Public Transit Advisory Council Meeting Agenda

August 12, 2026

2:00 – 3:30

Location: Zoom

https://mainestate.zoom.us/j/85013345242

Agenda Item	Responsibility	Action or Information
1) Call to Order & Quorum	Tom Reinauer, Vice Chair	Action
2) Approval of Previous Minutes (5 mins)	Tom Reinauer, Vice Chair	Action
Council Updates (60 mins)		
3) From the Chair	Tom Reinauer, Vice Chair	Information and Discussion
4) Committee Reports At this stage in our timeline, each committee is locking in its direction and identifying the primary concerns for the final report. Each chair / co-chair should be prepared to spend five to seven minutes discussing this, then there will be time for the rest of the membership to ask questions, raise concerns, shed light on similar issues, etc. This is the time to be sure we are all moving in the same direction to assure our final report is cohesive and clear. • State of Transit • Mobility Management • Research and Policy • Equity (we understand this committee will review each section through an equity lens once the drafts are ready)	Committee Chairs	Information and Discussion
State Updates (15 mins)		
5) Maine Department of Transportation	Ryan Neale, MaineDOT	Information and Discussion
6) Department of Health and Human Services	Roger Bondeson, Maine DHHS	Information and Discussion

7) Department of Labor	Omolola Achuba, Maine DOL	Information and Discussion
8) Legislative / Transportation Committee	Rep. Lydia Crafts, Sen. Brad Farrin, Chairs, Transportation Committee	Information and Discussion
Council Business (15 mins)		
9) Discussion Items	Open	Discussion
10) Public Comment	Public	Information
11) New Business	Open	Discussion
12) Adjourn (90 mins total) **Next Meeting: October 14, 2026**	Tom Reinauer, Vice Chair	Action

Public Transit Advisory Council

Meeting Minutes of June 10, 2026 – Held via Zoom

PTAC Members in attendance: Jennifer Grant (for Ryan Neale), Dean Williams, Aleta Rupert, Andrew Clark, Jessica Maurer, Erin Zwirko, Larry Allen, Megan Salvin, Donna Kelley, Jay Kamm, Dana Knapp, Belle Askinasi (for Catherine Kruglak), Thomas O'Boyle, Megan Hannan (chair), Amanda Dioszeghy, Katherine Freund, Josh Caldwell, Steve Hoad, Tom Reinauer (vice chair), Omolola Achuba, Sean Paulhus, Roger Bondeson.

Others in Attendance: Rick Szilagyi, Maine Transit Association.

1. Call to Order and Quorum. Megan Hannan called the meeting to order at 2:02 p.m. It was determined that the quorum requirement was met.

2. Approval of Previous Minutes. Tom Reinhaier moved to approve the April 8, 2026, meeting minutes as presented, and Amanda Dioszeghy seconded. The minutes were approved unanimously.

3. Guest Speaker: Ross McDonald, Public Transit Program Manager, Vermont Agency of Transportation (see presentation for additional details)

Vermont receives $10 million in state funding and $23 million in Federal Highway Administration flex funding, making Vermont the 5th highest in percentage of flex funding for transit in the nation. Vermont has also been flexing $3M in carbon reduction funds for public transit.

Vermont public transportation includes:

- 106 fixed routes
- Demand Response Programs
- 5310 Program
- Go Vermont
- Mobile Transpiration Demand Management
- 6 Regional Transit providers; this was consolidated from 13 providers

Vermont has seen a 58% increase in the cost of public transit service since COVID and is struggling to maintain service levels even with increased funding. Vermont uses a braided model for transit providers, where the local transportation provider provides Non-Emergency Medical Transportation and similar trips. Vermont's Recovery and Job Access program, operated in conjunction with the Department of Health, splits non-federal trip costs between the two agencies, allowing clients one-call one-click access.

Ridership is returning to pre-COVID levels but is seeing fewer commute trips. Statewide operating costs continue to increase. Urban transit makes up 44% of trips, while taking 21% of funds (before 5307 direct funds), while rural transit makes up 56% of trips using 79% of state funding.

Trip costs were $53 in 2026 compared to $24 pre-COVID. Vermont is experimenting with microtransit service that focuses on serving a region rather than a route. Milestones and noteworthy dynamics include:

- Service reductions due to underperforming routes rather than budget constraints
- Operations costs continue to increase due to fuel, wages, insurance, etc.
- Microtransit in seven regions is proving popular
- The "Transit" app has 13,000 unique users per month, about 8,000 of whom are in urban areas
- Vermont has 65 funded electric vehicles and is transitioning to hybrid vehicles, waiting for improved quality, specs, and funding opportunities
- Vermont has a statewide policy of no more than 20% of vehicles in state of poor repair, but is currently approaching 30%
- Transit unit staff are down from 5.5 to 4 as VTans deals with a $33M budget shortfall
- Continued consolidation of transit providers can reduce the administrative burden on VTrans staff

Vermont is exploring several potential funding options detailed in the presentation to maintain services. VTrans is pushing for statewide call centers and shared human resources contracts between providers to improve efficiency. Volunteer drivers provide 5,000 to 6,000 trips annually. There are now more than 220 volunteer drivers statewide. VTrans is looking at expanded volunteer efforts to save costs. VTrans awarded $600,000 in one-time state funds over two years to support volunteer driver efforts. One effort included a video on what volunteer driving involves and how it works. Vermont has had some success recruiting volunteer drivers from veterans' organizations. Ross will provide information on the application or proposal process and awards. Katherine noted message testing on volunteer driving is going on throughout the country now.

State legislation in Vermont established a healthcare and transportation services working group to improve coordination and communication. The group is looking at coordinating with health care providers who seem receptive to discussions about transportation. Hospitals are working with transit to coordinate trips. This effort has saved funds that can be used for other purposes.

Vermont issues a legislatively mandated public transit policy plan every five years. Vermont has expanded volunteer driver efforts through its community drivers program to help save costs, such as expanding the number of volunteer drivers using sedans versus using vehicles requiring CDL-licensed drivers. Uber and Lyft drivers are a potential pool of drivers. Other issues include:

- Identifying additional funding sources to support service
- VTrans involvement in discussions on reinvigorating town and village centers to support public transit,
- Reduction in federal funding
- Addressing the needs of Vermont's aging population and supporting aging in place
- Land use and housing that support public transit
- Growth of microtransit and mobility for all services, removing barriers to improve access and efficiency
    - A recent study showed that 10% to 20% of total demand was being missed due to barriers and lack of coordination
- Zero emissions which are currently on hold
- Increasing public awareness of public transit

A Mobility Management guide is available to all towns and includes contacts and case studies to connect with resources. The presentation provides details on issues and opportunities for older adults and persons with disabilities.

There were several questions from the group. VTrans has an employer engagement program through the Go Vermont program that is similar to GO MAINE, including vanpools and preferential parking. Many resorts are willing partners. VTrans provides $700 per van for vanpools. Riders typically pay $60 to $90 per month for a vanpool. Forming vanpools has proven challenging in Vermont.

Vermont uses HBSS Q-Ride for transit scheduling and dispatch. This is currently being deployed statewide. With HIPAA regulations, there may not be a need for hospitals to interface directly with the app. Those discussions are happening now. The Q-Ride system should improve interregional connectivity and discovery, allowing better combining of vehicle trips.

Ross will provide information on Vermont's fund braiding on non-emergency medical transportation and noted that it is not easy and requires a lot of oversight. Vermont Health and Human Services is undergoing an audit. The coordination has helped improve efficiency.

4. From the Chair. Megan and Erin Zwirko have been working with the PTAC committees on scheduling and planning. Committees were encouraged to review the Council schedule included in the packet.

5. Committee Reports. Erin has connected with the chairs of each committee. The 2027 Biennial Report will acknowledge that there is a new governor and revisit the goals and recommendations from the 2025 Biennial Report, informed by the progress report that MaineDOT provided to the legislature, and look at new ideas or opportunities. The report will also consider the work and recommendations of the Maine Coordinating Working Group on Access and Mobility that was created by LD 1451 and look to align as much as possible with that report. The goal is to have draft recommendations by the fall and final recommendations by the end of 2026.

6. State Updates. Roger noted that as of July 1 ModivCare will be assuming brokerage responsibilities for Region 1, which is currently performed by WaldoCAP. WaldoCAP will continue to provide rides and customers may not see a big change in who is driving them. Vermont operates its Medicaid program under a very different authority than Maine does. The amount of federal match is determined by how the program is managed. The consultant supporting the Coordinating Working Group is reviewing Vermont's program for applicability to Maine. A decision on Penquis' court has not happened yet so Penquis will continue as a broker through at least December 31, 2026.

7. Legislative/Transportation Committee. Megan noted that primary elections were held yesterday and encouraged members to visit with candidates to talk about their programs. The BUILD America 250 Act is being considered in Congress. A continued resolution for IIJA may be needed.

8. Discussion Items. A new report from Smart Growth America found that traffic deaths nationwide are down this year but are still high compared to other countries. There was a discussion on the future state transportation budget and how it applies to transit. Jennifer Grant of MaineDOT noted the memo that was shared with the PTAC and Maine Transit Association. MaineDOT expects to have additional updates in coming weeks on how different modes are affected. The current budget situation makes it challenging to match federal funds with state funds. MaineDOT is trying to minimize impacts while acknowledging existing commitments and looking at both short and long-term approaches.

The next meeting of the LD 1451 Coordinating Working Group is Monday, June 15, from 10:30 a.m. to noon. The consultants will provide an update on their progress on memos relating to non-emergency medical transportation funding and best practices in other states, including Vermont. The draft memos should be shared with the Working Group later this month. The MaineDOT Transit Unit will be sending out Assignment Letters to transit operators once the State Transportation Improvement Plan is approved.

9. Public Comment. There was no public comment.

10. New Business. Tom suggested healthcare transportation and coordination with healthcare providers as a topic for a future meeting. This could look at ways to explore connecting NEMT and non-NEMT appointments with trips. Roger mentioned that this is not being done very much currently and medical providers are not typically engaged until trips are missed. Aleta noted that scheduling is usually done around availability of the service, equipment, and staffing, and that coordination is complicated. MaineHealth is looking at software similar to Uber where any nearby drivers can decide if they want to pick up rides and see if there is anyone else they could pick up on the way. There could be a similar model for transit operators. Katherine mentioned that coordinating healthcare rides could lend itself to coordination with artificial intelligence. Donna mentioned that WaldoCAP is decoupling its NEMT, general public transit services, and other funding sources and is looking at a new software to bring this back together.

Megan reminded members to review the previous meeting's minutes for future agenda topics and noted that some of these have been covered already.

11. Adjourn. The meeting adjourned at 3:24 p.m.

The next full PTAC meeting is scheduled for Wednesday, August 12th.

VERMONT
AGENCY OF TRANSPORTATION

Public Transit Program Overview

ROSS MACDONALD, PROGRAM MANAGER

Public Transit Program

Program Manager: Ross MacDonald

4 FTE staff (down from 5.5 in FY ’25)

State Funds: $9,947,447

Federal FTA Formula: $10.5M 5311 and 5339

Federal FTA Comp. Capital: $11M

Federal FHWA: $25M ($3M CRP)

- **Program Overview –** Services include 106 fixed routes, demand response (dial-a-ride) in every town, Go Vermont TDM program, Mobility and Transportation Innovation Grant Program. 6 Regional providers supporting over 400 jobs throughout VT.
- **Statewide Route Adjustments in SFY ’25 and ‘26 –** service changes amounted to cost savings of $1.6M in Rural and $2M in the one Urban region. Attempting to re-establish sustainable levels of service.
- **Vermont has a “Braided” demand response model -** the Older Adults and Persons with Disabilities and Medicaid's non-Emergency Medical Transportation programs are provided by a regional transit org.
- **MTI –** Grant program awarded $600k to providers for Volunteer Driver recruitment, and $419,351 to other recipients.

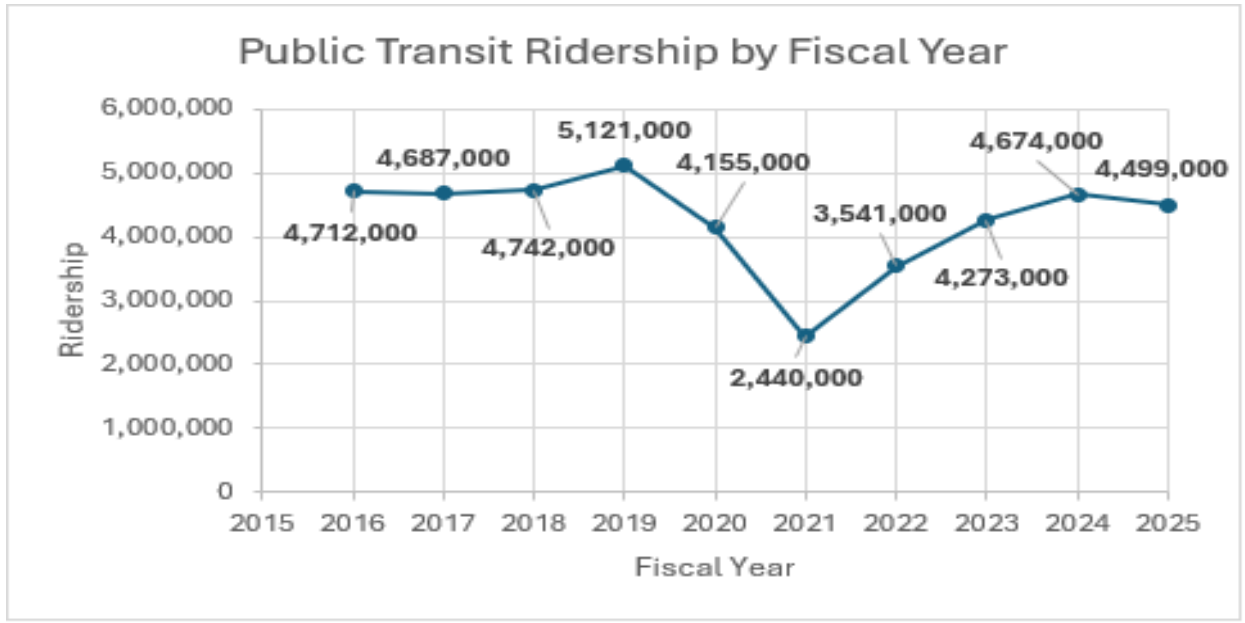


Figure 2: Statewide Ridership

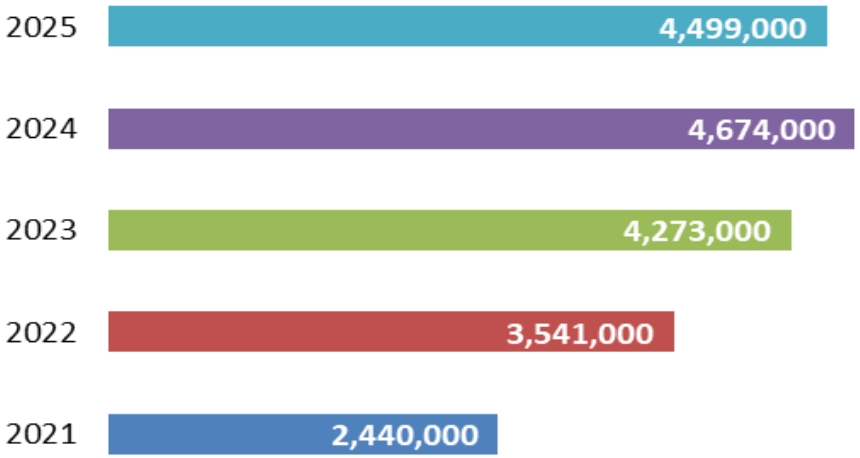


Figure 3: Statewide Operating Costs

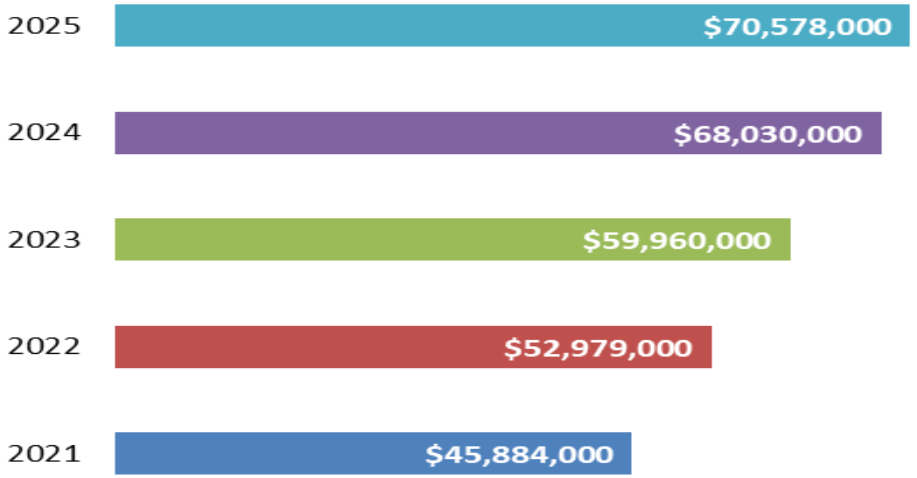
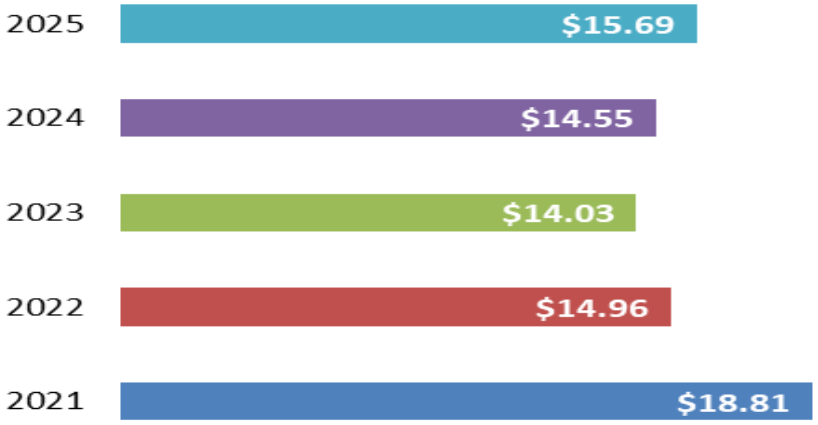
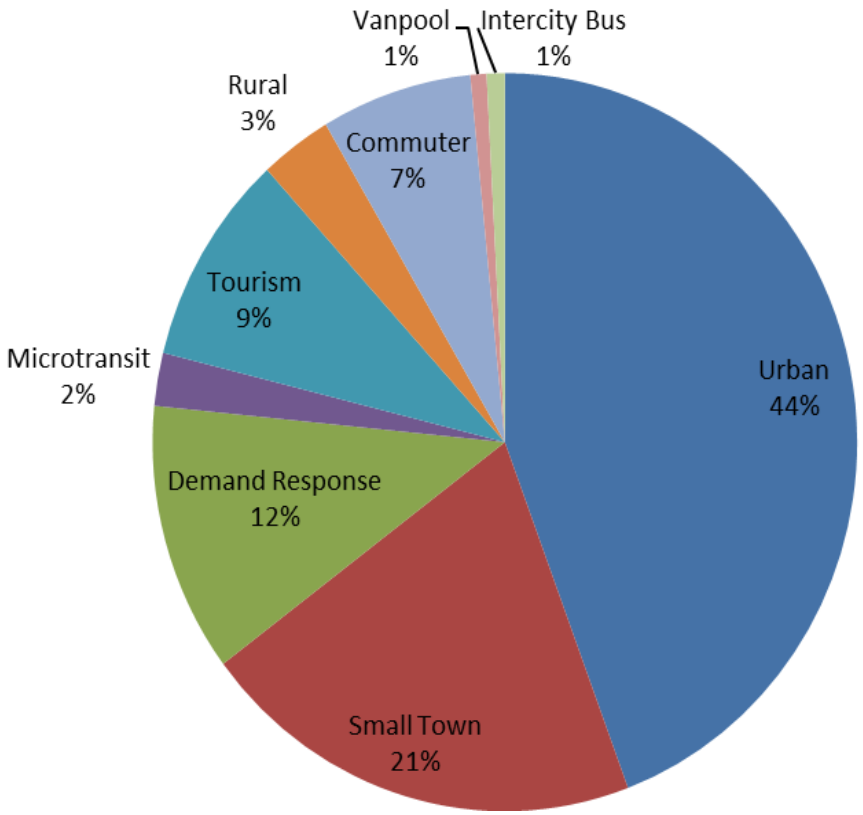
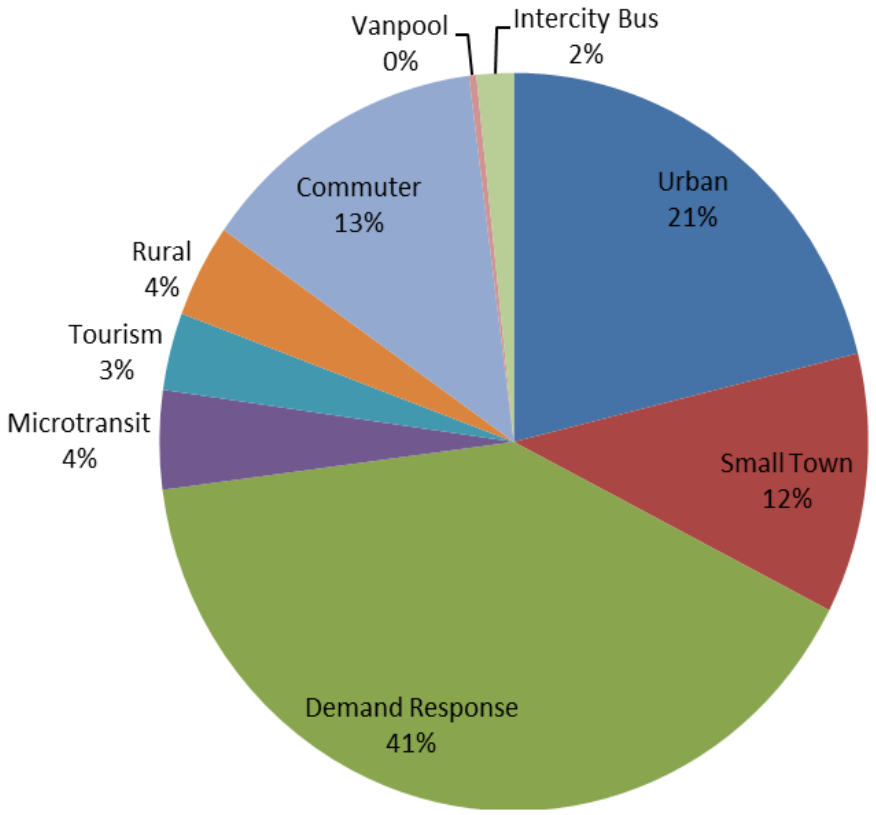


Figure 4: Cost per Trip

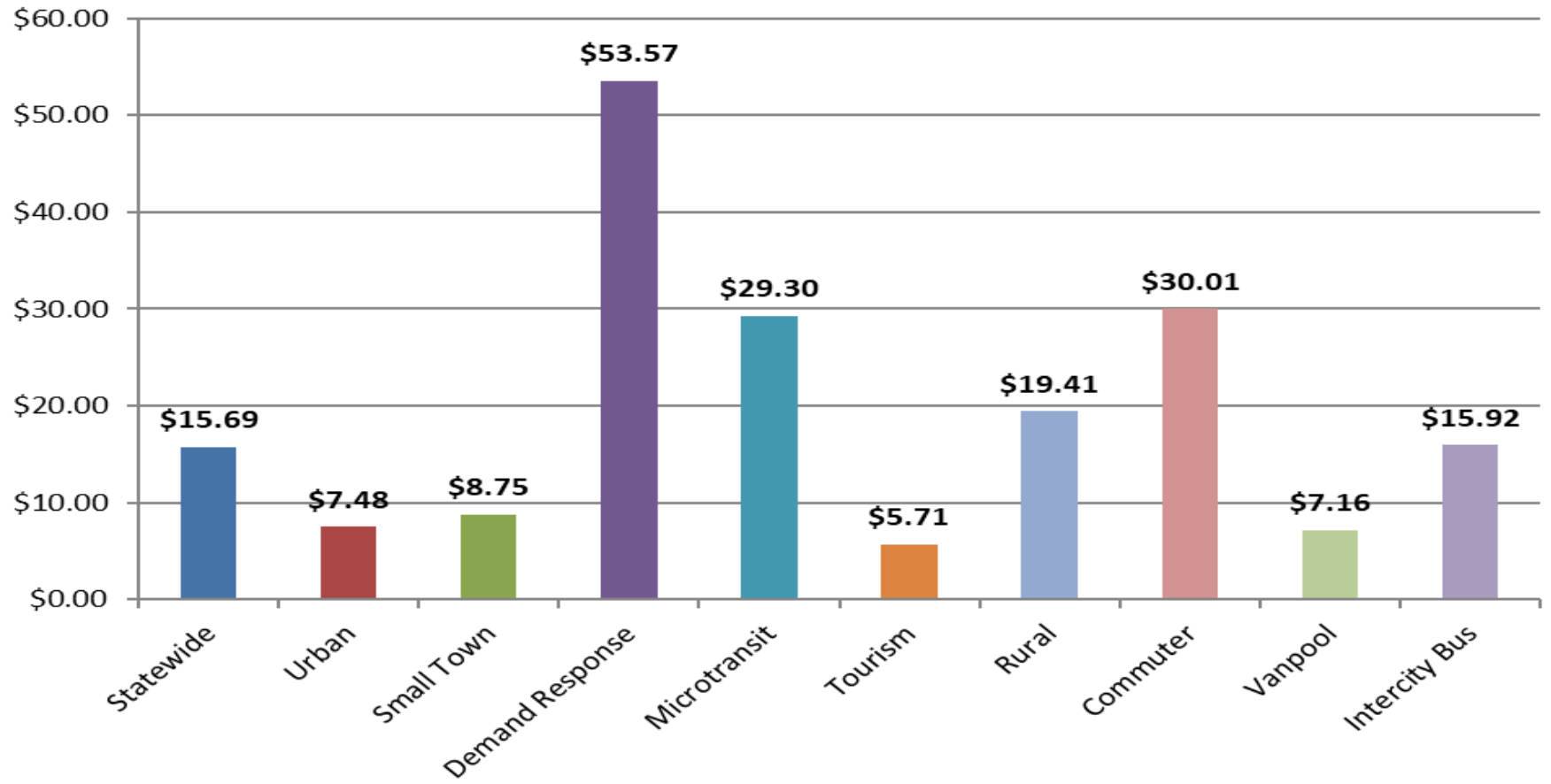


Transit Ridership and Cost by Category





Transit Cost by Service Category



Milestones and Noteworthy Dynamics

- Most service reductions are not due to “budget constraints” but rather a reflection of our work to address underperforming routes/aspects of routes.
- Operations costs continue to increase due to fuel, wages, insurance, etc.
- Microtransit - 7 regions, popular service mode, still maintained, requiring additional local funds (one-time funds have been expended).
- “Transit” app – 13k unique users each month
- EV Buses – 65 funded, 37 on the road, final deliveries in ’27.
  - No eBus expansion plans for next few years.
- Stage has been set for GMT-Rural to be transferred to RCT (Franklin/GI) and TVT (Washington). Estimated savings of $450K (RCT) and $310K (TVT).

Potential Options to Maintain Services

- Use Carbon Reduction Funds ($3M) for one more year ($1.5M to rural, $1.5M to Urban). As with CMAQ, we can apply 80% fed/20% non-fed for ops, vs. 50/50 from FTA Formula.
- Reduced Capital awards stay in place and rely on 5339 Bus and Bus Facilities Grant program to cover gap.
- ’27 budget as proposed represents a 3% increase from ’26 (not including projected spend down of capital awards).
- 0.6% decrease in state funds.
- Continue to advocate for reduce costs, combined services, and plan for a level funding in Fed/State funds in FY’27. Statewide “backroom” services/duties must be explored.
- Proposed budget does not include increased Commuter service to address “back to office” policies.

Dec. and Jul. 2025 – Volunteer Data

Dec-25

Transit Provider Name	Volunteer Coordinator staff positions as of Dec. 15, 2025	# of full and part-time drivers	# of monthly trips provided by Volunteer Drivers (FY 26)
GMCN	0	10	672
MVRTD	2	33	2,052
RCT	2	46	4,450
TVT	2	44	7777
SEVT	0	26	3200
GMT - Washington	1	10	287
GMT - Franklin	0	8	422
CIDER	0.5	15	93
SSTA	0.5	5	55
Totals	**8**	**192**	**14558**

Jul-25

Transit Provider Name	Volunteer Coordinator staff positions as of July 1, 2025	# of full and part-time drivers	# of monthly trips provided by Volunteer Drivers (FY 25)
GMCN	0	10	633
MVRTD	1	25	1696
RCT	1	38	4167
TVT	2	37	2715
SEVT	0	29	3072
GMT-Washington	1	8	327
GMT - Franklin		8	373
Cider	0.5	15	83
SSTA	0.5	4	47
Totals	**5.5**	**170**	**13113**

T-BILL; SEC 24

Sec. 24. PUBLIC TRANSIT DEMAND RESPONSE VOLUNTEER COORDINATORS; GRANTS; APPROPRIATION
(a) The Agency of Transportation is authorized to utilize up to $600,000.00 in one-time funds appropriated from the Transportation Fund to the Agency of Transportation in fiscal year 2026 for the purpose of providing grants to public transit agencies to hire volunteer coordinators. Volunteer coordinators hired with grants provided pursuant to this section shall be responsible for the identification, recruitment, and retention of volunteers to provide transportation services to individuals enrolled in the State's demand response transportation programs. (b) The Agency shall, to the extent possible, seek to provide grants to public transit providers in a manner that is geographically balanced and ensures the distribution of volunteer coordinators throughout the State. (c) Not later than December 15, 2026, the Agency, in consultation with public transit agencies that receive grants pursuant to this section, shall submit a written report the House and Senate Committees on Transportation regarding the extent to which grants issued pursuant to this section resulted in an increase in volunteer capacity in the State

VTrans Update: received another $300k in this year's t-bill and plan to manage the funds and related scoped similarly.

T-BILL; SEC 28

Section 28. COORDINATION OF HEALTH CARE AND TRANSPORTATION SERVICES; WORKING GROUP; REPORT (a) The Secretary of Transportation, in consultation with the Commissioner of Vermont Health Access, shall convene a working group to improve the coordination of health care and transportation services in relation to individuals enrolled in the State's demand response transportation programs. The working group shall be composed of stakeholders identified by the Secretary in consultation with the Commissioner of Vermont Health Access, including representatives of the Vermont Association of Hospitals and Health Systems, independent dialysis and methadone facilities, and the Vermont Public Transportation Association. (b) The working group shall examine various options for improving the coordination of health care and transportation services, including: (1) opportunities to coordinate the scheduling of health care appointments and treatments to maximize the use of shared rides; and (2) opportunities to improve communication between the public transit agencies and health care providers to facilitate coordination of health care and transportation services for individuals enrolled in the State's demand response transportation programs. (c) On or before January 15, 2026, the Secretary and Commissioner shall submit a written report to the House Committees on Transportation and on Health Care and the Senate Committees on Transportation and on Health and Welfare with the working group's findings and any recommendations for legislative action.

VTrans Update: hired a consultant to organize and track ongoing and disparate efforts with each transit provider.

Public Transit Policy Plan

Goals:

Fulfill legislative mandate

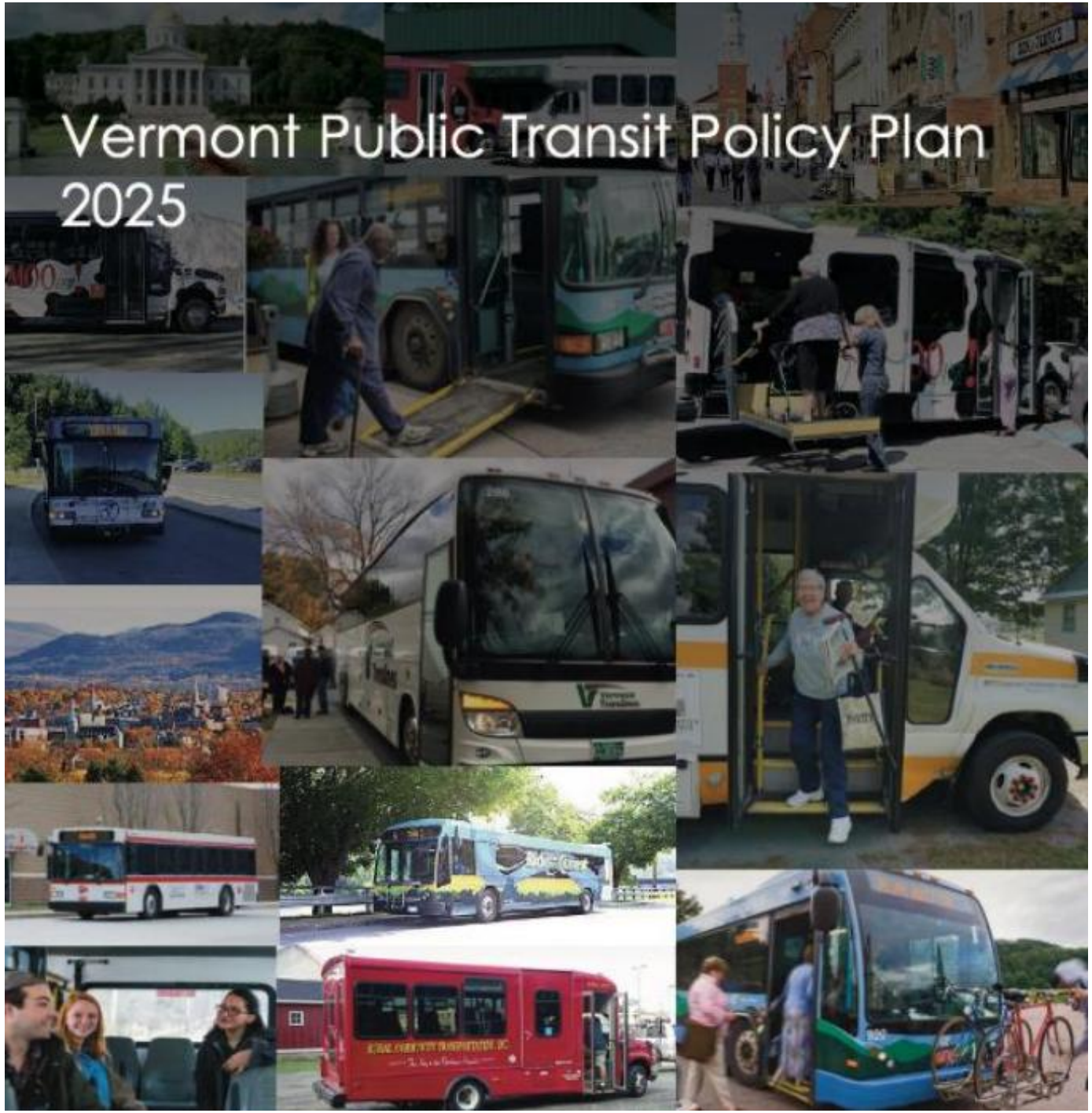
Address new critical issues and themes

Update needs assessment

Develop new set of recommendations

- Refine policies
- Update actions
- Create implementation plan

Many of the recommendations from the 2020 PTPP have already been implemented



PPTP - Impacts of Potential Future Scenarios

Steady State/Continuation of Trends

- Current level of service likely not sustainable absent new funding source
- Some route cuts; little or no growth in microtransit or Mobility For All

Reinvigoration of Town and Village Centers with New Housing

- Could lead to “virtuous cycle” of mobility and ridership when paired with increased funding
- Will take many years of sustained advocacy and cooperation

Reduction of Funding Availability

- Medicaid funding reduced in 2027, but unclear how much
- Other FTA programs could possibly be reduced
- Current federal transportation law expires September 30, 2026 and will likely be followed by short-term extensions

PTPP Recommendations

Some updates and reorganization of 24 VSA Chapter 126 §5083 recommended

- Two primary needs are basic mobility for essential services and access to jobs
- Organize and update policies around those

Other recommendations organized around the Critical Themes and Challenges

- Aging Population – update from 2020 PTPP
- Land Use and Housing – update from 2020 PTPP, including Act 181 (H. 687)
- Growth of Microtransit and Mobility For All Services – new theme
- Ongoing impacts of COVID-19 – new theme
- Zero-emissions Transition Plan – new theme
- Public Awareness of Public Transit Services – update from 2020 PTPP

VERMONT

MOBILITY GUIDE 2026

Older Adults and persons with Disabilities Program

CHALLENGES

- Significant cost increases
- Fewer Volunteer drivers
- Significant demand increases
- Added "Social/Personal" trips over the last several years
- Requests came in at $7.2M, awarded $6.1M and yet… increased constraints and trip purposes are being discussed in several regions

OPPORTUNITIES

- Community Driver program
- Section 24 Investments
- Mobility Management
- Redirect funds from fixed to demand response services?
- Allow for State funds to be used as match?
- Reduce in-kind contributions?

THANK YOU

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