

## Rural Community Transit (RCT) Public Meeting – July 15, 2008

Mary Grant, executive director of RCT, opened the meeting with welcoming remarks, followed by introduction of all attendees. Dan Wagner of Milligan & Company provided an overview of the agenda, followed by the SRPTP process description. He emphasized the importance of public involvement in the process.

Wagner discussed the public transit network in the state, pointing to service in the Northeast Kingdom. He then discussed the increase in public and federal funding in Vermont for public transit, emphasizing that Vermont has received earmark funding and flexed highway funding for public transit. Vermont is second in the nation in terms of per capita spending in public transit.

Wagner then provided an overview of the organization, explaining RCT's role as a transportation provider. He reviewed the operations and service area (two deviated fixed routes and other services open to the public). Wagner stated that the big piece of service is demand- response and explained how it works. There is also the volunteer driver network, making it possible to provide one-on-one service. He then discussed RCT fares, its fleet and facilities. He stated that there is a capital replacement program in place to replace the old/outdated vehicles. He reviewed the decline on the fixed route services, due to elimination of service because of funding elimination. Grant explained full ridership is over 200,000 and is not reflected in the graph on route ridership. Wagner then explained the budget, much of which is based on contract revenue.

There was a remark from the audience about the similarity between RTC and Green Mountain Transit Agency (GMTA) funding. Wagner explained that GMTA had a higher share of state contribution. Costa Pappis from VTrans further explained contract revenue share for transit providers in Vermont and how it is reported. Grant also noted the cyclical nature of different revenue streams. The FY08 budget will include a higher share of state and federal funding.

Wagner provided a summary of the next steps of the process, explaining that materials will be posted on the project website, which also can be used to submit comments. He then opened the meeting for questions and comments.

The following are the comments provided by the audience:

- Vermont Developmental and Disability Council representative praised RCT based on daily interactions with the organization. RCT staff are always available to respond to problems. As an advocate for the elderly and disability, she wanted to emphasize the need for safe and reliable service (all types of transportation). There is also the need for increased transportation for low-income families, more information about the services available in the community, and encouraging more people to ride the bus. The services provided by RCT support economic development in the area. Unlike the GMTA service area, the RCT service area does not have any connection

coordination issues. The Vermont Developmental and Disability Council has developed a transportation platform for the coming years.

- A human service agency representative noted that RCT always works with health care facilities to provide service on short notice. There is new Medicaid ruling regarding cancellation policy: if a client requests a ride and RCT has arranged it and the appointment is cancelled, the client has to cancel the ride within 2 hours; otherwise a warning will be issued. After three warnings, there will be no RCT pickup for 90 days. Is there a better way of notifying agencies when the first warning comes so they can help clients? RCT now has voicemail service to leave a message for cancellations. Grant explained that she notified all human service agencies about this new ruling but many agencies were unaware of it. RCT is working with all agencies because there are some administrative issues that have cost implications for RCT. There was a question about notifying case managers. Grant stated that OFA may have to do that. The cost of no show is less than the tracking process. Grant explained that coordination with agencies has been great and they have been able to cost-share by sharing rides.
- Burke Mountain representative stated that there should be service extension to Burke Mountain for seasonal and employee transportation. Resort representatives are currently in discussions with RCT.
- A member of the public commented that the Senior Center in St. Johnsbury is on the hill and most seniors cannot walk up the hill; parking is very difficult in town; even if parking spaces are found, they are metered and costly. There is need for transit service to get people to Rail Road Street for shopping or going from Rail Road Street to the meal site. A trolley route would be ideal (9-4 service). Motorcoaches are expensive now, so they are using RCT for trips, but the buses have only 18 seats, so a larger vehicle would be needed. Service scheduling doesn't make sense for senior activities. Ideally, local bus service, in a continuous loop linking different destinations within town, would be established. Wagner discussed the new federal charter regulations, which are more flexible in rural areas.
- A transit rider stated that the St. Johnsbury-Lyndonville route schedule needs to be changed to make a return trip more practical. Currently, the return buses depart either 20 minutes or over 3 hours later after the arrival bus. Scheduling in between is needed.
- A member of the public commented that there is a need for more fixed routes and occasional excursion trips to shopping areas, either in Vermont or New Hampshire. Grant stated that RCT did a few that were successful. Grant discussed the services that are not mapped for the presentation and the availability of additional funding this year to open these to the general public. The routes will be placed on the RCT schedule.
- A transit rider inquired about opportunities for regularly scheduled transportation to the Dartmouth-Hitchcock Medical Center. Grant explained plans for a commuter service, on limited schedule, but need some cooperation with the medical centers to be able to group patients. Some of the patient runs

can only be scheduled on one-one-one basis because of the patients' conditions.

- A member of the public asked about the availability of wheel chair space on transit routes. Grant answered that all RCT buses are ADA-compliant.
- A member of the audience inquired about RCT's no standing policy. Grant stated there is currently a no-standing policy. A discussion of the no-standing policy ensued, with Grant asking meeting attendees for input on whether to maintain or change the policy.
- A transit rider inquired about the size of buses servicing existing routes. Grant stated that larger buses (32-passenger) will be used for fixed route services.

The meeting was adjourned.