,502	1.7	0
	405	4,411	2,119	543	1,576	1.7	923
	406	4,102	1,995	301	1,694	1.7	512
	407	3,426	1,539	130	1,409	1.7	221
	408	2,583	1,275	359	916	1.7	610
	409	4,866	1,747	127	1,620	1.7	216
	410	1,846	1,050	218	832	1.7	371
	411	1,434	783	81	702	1.7	138
	412	1,791	215	86	129	1.7	146
	413	5,464	2,360	52	2,308	1.7	88
	414	3,504	1,640	53	1,587	1.7	90
	416.01	2,956	1,325	81	1,244	1.7	138
	416.02	4,451	2,021	76	1,945	1.7	129
	417.01	3,281	1,379	60	1,319	1.7	102
	417.02	5,130	1,945	32	1,913	1.7	54
Washington	415	906	426	19	407	1.7	32
	501.02	2,192	907	26	881	1.7	44
	501.03	5,843	2,492	324	2,168	1.7	551
	501.04	3,953	1,346	47	1,299	1.7	80
	503.01	4,438	1,701	50	1,651	1.7	85
	503.02	2,748	1,191	87	1,104	1.7	148
	504.01	4,582	1,508	0	1,508	1.7	0
	504.02	2,554	1,142	23	1,119	1.7	39
	505	6,691	2,474	39	2,435	1.7	66
	506	7,624	2,845	49	2,796	1.7	83
	507	8,123	3,374	157	3,217	1.7	267
	508.01	5,974	2,640	319	2,321	1.7	542
	508.02	4,016	1,783	167	1,616	1.7	284
	509.01	6,040	2,431	103	2,328	1.7	175
	509.02	5,100	1,977	98	1,879	1.7	167
	510	1,553	787	11	776	1.7	19
	511.01	5,001	1,874	24	1,850	1.7	41
	511.02	2,771	1,174	28	1,146	1.7	48
	512.01	4,745	1,677	162	1,515	1.7	275
	512.02	4,554	2,000	208	1,792	1.7	354
	513.02	4,082	1,754	23	1,731	1.7	39
	513.04	2,003	808	24	784	1.7	41
	513.05	4,013	1,700	173	1,527	1.7	294
	513.06	5,590	2,168	109	2,059	1.7	185
	514	5,590	218	28	190	1.7	48
	515.02	7,186	3,143	24	3,119	1.7	41
	515.03	4,435	2,234	186	2,048	1.7	316
	515.04	4,098	1,790	48	1,742	1.7	82
Providence	1.01	5,102	1,159	169	990	1.7	287
	1.02	4,922	1,702	169	1,533	1.7	287
	2	6,651	2,057	544	1,513	1.7	925
	3	6,165	2,081	466	1,615	1.7	792
	4	3,718	1,148	282	866	1.7	479
	5	2,968	1,057	262	795	1.7	445
	6	2,022	512	76	436	1.7	129
	7	2,614	994	447	547	1.7	760
	8	4,236	1,758	837	921	1.7	1,423
	9	2,473	1,077	415	662	1.7	706
	10	2,403	1,143	428	715	1.7	728
	11	2,372	1,048	285	763	1.7	485
	12	3,220	1,157	312	845	1.7	530
	13	5,076	1,563	401	1,162	1.7	682
	14	6,830	1,984	414	1,570	1.7	704
	15	2,934	969	98	871	1.7	167
	16	8,705	2,660	385	2,275	1.7	655
	17	3,076	1,192	161	1,031	1.7	274
	18	6,249	2,107	434	1,673	1.7	738
	19	5,268	1,866	456	1,410	1.7	775
	20	7,225	2,124	516	1,608	1.7	877

Source : US Census Bureau, American Community Survey - 2015, LSC 2017.

Table 1 Cont.
Mobility Gap Transit Need - State of Rhode Island

County	Census Tract	Total Population 2015 ACS	Total Number of Households 2015 ACS	Zero-Vehicle Households 2015 ACS	One Plus Vehicle Households 2015 ACS	Mobility Gap	Transit Need
Providence	21.01	2,976	938	47	891	1.7	80
Cont.	21.02	5,563	1,793	273	1,520	1.7	464
	22	4,939	1,519	254	1,265	1.7	432
	23	4,629	1,799	125	1,674	1.7	213
	24	7,192	2,098	57	2,041	1.7	97
	25	3,039	1,289	205	1,084	1.7	349
	26	3,306	1,235	289	946	1.7	491
	27	5,744	1,508	354	1,154	1.7	602
	28	6,351	2,408	535	1,873	1.7	910
	29	6,785	2,723	409	2,314	1.7	695
	31	4,292	2,079	748	1,331	1.7	1,272
	32	3,242	1,391	121	1,270	1.7	206
	33	4,356	1,883	46	1,837	1.7	78
	34	5,046	1,997	47	1,950	1.7	80
	35	5,151	2,283	268	2,015	1.7	456
	36.01	2,797	829	212	617	1.7	360
	36.02	5,544	632	101	531	1.7	172
	37	3,499	1,719	445	1,274	1.7	757
	101.01	4,056	1,624	55	1,569	1.7	94
	101.02	3,665	1,627	154	1,473	1.7	262
	102	7,154	2,659	340	2,319	1.7	578
	103	3,875	1,744	295	1,449	1.7	502
	104	6,703	2,725	318	2,407	1.7	541
	105.01	4,368	1,773	216	1,557	1.7	367
	105.02	5,019	2,124	229	1,895	1.7	389
	106	6,014	2,854	268	2,586	1.7	456
	107.01	2,247	916	35	881	1.7	60
	107.02	4,165	1,751	41	1,710	1.7	70
	108	4,710	1,679	447	1,232	1.7	760
	109	4,772	1,446	275	1,171	1.7	468
	110	5,443	1,870	410	1,460	1.7	697
	111	4,453	1,418	282	1,136	1.7	479
	112	5,859	2,461	341	2,120	1.7	580
	113.01	4,425	1,846	91	1,755	1.7	155
	113.02	4,273	1,487	36	1,451	1.7	61
	114.01	7,726	3,237	309	2,928	1.7	525
	114.02	4,349	1,540	136	1,404	1.7	231
	114.03	7,492	2,902	140	2,762	1.7	238
	115	6,704	2,592	107	2,485	1.7	182
	116	5,486	2,051	89	1,962	1.7	151
	117.01	4,757	1,895	109	1,786	1.7	185
	117.02	4,449	1,546	40	1,506	1.7	68
	118	6,290	2,672	187	2,485	1.7	318
	119.01	3,366	1,264	116	1,148	1.7	197
	119.02	4,822	2,368	142	2,226	1.7	241
	120	5,808	2,500	221	2,279	1.7	376
	121.02	4,549	1,928	215	1,713	1.7	366
	121.03	3,007	1,552	227	1,325	1.7	386
	121.04	4,449	1,993	156	1,837	1.7	265
	122	7,697	2,660	127	2,533	1.7	216
	123	6,449	2,734	143	2,591	1.7	243
	124.01	7,068	2,789	115	2,674	1.7	196
	124.02	2,543	1,048	36	1,012	1.7	61
	125	5,338	2,526	323	2,203	1.7	549
	126.01	4,218	677	14	663	1.7	24
	126.02	7,371	2,920	113	2,807	1.7	192
	127.01	5,223	1,787	119	1,668	1.7	202
	127.02	4,701	1,859	115	1,744	1.7	196
	128.01	4,968	2,013	261	1,752	1.7	444
	128.02	2,334	923	44	879	1.7	75
	128.03	4,857	1,683	26	1,657	1.7	44
	129	5,190	2,097	149	1,948	1.7	253
	130.01	3,640	1,203	10	1,193	1.7	17
	130.02	7,340	2,837	60	2,777	1.7	102
	131.01	4,802	1,744	68	1,676	1.7	116
	131.02	5,095	1,880	32	1,848	1.7	54
	132.01	4,710	1,861	38	1,823	1.7	65
	132.02	5,740	2,312	119	2,193	1.7	202
	133	4,671	1,695	20	1,675	1.7	34
	134	3,981	1,693	160	1,533	1.7	272
	135	4,844	1,771	90	1,681	1.7	153
	136	2,777	1,140	105	1,035	1.7	179
	137.01	3,951	1,457	52	1,405	1.7	88
	137.02	2,694	1,029	18	1,011	1.7	31
	138	4,740	1,926	104	1,822	1.7	177
	139	2,843	1,431	114	1,317	1.7	194
	140	6,015	2,210	92	2,118	1.7	156
	141	5,350	1,927	346	1,581	1.7	588
	142	5,990	830	5	825	1.7	9
	143	4,938	2,099	89	2,010	1.7	151
	144	3,670	1,649	57	1,592	1.7	97
	145.01	5,101	1,638	30	1,608	1.7	51
	145.02	4,529	1,874	162	1,712	1.7	275
	146	6,890	2,300	24	2,276	1.7	41
	147	7,059	2,959	420	2,539	1.7	714
	148	5,389	2,275	60	2,215	1.7	102
	150	4,437	1,570	119	1,451	1.7	202
	151	4,550	1,711	520	1,191	1.7	884
	152	2,464	1,546	935	611	1.7	1,590
	153	2,206	930	142	788	1.7	241
	154	2,374	823	98	725	1.7	167
	155	4,111	1,470	164	1,306	1.7	279
	156	2,425	970	150	820	1.7	255
	157	3,282	1,277	37	1,240	1.7	63
	158	3,564	1,381	54	1,327	1.7	92
	159	3,429	1,244	84	1,160	1.7	143
	160	3,357	1,487	216	1,271	1.7	367
	161	4,884	1,755	383	1,372	1.7	651
	163	2,819	1,110	46	1,064	1.7	78
	164	4,716	1,723	344	1,379	1.7	585
	165	3,574	1,676	199	1,477	1.7	338
	166	1,782	672	87	585	1.7	148
	167	3,308	1,164	277	887	1.7	471
	168	3,094	1,214	51	1,163	1.7	87
	169	1,951	761	22	739	1.7	37
	170	4,340	1,726	82	1,644	1.7	139
	171	4,728	1,769	236	1,533	1.7	401
	173	3,285	1,318	107	1,211	1.7	182
	174	3,914	1,519	356	1,163	1.7	605
	175	3,299	1,408	157	1,251	1.7	267
	176	2,698	978	168	810	1.7	286
	177	3,744	1,486	40	1,446	1.7	68
	178	2,687	1,040	246	794	1.7	418
	179	3,006	1,323	472	851	1.7	802
	180	2,504	1,525	748	777	1.7	1,272
	181	2,964	1,248	135	1,113	1.7	230
	182	2,689	1,116	188	928	1.7	320
	183	1,954	739	156	583	1.7	265
	184	5,587	2,564	457	2,107	1.7	777
	185	2,882	1,060	43	1,017	1.7	73
	TOTALS	**1,053,661**	**410,602**	**40,463**	**370,139**	**1.7**	**68,787**

Source: US Census Bureau, American Community Survey - 2015, LSC 2017.

Table 2
TCRP Report 119: Estimation Tool for ADA Complementary Paratransit Demand

	Input Values
ADA service area population	1,053,661
Base fare for ADA paratransit	$4.00
Percent of applicants for ADA paratransit eligibility found conditionally eligible	0
Conditional trip determination	0
Percent of the population in the ADA service area in households with income below the poverty line	14
Effective on-time window for ADA paratransit (minutes)	20
Predicted Annual Ridership:	**523,883**
Upper 95% confidence limit:	*962,611*
Lower 95% confidence limit:	*285,113*

Source: US Census Bureau, American Community Survey - 2015, LSC 2017.

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Appendix E

TRANSPORTATION
CONSULTANTS, INC.

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PUBLIC MEETING INVITATION LETTER AND FLYER

RHODE ISLAND PUBLIC TRANSIT AUTHORITY

June 28, 2017

Dear Transportation Coordinator:

Next month, the Rhode Island Public Transit Authority (RIPTA) will host a series of public meetings as it works to coordinate human service transportation options for the State. We would greatly appreciate and encourage your participation in at least one of these meetings, and we also ask that you encourage your transportation clients to attend as well.

As way of background, RIPTA has been tasked with updating our state's *Coordinated Plan for Human Services Transportation*. The goal of this federally-mandated plan is to ensure that human services transportation in Rhode Island is seamless, comprehensive and accessible to the many individuals who rely on it. One critical objective is to identify the transportation needs of individuals with disabilities, seniors and people with low incomes. Your participation, as well as your clients', at one of RIPTA's public meetings will help to achieve this objective.

Please see the attached flyer for details. The public meetings will be held in July at four locations; South Kingstown, Newport, Cranston and Pawtucket. We ask that you attend the one closest to your location. At the meeting, RIPTA will seek your opinion on how the delivery of Rhode Island human services transportation services can be improved and better coordinated.

As part of its work on the *Coordinated Plan for Human Services Transportation*, RIPTA has also prepared a brief survey for human services transportation providers and coordinators in the state. You will receive this survey soon via e-mail.

We hope to see you at one of the RIPTA public meetings and look forward to receiving your responses to the Provider Survey. Your assistance and interest in this important program is greatly appreciated.

Sincerely,

Sarah Ingle
Principal Planner, RIPTA

705 Elmwood Avenue, Providence, RI 02907 • 401-784-9500
For Schedule Information, 401-781-9400, 1-800-224-0444, or www.RIPTA.com

RHODE ISLAND PUBLIC TRANSIT AUTHORITY

PUBLIC INVITED TO GIVE INPUT ON HUMAN SERVICES TRANSPORTATION PLAN

Do you or someone in your family have special transportation needs? The Rhode Island Public Transit Authority (RIPTA) wants to hear your thoughts and experiences as we host four informal public meetings to assist our work in updating the RI Coordinated Public Transit and Human Services Transportation Plan. The Coordinated Plan, which must be updated every five years, is intended to identify and catalog all transportation options for senior citizens and persons with disabilities – including services offered by social service agencies and municipalities. RIPTA is working with its consultants, and with support from the Rhode Island Division of Planning, on this 2017 Plan update.

South Kingstown Senior Center
July 11, 2017 / 10:30 AM – 12:30 PM
25 St. Dominic Road, Wakefield
Parking available in the Senior Center parking lot.

MLK Community Center, Newport
July 18, 2017 / 10:30 AM – 12:30 PM
20 Dr. Marcus F. Wheatland Blvd., Newport
(Limited) On-street parking only.

Cranston Senior Center
July 13, 2017 / 10:30 AM – 12:30 PM
1070 Cranston Street, Cranston
Parking available in the Senior Center parking lot.

Blackstone Valley CAP Community Center
July 20, 2017 / 1:30 – 3:30 PM
210 West Avenue, Pawtucket
(Limited) On-street and on-site parking.

Please contact Elizabeth Silvestre at esilvestre@ripta.com or 401-784-9500 x1171 with questions or if you are in need of special accommodations. For more information about this planning effort, see ripta.com/coordinated-plan.

TSC TRANSPORTATION CONSULTANTS, INC.

Valerie J. Southern TRANSPORTATION CONSULTANT

AECOM

RHODE ISLAND DIVISION OF PLANNING

PUBLIC MEETING QUESTIONNAIRE

Coordinated Human Services Transportation Plan
Public Meeting Questionnaire

1 – Which services do you use for your transportation needs? (Ex. RIPTA, Logisticare, community center van, taxi, volunteer driver program.)

_____

_____

_____

2 – How frequently do you use these transportation services?

Daily: ____ Weekly: ____ Monthly: ____ Other (please explain): _____

3 – Is financial assistance available for the services you use? Yes / No

Please describe any issues or challenges related to accessing this assistance.

_____

_____

4 – Are these services sufficient to meet your transportation needs? Yes / No

If not, what is missing? (Ex. early AM service, broader geographic coverage.)

_____

_____

_____

5 – In your opinion, how could these services be improved to better meet your travel needs?

(Ex. cost, service area, trip purpose limitations, ease of scheduling.)

_____

_____

_____

_____

_____

Mail or email to: Sarah Ingle, RIPTA, 705 Elmwood Avenue, Providence RI 02907 /
ingle@ripta.com

PUBLIC MEETING SUMMARIES

Human Services Coordinated Plan

South Kingstown Senior Center – South Kingstown 7/11/17

The meeting was attended by community members, an elected official, and representatives of human and social services agencies and interests. After completing questionnaires and reviewing display boards, bus route brochures, and system maps, the group collectively offered views on area transportation. It was noted RIPTA routes serving the University of Rhode Island, Wakefield and Narragansett should have longer hours and operate at greater frequencies to accommodate student and faculty needs after 7:00 PM. Suggestions were made to redesign the flex-route bus network and schedules with connections to common activity sites and higher service frequencies. It was noted that Flex Route 65X was "wonderful;" reasonably priced and direct. Several senior centers in the areas have at least one van for their clients including the vans operated by the South Kingstown senior center. It was asked if these resources could be coordinated and shared to accommodate more community members. It was noted by an administrator of a domestic violence support agency that her clients have an urgent need for public transportation. Current services are inadequate. Bus service to areas outside of the region terminates in the early afternoon and there is no fast direct route to Providence and back. The group expressed limited knowledge of Medicaid NEMT services. It was noted that concentrated land uses such as housing complexes in the area are not well served by transit but should be. An elected official of the Narragansett Town Council reported the recent formation of a transportation advisory committee to review these issues and examine opportunities to improve mobility between Narragansett and South Kingston. Connections from the area to the Town of Westerly and further west were noted as either greatly inadequate or non-existent. The group was asked, given limited funding, if trunk line commuter bus service or more frequent local service would best address area needs. The question was considered but no preferences were expressed. When asked if a transportation coordination council or group were formed to represent the area's transportation interests was viable and desired, the group responded favorably. It was also suggested that new technology such as Uber should be developed for fast, modern connections to services. It was asked why there are no bus stops at the Stedman Government Center on Route 1 which has several high-volume human service agencies. The Kennedy Plaza transit hub was cited as unsafe and scary.

Human Services Coordinated Plan

Cranston Open House 7.13.17, 10:30 am

Sarah Ingle from RIPTA opened the meeting with a brief presentation of the Coordinated Plan. She addressed the history of the Coordinated Plan, the current efforts to involve stakeholders, the informational boards RIPTA brought to the meeting, and the timeline for the project. Then she introduced other attendees from RIPTA: Barbara Polichetti, Public Affairs; Mark Therrien, RIde; Christopher McKenna, RIde Quality Assurance Officer; and Greg Harris, Service Planning. Valerie J.

Southern of the LSC Consultant Team assisting RIPTA with the preparation of the Coordinated Plan was also introduced. David Quiroa and Executive Director Jeffrey Barone from the Cranston Senior Center welcomed the attendees as well. After her presentation, Sarah invited the attendees to do a general Q&A.

Maureen Maigret of the Aging in Community Subcommittee: As the Director of Elder Affairs in the 1990s, she instated a one cent tax for elderly transportation. She commented that transportation is vital for elders staying independent. Her recommendation for the plan, as other states use, is a "transportation click-n-call" information telephone line that consumers can call to see what transportation options are available for them in their area. She concluded by noting that Rhode Island needs a more robust transportation network, including increased funding.

A member of the senior center: A seamless fare system would be ideal that can use a "tap" fare card. Deborah Polichetti replied that tap cards are available and in use for some fare types. She added that Philadelphia is an example of a city that has transportation funding provided by the lottery. The senior center member commented that the local transportation problem is exacerbated by large, underutilized garages, which Deborah pointed out are RIDOT property.

One attendee asked about Echo passes, which Mark Therrien offered to answer personally after the Q&A. One attendee asked what steps would be taken to address service for children with disabilities. Sarah Ingle noted that nothing specifically is being developed for disables youth, but as part of the resource inventory process, she hopes to find providers or learn what's available for disabled youth around the state. She noted that the Department of Education is also involved in the CP process. The member of the senior center who spoke up before added that school systems and towns often provide transportation for disabled children, which he learned during his time as a school bus driver.

One transportation organizer/advocate voiced that disabled adults who are not school age are also at a disadvantage as they do not fall under the public school service population. One attendee asked if some of the individual (rider) surveys could be left at bus hubs, like Kennedy Plaza. He said that he works in subsidized housing and wants more outreach for riders who cannot attend meetings. He asked if his residents could mail in surveys, which Sarah Ingle said was ok. The senior center member (ex-bus driver) mentioned that Kennedy Plaza is not the ideal place for surveys or bus riders, and it needs to be safer.

One attendee asked if the 50 cent fare for mobility-impaired riders would be reinstated. Sarah Ingle reassured them that their fare service will still be free. The 50 cent fare pass will be free.

Maureen Maigret asked how RIPTA notified the public of these meetings. Barbara Polichetti explained that RIPTA used newspapers and media statewide to announce the CP meetings. Maureen Maigret did not see any notifications on the RIPTA website. Polichetti agreed to double check the website, and advised attendees to sign up for direct alerts on the RIPTA website. She then noted that public meeting announcements for the CP are on the "Projects" page on RIPTA's website. Sarah Ingle voiced that the notification should be moved to the home page.

Other issues with the website were brought up. Sarah Ingle explained that the website was being updated at the same time as the CP project was launched. The senior center member (ex-bus driver) noted that lots of seniors don't use the internet, but they can take classes through the senior center.

Sarah Ingle closed out the Q&A by mentioning that rider surveys could be left with David Quiroa at the front desk of the Cranston Senior Center, or they can be mailed to RIPTA offices. As they left, an attendee gave RIPTA staff a list of locations that require better paratransit service (see Appendix F).

Human Services Coordinated Plan

Martin Luther King, Jr. Community Center – Newport 7/18/17 10:30 am

Sarah Ingle from RIPTA opened the meeting with a brief presentation of the Coordinated Plan. She addressed the history of the Coordinated Plan, the current efforts to involve stakeholders, the informational boards RIPTA brought to the meeting, and the timeline for the project. Then she introduced other attendees from RIPTA: Barbara Polichetti, Public Affairs; and Greg Harris, Service Planning. She also introduced Valerie J. Southern of the LSC Consulting Team which is assisting RIPTA with the Coordinated Plan update. After her presentation, Sarah invited the attendees to do a general Q&A.

One attendee pointed out that the statistics on the informational boards are from 2010, which makes them 7 years old, and they do not reflect current population trends. In particular, the attendee was concerned with the movement of retail centers to place with no sidewalks. They noted the importance of having buses and other mobility services pull up straight to the door of the retails centers. Sarah Ingle responded that the population trends will be updated, and that sidewalks and accessibility are a well-known issue, that stakeholders like Aging RI are interesting in solving. Sarah explained that advocates and planning boards are trying to get involved with new developments before in the early stages of planning because many centers neglect to design space for buses to pull in, which is a difficult problem to fix once the structure is built. Grow Smart RI is another organization pushing for the same attention to traffic design.

One organizer from the Martin Luther King Jr. Community Center commented that survey feedback should span all transportation services, not just RIPTA service. They requested feedback on Logisticare, other non-emergency medical transportation services, Uber/Lyft, and also personal friends/family that provide transportation. Sarah agreed that they especially want to hear desires for more transportation options.

An attendee noted that knowing all the available transportation options is difficult, and they would like a master list. Communication of available services is one of the key issues with the system that bars entry. It's difficult to understand the system without a full guide. Sarah agreed that many others have voiced that concern, including state agencies that oversee services for the low-income and elderly, which makes it a priority for this plan.

Sarah Ingle asked the attendees if Newport has a municipal van. They responded that there is none, so she asked what people do without one. One of the Community Center hosts said a passenger's transportation choice depends on what organization the passenger is affiliated with. For example, the Community Center provides information, but they would love the master list for alternatives to Logisticare. Barbara Polichetti asked if the growth in the community would correlate to a new desire in

Newport for a municipal van. The Community Center host disagreed, saying that they have no support system (volunteers nor funding) for a municipal van, and that focus should be instead on working with and strengthening programs that exist. Barbara explained that it is difficult for a state system to provide micro-services, which is why municipal vans are sometimes best for small communities.

An attendee explained one troublesome situation where she tried to visit family in Pennsylvania, but found that taxi services had decreased their service to the airport; the Community Center referred her to GoGoGrandparent, a telephone line which booked her an Uber ride. When she called Orange Cab, the service explained that the airport was too expensive for them to service. Barbara noted that taxis at Boston Logan share the cost to provide more taxi access. The attendee then explained that the Newport Visitors Center recommended the RIPTA bus, which provided her a ride to the airport but was not in service in the evening after her return flight. The Community Center host commented how effective marketing would have helped that situation. Sarah agreed that trips usually require a multiple-seat ride. It would be ideal to have a one-seat ride, or a many-seat ride with one reservation and one payment system, which would be a future scenario. Another attendee mentioned that many of the elderly do not use smart phones, which limits their access to knowledge about trip options. Sarah agreed, and noted the value of GoGoGrandparent, which scheduled the ride for the attendee over the phone.

An attendee pointed out that many passengers are not able to figure out whom to call for ride information. Systems must be accessible for the disabled/confused. Sarah agreed that the network of providers should help spread the word about the Coordinated Plan survey to those people, especially those who need a helper to connect the dots for trip planning. The attendee emphasized that planners, too, must be mindful of those who struggle with figuring out who to call or how to access these systems.

An attendee noted the lack of transportation for night shift workers like at hospitals, and said there should be late night transit provided for current and prospective workers. Sarah replied that hospitals are almost the easiest type of organization to solve these problems with, but a lot of small businesses struggle the same way to provide transportation for small crews of people on night shifts. RIPTA is working with some small businesses in Burrillville and other Western communities, for example. Barbara agreed that RIPTA is working on solutions, like connecting passengers to vanpool services and offering stipends. The attendee explained that most buses already go to hospitals, and they simply need extended hours, but Barbara pointed out that RIPTA services must be fiscally responsible. Sarah agreed that limited funds force RIPTA to make tradeoffs between service hours and geographical coverage. The attendee suggested that hospitals should be kept in the loop about the Coordinated Plan, and that each hospital needs a transportation guide. Barbara made a plan to reach out to HR in each hospital. Sarah continued that hospital patients still miss medical appointments, so the Coordinated Plan includes insurance and healthcare providers. The attendee mentioned the Newport mental health services, which received a $5k grant to use Uber as a non-emergency medical transportation service. Barbara also discussed how land use and zoning planning affects access to health facilities. Passengers should advocate for transit-oriented development, sidewalks, and bus turnarounds for all future developments. If a passenger hears of a new development, RIPTA representatives can attend public meetings to advocate on their behalf. One attendee asked Barbara to post guidelines to the RIPTA website for how to speak to town planners about this issue, noting that communication is the biggest hurdle for the elderly.

One attendee reengaged the topic of a single phone number that could provide trip planning information. Since passengers prefer free services, the Coordinated Plan should study best practices around the country. Sarah brought up Massachusetts, which requires ongoing coordination for Human Services plans, bringing state and regional groups together several times a year to share information and problem solve. One attendee (blue shorts) agreed that the telephone help line is a great idea, which could use similar software to banks. Sarah and Barbara discussed that the RIPTA customer service line helps with trip planning during operating hours, and the website has a trip planner with real-time bus location. The attendee pointed out that the customer service line is not available 24/7, which is a necessity. Barbara agreed, but she explained the difficulties of an automated trip planning phone line due to the complexities of the route options. Interactive voice recognition (IVR) is available for some RIde options, but it will take time and resources to build a database for trip planning. Sarah showed the similarity to Google Maps, and how a private developer is more likely to create the phone line than RIPTA is. The Community Center host commented that a help desk phone line and trip planner/customer service phone line need clear differentiation. The attendee in the red shirt said that a trip planning phone line must already exist, but it needs to include more than just RIPTA, and it might cost money.

An attendee described their difficulties with calling a phone line to receive a pass for Medicaid-covered trips. They need immediate access to that type of bus pass, which was more convenient when it was available for pickup at Stop & Shop. Barbara explained that the Medicaid bus pass used to be available at Stop & Shop until the state switched contractors to Logisticare due to the percentage of trips that were being used for non-medical purposes. The attendee asked if the two year pass (versus the 10-ride pass) applies for children with disabilities, and Barbara agreed to research and answer that question. The attendee also commented that fixed-schedule services are preferable to Logisticare's unreliable pickups. All the different providers should be part of one integrated system, since RIPTA is the go-to option, but separating trips by provider is confusing. Barbara explained how providers are encouraged to share information, such as what they know and how they communicate other options to passengers. RIPTA commuter resources will reach out to providers to share RIPTA info that can help clients on Medicaid.

One attendee from the James L Maher Center criticized the RIde as unhelpful for the employment agency since it has small geographic coverage, but it is expensive. Staff are charged a fee to ride with passengers. Sarah asked for clarification on the location of employment, and an attendee from Looking Upwards explained that the RIde geographic coverage is limited. It would be better if it were more independent from the bus routes and schedules. Barbara explained that federal law intends RIde to provide people with disabilities the same access to travel as fixed-route options, but it is not intended for service beyond the bus routes. The James L Maher advocate voiced need to find transportation for clients to reach jobs, but RIde is the only cost-effective option available.

One attendee from Looking Upwards suggested that bus stops should be ADA accessible, with crosswalks for passengers. Barbara replied that RIPTA advocates for sidewalks and crosswalks with RIDOT. Sarah agreed that RIPTA inventories bus stops with the goal of making all bus stops ADA compliant, but communities need to advocate for similar city planning efforts.

Another attendee from Looking Upwards remarked on the difficulty of one bus passenger who travels from one Coventry spot to another via Providence. Barbara and Greg explained the difficulties of the hub and spoke system, but informed them that new planning efforts should add more hubs in the West

Bay. The attendee noted their depth of experiences with trip and travel training for members of the workforce, and Sarah added that other workforce groups are similarly frustrated with the gap. Although there is a long-term solution of restructuring the system, they hope to find short term fixes.

The James L Maher attendee and the Looking Upwards attendees were both upset about their issues with ADA services, including that passengers are charged the high rates even if it is not for door-to-door service. One Looking Upwards attendee illustrated such an issue with an anecdote: that they were denied service by RIde since the staff to passenger ratio needed to be 1-to-1. Sarah and the Governor's Commission employee both promised to look into that complaint. The attendee from the Governor's Commission announced that July 26 would be the next of 6 public forums to be held on ADA issues, including a panel that would listen to passenger testimony.

One attendee commented that a master list of all available services would be best with a physical and electronic presence, perhaps in the form of information screens or stations at transportation hubs.

Human Services Coordinated Plan

Blackstone Valley Community Action Program – Pawtucket 7/20/17 1:30 pm

Sarah Ingle from RIPTA opened the meeting with a brief presentation of the Coordinated Plan. She addressed the history of the Coordinated Plan, the current efforts to involve stakeholders, the informational boards RIPTA brought to the meeting, and the timeline for the project. Then she introduced other attendees from RIPTA. After her presentation, Sarah invited the attendees to do a general Q&A.

For clarification, Sarah Ingle, Amy Pettine, and Barbara Polichetti discussed transportation services other than RIPTA, such as municipal vans managed locally, Medicaid-funded service through Logisticare, and Veterans Association services with volunteer drivers. One attendee asked for clarification on funding for the Coordinated Plan. Sarah Ingle explained that RIPTA receives funding which historically has been used to purchase ADA transportation vans.

Regarding passenger needs, a representative from the RI Parent Info Network wanted to know what kind of training RIPTA bus drivers receive to handle disabilities, especially in passengers who look neurotypical. Amy Pettine explained that many drivers start as paratransit operators before moving to fixed route buses. RIPTA also provides diversity training, sensitivity training, and work with BHD. For riders with disabilities, Barbara Polichetti encouraged the attendee to look into the Travel Training course offered by RIPTA's Commuter Resources team.

PUBLIC MEETING RESPONSE BOARD COMMENTS

7/11/17 Public Meeting Response Board

What would you change about Rhode Island's community transportation services?

Reservation Process	Geographic Coverage	Hours of Service	Cost/Financial Assistance	Other
Can be difficult for a person with a disability to navigate. What about an app?	Need a stop @ Curtis Corner Middle School or Champagne Heights on Curtis Corner Road.	More runs to and from Westerly.	Why cannot all students qualify for student discount rate? All high school and/or all colleges?	Bus shelters are limited and rarely shoveled. There should be signs identifying bus routes at shelters.
	Limits in Coventry and Northern part of the State.	Really, really long waits for RIDE.	The "Io" ride passes are not very effective. The Riptiks were better for us to give to youth for meetings.	Lack of bus passes for my residential victims of Domestic Violence in South County.
		More frequent!		Bus shelters limited. Need more protection from elements.
		More hours - later stops at all community health centers.		

What is the best part about the transportation services you currently use? (Specify service provider.)

RIDE - Glad that they can pick up door to door within program qualifications.
RIPTA - Glad that there is a statewide bus system. Bus drivers are friendly.

Opportunities: In my ideal transportation experience ...

NO FARE
Clean safe bus stops
A way to transfer without going to KP
A call + pick up system – same day

7/13/17 Public Meeting Response Board

What would you change about Rhode Island's community transportation services?

Reservation Process	Geographic Coverage	Hours of Service	Cost/Financial Assistance	Other
Staff knowledge about qualifying participants	More stops	Scituate Vista Sn Housing; Thurs transport now to Stop & Shop; ? adding another day each wk		Pick up and drop offs that are convenient to accessible walkways
Translators are needed	Serve areas even if low population > still people who need rides Clarence: Spring Villa Apartments, Maple Gardens One and Two, Sunset Terrace, Mineral Spring Gardens, Centredale Manor of North Providence	Limited service to Bristol Vets Home; families have problems visiting Long waits for pickups		Better system for emergency doctors appts.

What is the best part about the transportation services you currently use? (Specify service provider.)

Logisticare is working well. It's on time, reliable, and the drivers call ahead of pick ups.

Opportunities: In my ideal transportation experience ...

Rural Ride Program: for Western RI - Foster, Scituate, Exeter, W. Greenwich, Western Coventry

7/18/17 Public Meeting Response Board

What would you change about Rhode Island's community transportation services?

Reservation Process	Geographic Coverage	Hours of Service	Cost/Financial Assistance	Other
Make it easy to renew senior free bus pass (not a trip to Providence).	Investigate best practice before implementing any new program. Other places/states have probably solved our problems.	How can the community help to raise ridership?	Problem w/ the transportation broker for Medicaid profiting from the system.	Riders fearful of criticizing system - afraid to lose service.
Problem with NEMT & Medicaid service provider leaving customers stranded.	Need small bus or van to provide local transportation immediately not days or weeks later.			Need more communication from transportation services, i.e. getting to the airport
Problems w/ Logisticare for missed appointments for families as well as seniors.				RIPTA should not "reinvent the wheel." Find out which states have systems that work well for elderly.

Strengths: What is the best part about the transportation services you currently use? (Specify service provider.)

Newport	Logisticare	Early and late for appointments. Service needs to come closer to actual scheduled appointment time.

Found out that RIPTA bus goes to RI airport during daytime hours (and I have senior 1/2 price card).

Opportunities: In my ideal transportation experience ...

A telephone help desk to help folks nagivate transport system
One page infographic to tell people what services are available
Newport County would be ideal for smaller buses/vehicles. Lower costs w/ smaller vehicles aid riders and providers.
Implement single 24/7 phone number to trip plan on public and private transportation options
Easy to take bus from Providence to Newport. But difficult to go to Providence from Newport.
One payment card for using different forms of transport
Help desk separate from customer service
Need a list of all transport services available to the disabled and another for children.
Ensuring that zoning and planning consider transportation issues first.
Make transportation available folks who works night shifts, i.e. hospitals.
Ensure that the needs of the residents are balanced w/ the needs of tourists in our area.

Verbal Feedback

Location	Service	Comment	Attendee
South Newport	Flex	Using service, some issues with timepoints. Doesn't serve residential area.	
South Newport	Fixed route Buses	What is ridership	Judith
	Buses	Tintend windows, perception of safety, who is riding?	Judith
Newport	Bench program	In honor of - potential partnership	

7/20/17 Public Meeting Response Board

What would you change about Rhode Island's community transportation services?

Reservation Process	Geographic Coverage	Hours of Service	Cost/Financial Assistance	Other
	Routes extending to more rural areas.	Hrs/30 mins before, 30 mins after	Opportunity: Like to have a way to pay for RIde using a credit card. For example in Boston, can pay by card when making a reservation.	Train bus drivers to treat passengers more nicely
			Keeping no fare cost at no fare!	Stop asking people with no fare bus pass to show it in front of everyone.
		Not a consistant schedule Opportunity: Earlier call hours to make reservations. For example, can call starting at 8:30 am. Previously were able to call earlier.	Making monthly bus passes cheaper.	Medicated assisted treatment: issue with Logisticare - professionalism, would benefit from more monthly bus passes, not just those who go to clinic daily - needed for daily functions
		Make bus routes longer like the R-Line.		

Strengths: What is the best part about the transportation services you currently use? (Specify service provider.)

If all my other types of transportation fail RIPTA is always there.
Frequent routes w/in Providence
Removal of "disabled" on ID
Fare for elderly/disabled pass users is gone.
Reaching someone to make reservations has gotten easier + it takes less time for the RIde program.
Strength: RIde program drivers are pleasant to work with.

Opportunities: In my ideal transportation experience ...

A pass that doesn't make me stand out
More hubs than just Kennedy Plaza
Providence only has one accessible taxi - opportunities to expand this capacity
For RIde - if someone lives in Sparrows Point I, II, or III in Warwick, they fall just tenths of miles outside 3/4 mile. Can exemptions be made in situations like that so paratransit could be accessed?
Having training for youth starting their independence
Reevaluate routes for access
PD for drivers around disability awareness and sensitivity
Transportation training
Ease of transfer is vital to the whole system. In the discussions of Kennedy Plaza, and the Pawtucket Visitors Center, you need to preserve the density as well as the proximity to Downtown.

Verbal Feedback

Location	Service	Comment	Attendee

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