

## MEMORANDUM

TO: Greater Derry-Salem RCC for Community Transportation

FROM: Scott Bogle, RPC Senior Transportation Planner

RE: Prioritizing regional needs and strategies

DATE: May 13, 2010

As of 2005, federal law requires development of Locally Coordinated Public Transit/Human Service Transportation Plans as a pre-requisite for accessing three pools of Federal Transit Administration (FTA) funding, including the Section 5316 Job Access Reverse Commute program, the Section 5317 New Freedom program, and the Section 5310 capital grant program used by many health and human service agencies in the region to purchase vehicles.

One of the key elements of these plans is a prioritized list of proposed strategies to address identified transit needs or service gaps in a region. At this point we have gathered a range of data on transit need, including:

- Initial brainstorming session on transportation needs at kickoff meeting in September 2009
- Responses from provider agency surveys
- Responses from local welfare officer surveys

The original responses from the brainstorming session included a mix of needs (transportation to employment) and proposed strategies to meet those needs (provide fixed route bus service with stops at major employers). The following pages include a first cut at listing the full range of transit needs; and then identifying groups of strategies that could be used to address those needs. Strategies are grouped into three categories: 1) strategies to maintain existing services and expand service; 2) coordination strategies; and 3) funding strategies.

A suggestion was made at the February meeting to develop a matrix that matches needs with potential strategies. This has not yet been developed. For the purposes of the May 20<sup>th</sup> meeting, we will start with review of the draft need and strategy lists and further develop them as the group sees fit. The next step will be prioritizing strategies, which can happen at the June and/or July meetings.

**IDENTIFICATION OF NEEDS & STRATEGIES**Identified Transportation Needs in the Region:

- Transportation for employment (daily travel, usually little schedule flexibility)
  - Transportation for chronic medical needs (dialysis, cardiac rehab, physical therapy) (2x-3x/week, some schedule flexibility)
  - Transportation for groceries (1x/week, significant schedule flexibility)
  - Transportation for social/discretionary trips (full schedule flexibility)
  - Transportation for medical appointments (infrequent, often limited schedule flexibility)
  - Transportation for youth after school activities (varied frequency and flexibility)
  - Transportation for out of region medical trips
  - Evening & Weekend Transportation
  - Transportation for individuals who are not clients of a specific agency or program (i.e. are not eligible for a specific funding stream)
  - Ensure trips are provided in the most cost effective way
  - Encourage riders to use limited resources responsibly
  - Expand funding for transportation to broaden and sustain service options
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### Strategies to Maintenance & Expand Service

- Maintain existing levels of demand response service
- Expand existing demand response service
- Develop scheduled, deviated fixed route services to address discretionary trip needs
- Establish Phase I fixed route service between Salem-Windham-Derry-Londonderry
- Expand fixed route services to other communities
- Establish connections to Intercity Transit at Park & Ride locations
- Establish connections to adjacent public transit systems (MVRTA, MTA, COAST)

### Coordination Strategies

- Develop guide showing full range of existing services and contact information
- Ensure 211, ServiceLink, all providers have guide
- Pool resources for specific expenses (fuel, maintenance, insurance, training)
- Work with medical providers to group trips on specific days when service is available
- Consolidate scheduling and dispatching by multiple agencies into one call center
  - Develop common operating standards addressing insurance, training, rates, etc
- Purchase currently idle time on existing agency vehicles (requires op agreements above)
- Develop volunteer driver corps/expand existing volunteer programs and coordinate

### Funding Strategies

- Work with communities to ensure continued availability of existing funding
  - Work with existing agencies to leverage their funding as match for FTA dollars
  - Generate new public funding at Federal, State, County, Local levels
  - Generate new private investment (hospitals, dialysis centers, banks, supermarkets)
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**Results from Brainstorming Session on Regional Needs – 9/29/09****Specific Needed Service Types**

- Initiate fixed route service (initially Salem-Windham-Derry, then look to expand)
- Fixed route service between communities, but also within communities (attendee gave the example of trolley service within Salem)
- Employment transportation (available on a regular daily basis)
- Capacity to meet frequent/ongoing medical care trips (dialysis/chemo - subscription)
- Out of region service – long distance medical trips (Medicaid NEMT and other)
- Mobility for kids/families of individuals with disabilities – beyond medical/NEMT
- Transportation to support after school activities
- Service on evenings/nights, weekends, and holidays
- Service to non-agency clients
- Service gaps based on eligibility (Example: consumer ineligible for senior bus because under 62 - service only available for Seniors aged 62+)
- Create links to transit systems in adjoining regions (MTA, MRVTA, COAST)

**Operational Issues**

- Work out service across boundaries – interaction between RCCs
- Involve taxis/other private carriers in coordination efforts – help private operators get up to speed with meeting FTA operating standards
- Volunteer capacity - volume management and records checks; design to minimize liability and hoops
- Develop common training standards and make training available
- Recognize the ride is only part of equation, support person needs too, PCA access, varying levels of rider independence

**Funding Issues**

- Lack of non-federal matching funding to draw down available federal funds
- Towns cutting funding – multiple agencies going to same pool
- Much funding is still isolated in silos with agency rules which present barriers
- Need greater funding for community-based services vs. institutions for individuals with disabilities (implementing the Community Choice Act)

**Public Awareness**

- Get info to new statewide 211 referral system
  - Readily available list of options for users (churches, taxies, agency vans, CART bus, etc.)
  - Beware of overpromising
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