

Locally Coordinated Plan

For United States Department of Transportation Federal Transit Administration Public Transportation Programs

March 2019

Multimodal Planning Division Bureau of Planning Maine Department of Transportation









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MaineDOT Mission:

To responsibly provide our customers the safest and most reliable transportation system possible given available resources.

Introduction

Per state and federal law, MaineDOT has developed this locally coordinated plan (LCP) for regional transit. The plan is mandated by federal transit law, specifically 49 USC Section 5310-Enhanced Mobility for Seniors and Individuals with Disabilities, and 23 MRSA §4209. The plan identifies regional transportation providers and other partners who provide transit within Maine. This coordinated plan identifies the transportation needs of the general public, including individuals with disabilities, older adults, and people with low incomes; provides strategies for meeting these needs; and prioritizes transportation services for funding and implementation. It is the purpose of this plan to be a fully integrated coordinated plan, including non-emergency medical transportation, urban and rural transit, intercity bus, seasonal transportation, ferry service, and passenger rail.

The process to develop this plan included participation by seniors, individuals with disabilities, representatives of public, private, and nonprofit transportation, human services providers, and other members of the public. This statewide plan serves to include all transit regions, both urban and rural.

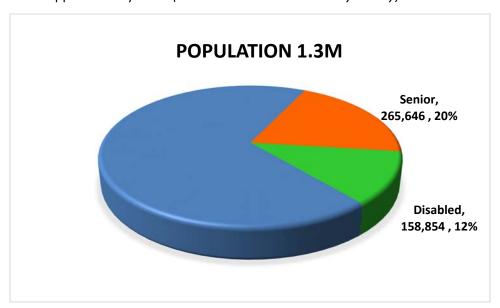
MaineDOT is advised on transit matters, including the development of this LCP, by the Public Transit Advisory Council (PTAC). The PTAC met three times in calendar year 2018 and brought forth their concerns, suggestions, and priorities to MaineDOT transit staff. Transit staff used council input when developing this plan.





Summary of Existing Services

The State of Maine is the least densely populated state in New England, with just over 43 people per square mile. Forty percent of the population is found within the Portland metropolitan area, making rural Maine even less populated than the statistics show. Seniors comprise approximately 20% of the total population, and the disabled population is approximately 12%. (Source: American Community Survey)



Within Maine, there are eight (8) transit regions (map). Within each region, Maine has designated one regional transit provider. These regional transit providers provide flex route and/or demand response general public service across rural Maine. The providers are:

- Region 1 Aroostook Regional Transportation System, Inc.
- Region 2 Downeast Community Partners
- Region 3 Penguis, the Lynx
- Region 4 Kennebec Valley Community Action Program
- Region 5 Waldo Community Action Partners, d/b/a Mid-Coast Public Transportation
- Region 6 Regional Transportation Program
- Region 7 Western Maine Transportation Services
- Region 8 York County Community Action Program

In addition to the regional transportation providers, MaineDOT operates the Maine State Ferry Service connecting six year-round islands with the mainland and partners with other urban and rural transit systems to deliver general public transportation to visitors and residents. These systems are:

- Region 2 Downeast Transportation, West's Transportation (rural), Isle au Haut, Cranberry Isles (rural ferries)
- Region 3 Community Connector (urban), Cyr Bus Lines (intercity)
- Region 5 Bath City Bus (rural)
- Region 6 Casco Bay Lines (urban/rural ferry), Metro (urban), South Portland Bus (urban)
- Region 7 citylink (urban)
- Region 8 Shuttlebus (urban, intercity)
- Multi-Region Northern New England Passenger Rail Authority (urban/rural), Greyhound Bus Lines (intercity)

Funding from the Federal Transit Administration (FTA) for rural transit is managed by MaineDOT's Multimodal Planning Division and is approximately \$13 million annually. Staff follow established procedures as outlined in the State Management Plan to distribute funds for rural services. Urban systems receive approximately \$22 million in FTA funds directly from FTA. The State of Maine also supports public transportation by providing \$1.1 million in state funds which are distributed between the urban and rural systems. MaineDOT also takes every opportunity to seek out other partnerships for maximum coordination of services to meet the demand for public transportation.



Passenger Assistance, Regional Transportation Program, Portland

Over half of the mentioned transit systems provide discounted fares for certain populations. These may include: seniors, disabled, low income, veterans/military, college, high school students, MaineCare (Medicaid). Additional detail may be found in the attached Transit Provider Assessments found in Appendix C.

Beyond general public transportation, the state of Maine provides a limited amount of social service transportation for qualifying individuals administered through the Department of Health and Human Services (see descriptions in Appendix A). The Department of Education contracts with transit providers to transport special needs and at-risk children enrolled in Child Development Services.

The non-emergency medical transportation (NEMT) program for MaineCare (Medicaid) members is by far the largest program. Its annual expenditures approximate \$60 million. The program is administered through the Office of MaineCare Services (OMS), which selects brokers competitively to serve its members within each of MaineDOT's transit regions. Brokers are paid a flat per capita rate to serve the number of MaineCare members in their respective regions each month regardless of the number of rides provided. Brokers are thereby incentivized to find the lowest cost trip for each ride that will meet program standards. The percentage of rides that can be supplied by broker-owned vehicles is limited to promote competition. This system serves the MaineCare program well but has migrated business away from

many public transit providers and made it far more difficult to arrange for shared rides.

The brokers under contract through June 30, 2020 are:

Logisticare – Regions 1, 2, 6, 7, 8 Penquis – Regions 3, 4 Mid-Coast Connector – Region 5

Each broker maintains a network of transportation providers. A summary of how each brokerage operates and list of its transportation providers may be found in Appendix E.

Supplementing publicly-funded transportation services are various other private transportation companies, social service and faith-based organizations, and volunteer networks.

Quote:

"WHAT A WONDERFUL AND PLEASURABLE EXPERIENCE RIDING THE DASH TODAY. HUGE KUDOS TO DRIVER JULIE. SHE IS THE EPITOME OF BRINGING COMMUNITY TOGETHER" – CITIZEN COMMENT ON FACEBOOK REGARDING THE ROCKLAND DASH.

Methodology

The planning process to develop this coordinated plan consisted of comprehensive outreach activities and regional transit forums. MaineDOT staff sought every opportunity to solicit public input related to transit needs in Maine. Three of these efforts were the Regional Transit Forums, Moving Maine symposium, and Volunteer Transportation Network Meeting.

Transit Forums: Over 300 citizens participated in one of six public forums held in various regions of the state during the late fall of 2018. These forums were held in partnership with Maine's Age-Friendly Community Network. Passionate and insightful dialogue regarding public transit needs, strategies and prioritization took place in Kennebunk, Bethel, Caribou,

Quote:

"NOTHING BUT PRAISE" FOR THE ARTS
PROGRAM WHERE DRIVERS HELP
PASSENGERS WITH WALKERS AND
WHEELCHAIRS GET INTO THEIR HOMES
AFTER BEING DROPPED OFF – QUOTE
FROM CARIBOU PUBLIC TRANSIT FORUM

Dover Foxcroft, Hallowell and Bangor. The forums followed similar agendas, identifying regional needs and prioritizing action steps through real-time voting. Polling results and discussion notes from each forum may be found in Appendix B-2.

Moving Maine Symposium (5/17/18): A joint initiative with the Greater Portland Council of Governments, the Maine Council on Aging, the Maine Primary Care Association, and other interested partners, this symposium was a one-day event to bring together stakeholders who shared the common goal of finding transportation solutions for those needing service. These stakeholders spent the day learning about mobility management, gaining skills and ideas to take back to their communities, and how to take action locally. This was a very successful event attended by over 120 stakeholders. The agenda and action planning notes from the symposium are included in Appendix B-6. During the Fall of 2018, a Design Team representing diverse stakeholders met several times to create a structure and governance framework for an ongoing multi-sector Moving Maine Network. Implementing the Network is a key recommendation of this Plan.

Volunteer Transportation Network Meeting (3/30/18): Encouraged by the Public Transit Advisory Council (PTAC), MaineDOT invited volunteer transportation groups not sponsored by regional transportation providers to meet and discuss their needs. It was clear that (a) these cost-effective groups are providing valuable services to a growing sector of older adults and others who cannot self-transport, and (b) the development of a network with a central coordinator would leverage the sharing of experience and resources. Toward this end, MaineDOT committed to hire a contractor for an initial two-year period to provide network development support, another high priority recommendation of this Plan. The agenda and minutes of this meeting may be found in Appendix B-5.

Additional outreach activities conducted to inform the preparation of this Plan include:

• **Public Transit Advisory Council.** Convened several meetings with the Public Transit Advisory Council (PTAC) to gain member insight and strengthen relationships with partners to better understand the nature of unmet needs and formulate the most promising solutions. Council members made significant contributions to assisting MaineDOT staff in linking with organizations representing older adults, disabled Mainers, veterans, and new Americans. Members also assisted in designing the Regional Transit Forums. The PTAC endorsed the method of selecting and actual prioritization of Plan recommendations on 1/22/19. Minutes may be found on MaineDOT's website at http://www.maine.gov/mdot/transit/ptac/.

- transit Providers. MaineDOT interviewed transit partners across the state, including all eight Regional Transit Providers, other transit systems receiving MaineDOT assistance, and all urban transit systems including passenger rail and ferry. Services, needs, trends and initiatives were documented and discussed. The results of the interviews are found in Appendix C.
- MaineCare Brokers. MaineDOT was assisted by MaineDHHS in assessing the three Medicaid Brokerages operating in Maine. The brokerage system is working to address the needs of the MaineCare program but has weakened the public transportation provider



network and reduced the ability to coordinate rides from different funding streams. The results from theses assessments, as well as broker transportation provider lists, are found in Appendix E. The brokers listed in this plan are under contract to provide services through June 30, 2020.

- **Disabled Community.** MaineDOT staff hosted a booth and attended Disability Pride Day in Capital Park on 7/1/18. This event is an annual rally which celebrates disability and diversity. MaineDOT administered a short survey to gain public perception about available transit services in Maine. The main finding was that most attendees were unaware of general public transit services available to them. MaineDOT staff also attended meetings of the Maine Developmental Services Oversight and Advisory Board and Maine Coalition for Housing and Quality Services to better understand the needs of the intellectually and developmentally disabled. The finding here is that housing providers are in the best position to also address the non-MaineCare transportation needs of their residents, who tend to have only a modest spending allowance if under state care. Significant unmet needs of the visually impaired were identified during the regional transit forums.
- **Veterans.** MaineDOT staff have been working closely with Veteran advocates since conducting a needs assessment and designing a pilot project in 2016-18. The U.S Veterans Administration Hospital at Togus has made impressive strides in increasing its coordination with Maine's transit providers to contract for needed rides. These efforts have been initiated by the USVA-Togus Mobility Manager, who has dedicated



time to the PTAC and built working relationships through the Maine Transit Association. MaineDOT attended the Maine Military and Community Network (MMCN) Annual Conference on 7/19/18 and cofacilitated a Transportation Workshop. The discussion confirmed that Veterans mirror the same problems as other low-income citizens, many are also facing homelessness, unemployment, mental health and substance abuse challenges. A robust public transportation system coupled with a multi-sector hands-on mobility management support system, would be the best solution for Veterans and all underserved populations.

While medical transportation assistance is available to qualifying individuals by both paid and volunteer drivers, there are gaps in the medical realm and few other transportation services available. Piscataquis County is the only region with sufficiently low density to qualify for a national VA rural grant program. With support from this grant program, Penquis Lynx offers general transportation services free to Veterans from this region. Other transit agencies and advocates, including York County Community Action Corporation (YCCAC), have raised dedicated funding through donations to provide rides for Veterans. For more details on Transportation Needs of Maine's Veterans, view the report here:

http://www.maine.gov/mdot/publications/docs/plansreports/VetTransStudyFinal.pdf

Native Americans. Maine DOT and FHWA staff visited four of the five tribal offices during 2018 to consult over transportation matters. Transportation needs of elders and others who are low-income mirror those of the general population. The Houlton Band of Maliseets has secured FTA funding to operate two transit vans. More coordination is needed in that region between the Maliseets and the Aroostook Regional Transportation System (ARTS). The Aroostook Band of Micmacs would like to operate its own van service, as cultural issues create an additional barrier to utilizing the regional public transit service. The intercity service to Bangor is not appropriate for serving the medical needs of tribal members to access appointments in Bangor. It was noted that the failure of Bangor area medical providers to co-schedule tribal members for appointments on

the same day resulted in an enormous number of no-shows, which fails both parties. The Passamaquoddy Tribe at Pleasant Point would benefit from more frequent service to Calais by DownEast Community Partners and wrote a letter of support for funding additional buses. The Passamaquoddy Tribe at Indian Township takes a philosophical stance against methadone treatment for opiate addiction, which ostracizes those members using public transit to access their treatments and discourages other tribal members from taking the same bus to Calais.

Quote:

"50% OF TRIBAL MEMBERS MISS THEIR DENTAL AND OPTOMETRY APPOINTMENTS IN BANGOR DUE TO LACK OF TRANSPORTATION. CO-SCHEDULING ONLY MAKES SENSE. WE COULD FILL A VAN AND MAKE AN EFFICIENT TRIP. IT WOULD MAKE AN ENORMOUS DIFFERENCE."

ANDREA MICHAUD, AROOSTOOK BAND OF MICMACS TRANSPORTATION AND ASSETS MANAGEMENT DIRECTOR, **SEPTEMBER 20, 2018**

- **Inclusive Transportation Planning Project.** In the fall of 2018, GPCOG convened six focus groups to inform its Inclusive Transportation Planning Project. Goals of the project were to seek input from seniors, people with disabilities, and people of color regarding their experience with transportation and seek feedback on how to best include the concerns of underrepresented groups in transportation planning and decision making. See Summary of Findings in Appendix B-10.
- Older Adults. Given Maine's demographics, this is the fastest growing segment of the population with unmet needs compared to prior years and projected to grow at a rate outpacing ready solutions. MaineDOT worked closely with the Maine Council on Aging (MCOA), whose executive director serves on the PTAC, and Age-Friendly Community Network in the preparation of this Plan. Network communities served as lead hosts for all of the Regional Transit Forums and will be key in helping to implement new strategies. The emphasis on Volunteer Driver Network support originated from this community. MaineDOT staff presented and led the Infrastructure Workshop at the Maine Wisdom Summit on 9/12/18 and regularly attend Maine Council of Aging quarterly meetings.

- Community Health Needs Assessment. Concurrent with the development of this 5-year Locally Coordinated Transit Plan, Maine's hospital systems were conducting their required 5-year Community Health Needs Assessment (CHNA). MaineHealth, MaineGeneral and Northern Lights Health Care collaborate to develop the assessment together. MaineDOT and the Public Transit Advisory Council learned about and followed the outreach conducted through the CHNA process. Consistent with prior needs assessments, transportation was found to be one of the key contributing factors to the social determinants of health, closely aligned with poverty status.
- National, Regional and Miscellaneous. MaineDOT performed numerous outreach activities across Maine, as well as staying abreast of New England and national best practices. MaineDOT maintains active membership in the Community Transportation Association of America (CTAA), NorthEast Passenger Transportation Association (NEPTA), and American Association of State Transportation Officials (AASHTO). The National Center for Mobility Management (NCMM) offered keen advice and support during the development of the Plan, as did MassDOT. See the comprehensive list of outreach and networking activities listed in Appendix B-4.

Assessment of Unmet Transportation Needs

Based on the outreach conducted, it is determined that the following groups of people have unmet transportation needs:

- Low-income Mainers (outside of NEMT trips if MaineCare members), including significant numbers of veterans, new Americans and homeless citizens.
- Older adults, especially those living in rural areas.
- Developmentally disabled (outside of MaineCare covered trips).
- Visually impaired many have given up and are leaving Maine due to a combination of the low levels of service and lack of accommodations.
- Most people without the ability to own/maintain/drive a vehicle outside of key service centers.
- Evening and weekend workforce in urban areas, including employees of restaurants, convenience stores, entertainment venues, malls, and big box stores.
- Those in addiction recovery, many without driver's licenses or financial resources.
- Those with choices who would like to rely on public transportation but service levels are too low (headways too long).

Key Causal Factors

• Dispersed Settlement Pattern and Cultural Traditions. Maine's widely dispersed rural population is inherently expensive to serve regarding transportation and virtually all social services. Rural households have traditionally been dependent upon personal vehicles for mobility. Low cost fuel has enabled a culture of independent travel with rural transit services largely provided by social service organizations for dependent populations. Although a modest level of general public service is now available in much of the state, the services are not widely understood. Transit agencies do not have the resources to conduct massive publicity campaigns, and It is difficult to overcome the lifelong impressions that only needy people are welcome to ride in a van or bus.

• **Funding.** Given the cultural tradition of self-driving, it is not surprising that public transportation has not been given priority attention by the Legislature over the years. Maine is among the lowest tier of states with a per capita state funding level of 86 cents, totaling \$1,147,845 in 2018. The MaineCare (Medicaid) program, by contrast, spends about sixty times that amount annually to transport members to non-emergency medical appointments.

The increased separation in management of single-population eligible public funding from general public funding has reduced the number of shared public-supported rides and increased the overall average cost/trip. Transit providers who attempt to serve both populations are forced to invest in an intricate accounting system to carefully allocate and justify costs.

- Rapidly Aging Population. Maine's significantly growing cohort of older adults is creating a large group of residents--notably rural and dispersed--that can no longer transport themselves. Some can afford to pay a cost-based fee for transport services but it is widely understood that most cannot. All are at high risk of social isolation and attendant health problems. Needs include: lack of available coordinated services, poor publicity of existing services and how to access them, timely information-sharing, transit training, mobility management services and funding (to support the ride and all of the above ancillary services to make the ride accessible).
- Lack of Age-Friendly Housing and Community Design. Maine's now century-long relationship with the individual car and pick-up truck has been reinforced by an auto-centric layout of residences, employment venues and services of all kinds. While it is difficult to make the determination that it is time to leave one's rural home and move to a community center, those who do then typically find no housing units available. There are multi-year waits for affordable housing units suitable for older adults.

Findings and Adopted Strategies

Through the various routes of input during the creation of this Plan, the following statewide findings were consistently raised and prioritized for action. They are therefore being given the most prominence and attention. Additional needs and proposed strategies were identified by specific constituencies and are included in appropriate appendices; they are also considered to be part of this Plan and may be very important to a region, provider, or user group. As conditions change during the planning period, strategies that are not listed below may become timely and prioritized.

Within each numbered category, the findings are described, followed by associated strategies that have been adopted for action during the planning period (in blue). The assigned lead and timeframe are identified.

1. STATE-FUNDED SERVICE DELIVERY COORDINATION

A. Federal Regulatory Barriers

The State of Maine's transportation programs are highly reliant upon federal funding. Hence, state-administered programs must follow federal regulations. The purposes of funding delivered through distinct agencies varies greatly and creates barriers to coordinated service delivery. Federal Transit Administration (FTA) funding flowing through MaineDOT is intended for the general public; safeguards are employed to ensure access for all. Every other federal transportation program is targeted to serve a tightly defined client for a specific

purposed trip (e.g. income-eligible Medicaid recipients to provide access to medical appointments). These programs employ safeguards to ensure that funds are not misused by subsidizing an ineligible individual or a non-covered trip.

An intended consequence is a very solid audit trail that protects the dedicated use of the funding. An unintended consequence is overall system inefficiency (fewer rides/\$) and less than holistic service for an individual's needs. For example, although MaineCare NEMT does allow "third leg" pharmacy trips for prescription pick-up following a medical appointment, members are not allowed to purchase groceries while waiting for their prescription to be filled and may have difficulty meeting that need.

Each contract for a state-funded transportation service is managed separately by the responsible department and utilizes regulations it deems necessary. Some, including Child Development Services, require drivers to pass fingerprinting and background checks. By far the largest program is the non-emergency medical transportation program (NEMT) available to MaineCare members. Since the Maine Department of Health and Human Services migrated to a broker-based transportation system in 2013, there are fewer opportunities for combining client rides at the transit provider level. The three brokers serving the state during the current contract period have been operating successfully. The flat rate paid per member provides an effective incentive for the lowest cost ride to be provided for each trip. Public transit providers, needing to operate at a level that meets stringent federal requirements, are often not the lowest cost option for the brokers to select. As a result, most public transit providers have lost significant business since the changeover in 2013, as well as valuable local match.

While the current system works well for delivering MaineCare NEMT, there are efficiency costs when looking at the combined system, including:

- 1) two layers of dispatching (first at the broker level, then at the transit provider level) to deliver many rides;
- 2) the inability to combine a member's other needed activities with a medical appointment trip;
- 3) very little ability of family members or other caregivers/dependents to travel with the member;
- 4) the need for a transit provider to utilize sophisticated accounting programs in order to properly document and share funding for non-MaineCare riders in the same vehicle; and
- 5) the reverse subsidy of the MaineCare program paying only a public transit ride fare in vehicles and routes supported with other government funding.

Most barriers to encouraging shared rides derive from federal regulations, upon which most state transportation programs rely. The Federal Transit Administration (FTA) hosts the Coordinating Council for Access and Mobility (CCAM), which consists of representatives from the following federal departments: Transportation, Health and Human Services, Agriculture, Veterans Affairs, Labor, Education, Housing and Urban Development and Interior. CCAM is the most appropriate venue for these siloed vs. holistic challenges to be resolved. A few barriers, such as standards that limit how long a MaineCare member may have to wait or lengthen their trip to accommodate other riders, are within the discretion of Maine DHHS to adjust and the department is willing to consider flexibility to facilitate more coordination.

Strategy: Continue to monitor the activities of the CCAM. (MaineDOT via FTA and NCMM, ongoing)

B. Caseworker Driving Prohibitions

At one of the public forums held in November 2018, attendees raised concerns about the impact of a program rule that prevents caseworkers from transporting their clients to appointments due to a concern about "distracted" care. The caseworkers travel separately in their own vehicles, wasteful in and of itself. Many clients have anxiety, confusion and trust issues and may arrive at their appointment in a far more agitated state than had they ridden with their familiar caseworker.

C. Multiple Use of School Buses

A frequent question is why school buses sit idle for months when there are community transportation needs. At one middle school, transit buses could not pick up students for afterschool activities as they did not have lights and stop signs.

Strategy: Engage Maine Department of Education in dialogue about multiple use of buses and transit bus operations on school property. Report back to PTAC. (MaineDOT, 2019)

2. ADDRESSING SERIOUS DRIVER SHORTAGE

Recruiting and retaining drivers is one of the transit industry's biggest challenges, and flows over into school bus, motor coach and CDL drivers of all kinds (including MaineDOT plow truck drivers). The responsibility of safely operating a bus or van with multiple passengers on board, many of whom may be elderly or disabled, is daunting. Public transportation providers are not typically in a position to offer wage levels that effectively compete with trucking and construction industries, which are also impacted by the driver shortage. Young drivers are more attracted to the opportunity to travel than drive a repetitive local bus route. The rigorous random drug and alcohol testing required by the FTA in a state in which marijuana is legal effectively discourages another segment of the potential workforce from considering this path. Transit providers throughout the state are seeing the same challenge consistently, effectively restricting availability of service expansion. Recruiting and retaining volunteer drivers is also a major challenge for volunteer-based organizations.

Strategies:

Explore with the Department of Motor Vehicles:

- -if the training time for CDL licensure can be shortened; and
- -whether CDL licenses lapse when employment changes.

Ask Maine Department of Labor / Maine Department of Education to consider the development of a commercial public transit driver workforce development program.

Include volunteer recruitment and retention training in Volunteer Network workplan.

3. TRANSIT PROVIDER INFRASTRUCTURE

Vehicles (including trains and vessels), rail lines and their support systems need constant maintenance, replacement and sometimes upgrades. Providers do an excellent job of stretching the dollar to balance maintenance, replacement, upgrade and expansion needs. Multimodal stations, signage, disability accommodations and connectivity overall need improvement in many places. The lack of predominant transit infrastructure in the landscape reinforces Maine's single passenger vehicle culture.

A. Replace Aging Vehicle Fleets

Maine's transit providers, particularly the majority serving rural areas, put heavy miles on their buses and vans. A number of ferries are programmed for replacement during the life of this Plan. All public bus and ferry transit

providers have Fleet and Asset Management Plans. Amtrak is planning major fleet upgrades in the Northeast Corridor with Positive Train Control as a safety priority. Southern Maine is leading the transformation to electric bus technology. The first buses are scheduled to be delivered in 2020. Electrification will require higher levels of capital investment but will result in lower operating costs and cleaner air.

MaineDOT coordinates vehicle purchases for its rural transit providers and allocates portions of transportation bond and VW Environmental Mitigation Funds to provide all or part of the local match needed for federal funding for all transit providers. All providers are encouraged to apply for

Quote:

"OVER HALF OF THE PUBLIC TRANSIT FLEET IS
BEYOND ITS USEFUL LIFE. MAKING THE
PROCUREMENT PROCESS MORE EFFICIENT AND
TIMELY WOULD REDUCE MAINTENANCE COSTS,
INCREASE SAFETY, IMPROVE SERVICE RELIABILITY,
AND FACILITATE EXPANSION OF SERVICE TO
UNDERSERVED AREAS." – SANDY BUCHANAN,
PRESIDENT OF THE MAINE TRANSIT ASSOCIATION
AND GENERAL MANAGER OF WESTERN MAINE
TRANSPORTATION SERVICES.

FTA Discretionary Grant Funding. Several applications have been successful in recent years. While funding is one challenge, the failure of manufacturers to deliver vehicles meeting specifications is perhaps even more serious and difficult to resolve.

Strategies:

Continue to prioritize investment in replacing aging bus and ferry fleets. (MaineDOT and transit providers, ongoing)

Study and act on market opportunities for expansion to improve transit service. (Transit providers supported by MaineDOT, ongoing)

Aggressively pursue federal discretionary grants. (MaineDOT and transit providers, ongoing)

Budget state matching dollars with bond and VW Environmental Mitigation Funds to maximize leveraging of federal, local and private dollars. (MaineDOT, ongoing)

Make prudent investments in electric battery and hybrid engines when technology is proven to work. (Transit providers supported by MaineDOT and FTA, ongoing)

B. Technology

Transit providers across the state are in various stages of selecting and installing Automatic Vehicle Locator (AVL) technology in their fleets and accompanying suites of software in their offices to improve vehicle, driver and customer information management systems. Electronic payment systems are also on many providers' and customers' wish lists but challenging to implement. These programs are expensive and typically proprietary. The fact that each transit provider is making separate decisions may hamper future coordination potential among fleets. The Greater Portland Transit District is taking the lead in that region, with other bus providers invited to participate. Amtrak has its own system. Casco Bay Lines and the Maine State Ferry Service are exploring on-line and electronic ticketing systems as well. Cyr Bus suggested that MaineDOT should perhaps organize a unified system for the state to ensure a seamless customer experience and take advantage of economies of scale.

Strategies:

Invest in sensible technology upgrades as resources allow to assist providers and customers. (Transit providers supported by MaineDOT, MPO's and FTA, ongoing)

Encourage cross-provider coordination. (MaineDOT, Maine Transit Association, MPO's, transit providers)

Evaluate Greater Portland Transit District electronic fare collection system investment once implemented to determine worthiness of expanding to a unified statewide system. (MaineDOT, Maine Transit Association, MPO's and transit providers, ongoing)

C. Buildings, Facilities and Equipment

While less prominent than vehicles/vessels and technology, transit providers utilize a variety of buildings, facilities and equipment to conduct their services and maintain their vehicles and vessels. Maintenance garages, fueling and charging stations, bus washes, transfer bridges, piers, dolphins, crew quarters, offices, waiting rooms, shelters, coin counters, bike racks and parking lots are a sampling of the other capital needs of transit providers. Multimodal stations, signage, disability accommodations and connectivity need improvement in many places.

Strategies:

Incorporate ADA best practices into all infrastructure projects. (Transit providers, MPO's, MaineDOT, developers, ongoing)

Include all facilities and equipment in Asset Management Plans. Maintain and replace as necessary to maintain a state of good repair. (Transit providers, MaineDOT, ongoing)

Pursue discretionary grants for significant projects. (Transit providers, MPO's, MaineDOT, ongoing)

Prioritize funding for facility projects that improve connectivity and ADA access. (Transit providers, MPO's and MaineDOT)

4. LAST MILE SOLUTIONS

A. Volunteer Driver Groups

Getting to and from fixed or flex route services is a problem in both rural areas (where it could be the last fifty miles) and urban areas (e.g. Portland Transportation Center to Old Port). In some cases, there are no services and in others they run less frequently than a rider would like. In rural areas, the price per mile for a self-pay demand response trip can add up quickly to more than what most riders can afford and typically the ride must be ordered at least 48 hours in advance. There are few Independent Transportation Network (ITN) drivers in rural Maine, though this could change.

The increasing number of older adults who cannot or would prefer not to operate a vehicle has given rise to several "neighborhood" (many covering several towns) volunteer driver associations. These groups operate on low budgets with little to no paid staff. Drivers typically are uncompensated but all options are on the table. At a networking session in March 2018, representatives from several groups identified benefits that would ensue by creating a formal statewide network to share best practices. FTA confirmed that MaineDOT could use Section 5311 funds to hire a consultant to build and coordinate this network and the MaineDOT Commissioner made the commitment that this investment would be made for a two-year start-up period and then evaluated. Anticipated deliverables include:

- Establishing a communication system among providers;
- Building a best practice shared learning library;
- Serving as key liaison with National Center for Mobility Management;

- Designing and delivering training programs;
- Assisting with volunteer recruitment and retention;
- Creating relationships and connection protocols with transit providers and other networks;
- Exploring joint purchases of ride matching software, insurance;
- Developing a sustainability plan; and
- Developing evaluation criteria to monitor network performance.

Strategy: Engage a consultant to facilitate the development of a Volunteer Driver Network to accomplish the deliverables listed above and evaluate. (MaineDOT, 2019-21)

B. Walking, Biking and Carpooling

The location and related amenities around transit stops influences ridership choices and safety. ADA-compliant crosswalks, signage and shelters are highly desirable. Thoughtful connectivity to other modes, including Park & Ride lots, bike racks, bike/carshare facilities and vehicle transfer areas contribute to accessibility. All fixed and flex route vehicles should be equipped with bike racks.

Strategies:

Keep intermodal and last mile connectivity in mind while designing transit routes/stops, Park & Ride lot locations, and intersection/sidewalk improvements. (MaineDOT and transit providers, ongoing)

Equip all fixed and flex route buses with bike racks. (MaineDOT and transit providers, ongoing)

5. MULTI-SECTOR PARTNERSHIPS

Transportation is a means to an end. People travel to meet their needs for nutrition, employment, education, health care, socialization, recreation, and more. In many cases, the generator of the trip sets the terms for a rider's transportation needs and is able to facilitate the use of transit or ridesharing. During the outreach conducted in this plan's preparation, the correlation between transportation access and missed medical appointments was raised multiple times. Employers have reported that lack of transportation impacts their ability to secure a reliable workforce.

Transit providers and individual riders cannot by themselves solve the mismatch of resource to need. Opportunities to capture multiple riders starting or ending at the same location at the same time should be sought out and acted upon. Employment centers, medical facilities, shopping centers and congregate housing units each offer opportunities and have an investment in the rider meeting her/his needs. Turning these opportunities into successful transit connections requires mobility management and cross-sector communication, a function that typically is not filled by any of the parties. Whose job is it to design and manage a person-centric transportation system that serves the needs of businesses as well? Ideally, programs intended to benefit needy individuals include a transportation component to make sure they can access the service, as MaineCare NEMT does.

People in need often have limited capacity to navigate the services that may be available to them. Knowledgeable, understanding and caring Mobility Navigators are needed to assist vulnerable people in securing the services they need, including transportation to access the services. Years ago, Maine's social service community agreed to create a centralized information and referral program called "211". It is managed by the United Way and features both a web-based and telephone help line. Participating organizations agree to make their program information available to this central database. While agents help callers identify resources that might fit their needs, they do not act like a case worker to put the solution together and deliver the result. This leaves many people without their problem solved. Staff of some social service agencies including the Area Agencies on Aging are more available to problem-solve if asked. Ideally a network would involve many

organizations with paid and volunteer Mobility Navigators accessing the same database of available services and communicating regularly with one another.

A formal network is needed with a governance structure to (a) engage in systems level thinking, and (b) build lasting transportation solution relationships at the statewide and regional levels. The network will need centralized coordination coupled with committed organizations from multiple sectors that lean in to make it work.

A. Mobility Management Network

In 2018, the Greater Portland Council of Governments (GPCOG), supported by the National Center on Mobility Management and MaineDOT convened a mobility management symposium called *Moving Maine*. The event was energized and followed by work of a "design team" to create a proposed network mission, structure and action plan (see Appendix F). This network will build relationships at the state and regional levels to strengthen service delivery to people with transportation barriers. As this plan goes to print, a steering committee is being formed and an application for funding has been submitted to the Federal Transit Administration.

Strategy: Build the Moving Maine mobility network. Secure funding for central coordinator who would manage statewide network functions, assist regional networks to form and operate, facilitate mobility navigator development, and support initiatives including pilot projects. Access and Mobility Partnership Grant Application Pending. (Moving Maine Steering Committee led by Greater Portland COG, 2019)

B. Medical Appointment Scheduling

Several medical providers acknowledge that a significant portion of client missed appointments are due to a lack of transportation, yet little coordinated action is taking place to address this problem. Lack of transportation is frequently cited as one of the social determinants with a negative impact on population health. All brokers and providers feel great savings to the system could be achieved if medical providers did a better job of coscheduling client appointments from the same origin on a common day, ideally filling available seats on a scheduled bus route.

Quote:

IF MEDICAL PROVIDERS WOULD WORK WITH US TO SCHEDULE RIDES PRIOR TO FINALIZING AN APPOINTMENT, GREAT SYSTEM SAVINGS COULD BE ACHIEVED. SIGN ME UP!" - Myra Oriface, Logisticare, Maine Director

Strategy: Engage the medical community in trialing pilot projects to include developing an evaluation tool to compare attendance rates, quantify value, and document lessons learned. A dedicated coordinator will need to be engaged. This strategy would be a worthy candidate for Access and Mobility Partnership Grant. (Initial joint Moving Maine/PTAC Medical Scheduling Working Group members: Maine Primary Care Association (MPCA), MaineHealth, USVA-Togus, City of Caribou, PACTS/GPCOG, MaineDOT, ASAP)

C. Employer Sponsored Transit Routes

The state overall, and southern Maine in particular, has a workforce shortage. Many underemployed members of the workforce are not in a position to transport themselves by private auto. Public transit providers do their best to establish routes that serve the most riders to get to desired destinations at relevant times. The widely dispersed locations of residences and employers creates opportunities to link nodes of origins and destinations serving groups of people are highly desirable. With public funding so limited, employers or other organized

destinations (e.g. shopping centers) can make meaningful dedicated contributions to routes that serve their needs. Examples include Southern Maine Community College in South Portland, the Black Bear Express in Orono/Old Town, Sugarloaf Express in Franklin County, and Jackson Laboratories in Hancock County. Routes are underwritten by key destinations and open to the public. Employers can also purchase passes for their employees to encourage them to use the service. There is room for many more of these arrangements in Maine's public transit system. Private vanpools are in use transporting employees to shifts at Bath Iron Works and the Portsmouth Naval Shipyard. Some businesses including MaineHealth and UNUM encourage their employees to carpool utilizing the GoMaine program.

Strategy: Encourage more employer-sponsored transit routes by highlighting models and building stronger relationships with municipal and regional economic development personnel, business associations and the Maine Department of Labor. (Transit providers, MaineDOT, MPO's, regional planning councils, PTAC members, ongoing)

6. RIDER INFORMATION SYSTEMS

Through each means of outreach in every region of the state, people in need of rides are not aware of existing services that in many cases would meet their needs. While each public transit provider does its best to publicize its services, most Mainers are (a) unfamiliar with transit services overall, and (b) assume any services are only available for qualifying populations. While fixed route services are reasonably easy to find and understand, the flex routes and demand response services prevalent through most of the state are more difficult to present and understand.

MaineDOT lists providers and their services by region on its Explore Maine web site but often a provider then needs to be contacted for more information. Interconnections between services are even more difficult to comprehend. The Maine Transit Association (MTA) is due to revise its member directory, which has been published in hard copy and makes for a handy statewide reference tool. GPCOG recently published a well-received Southern Maine Transit Directory which may serve as a model.

Most Maine people of all ages use a cell phone and are familiar with searching the internet for information. They would benefit from a single unified web-based system rather than having to search by provider. The Vermont Agency on Transportation (VTrans), supported by an FTA Mobility on Demand grant, successfully worked with technology providers to create an understandable and comprehensive Trip Planner tool for its GoVermont web site incorporating General Transit Feed Specification (GTFS) data for flex route and demand respond services. This technology breakthrough is a game-changer for getting rural transit services "on the map." The method may now be replicated in other states. Expanding the GoMaine site from a commuting rideshare service to more generalized Trip Planner portal received broad support at the transit forums and from the Public Transit Advisory Council.

While creating a centralized on-line site is necessary, it alone will not be sufficient to serve many in need. Human Mobility Navigators are also needed to provide 1:1 concierge services including identifying financial assistance for those with no ability to pay for a ride. Integration with the United Way 211 system needs to be more fully explored. Navigators in many cases must act like a travel agent or case worker to make the arrangements for the person rather than just referring them to service providers. How and where Navigators should be placed, whether they are volunteers or compensated, and how the system is coordinated and funded needs to be developed.

Although informal 1:1 arrangements are often made through transit providers, it is difficult for many caregivers or family members to pre-pay for transportation services for people needing rides. Electronic ticketing or debit card systems would facilitate ride payment for many who are lacking cash resources.

Strategies:

Update the Maine Transit Association directory.

Expand the GoMaine site to incorporate a full trip planner inclusive of demand response and volunteer driver groups.

Develop and manage a system of coordinated Mobility Navigators.

Develop and execute a coordinated transit and rideshare promotional campaign once Trip Planner and Mobility Navigator systems are in place.

Longer term, consider value of coordinated statewide electronic ticketing and transit pass system.

Continue to seek ways of increasing cross-provider scheduling and transfer coordination.

7. AGE-FRIENDLY COMMUNITY DEVELOPMENT

Maine's rural and dispersed settlement pattern creates a challenging environment for public transportation. As the state with the highest median age of 44.6, Maine has an increasing interest in addressing the needs and quality of life of its older adults. The American Association of Retired Persons (AARP) has an active chapter in the state and has created linkages with the Maine Council on Aging, the Maine Association of Area Agencies on Aging, Maine Association of Planners, Maine Municipal Association and others to advance its Age-Friendly Community Initiative. As of December 2018, there were approximately sixty certified age-friendly communities in Maine (the number keeps growing), several of which hosted the public forums providing input into this plan's development. The 2018 AARP Livable Communities National Conference was held in November. Attendees from Maine reported that transportation was cited as the most important issue facing age friendly communities.

Community design elements that facilitate the mobility of older adults are also appropriate for children and people of all ages. Walkable and transit-friendly design features deployed in mixed-use neighborhoods facilitate mobility for people of all ages. Ideally, physical infrastructure is supplemented with information and support services that enable all citizens to access the transportation services they need. MaineDOT has adopted a complete streets policy that offers some support for such initiatives but municipalities and developers have far more influence on decisions regarding land use and development standards. MaineDOT and MaineHousing are both participating with the Maine Council on Aging to identify and implement opportunities to converge resources.

Strategies:

Strengthen municipal capacity to support older adults through Municipal Task Force on Healthy Aging. (Maine Council on Aging lead, Maine Municipal Association and MaineDOT participate)

Participate in opportunities to develop age-friendly communities through collaborations with developers and municipalities, review of Tax Increment Financing applications and utilization of complete streets framework and transit route consideration during project development. (MaineDOT, regional planning councils, MPO's, transit providers, ongoing)

Encourage municipal comprehensive plans and ordinances to promote age-friendly community design. (MaineDOT regional planners, regional planning councils, MPO's, ongoing)

8. FUNDING

Overall, public transportation has been a low priority for Maine state and local government. As reported by the American Association of State Highway and Transportation Officials (AASHTO), Maine ranked 39th out of the 50 states and the District of Columbia in per capita funding of \$.86 for public transportation in 2016. The annual appropriation of \$1,147,845 is split in half between rural and urban transit providers, then distributed by an agreed-upon formula. While amounts vary greatly, the average amount per provider is in the \$50,000 range. In addition, MaineDOT has dedicated a portion of voter-approved bond funds for transit bus purchases. These funds are mostly used to cover a portion of the 50% non-federal share required for operations. In 2018, MaineDOT was granted control of a portion of the VW Environmental Mitigation Trust funds to invest in multimodal replacements of older transit buses with newer, cleaner vehicles. Most of the \$8.4M available is targeted for transit equipment upgrades. About 40% of the funds had been committed by the end of calendar year 2018. MaineDOT is actively seeking opportunities to leverage additional federal and private funds with its settlement funds.

Regional transit agencies maximize what they are eligible to receive from federal and state sources, with a heavy reliance on the federal share for vehicles and equipment. They struggle to cover the remaining local share for capital needs (20%) as well as operating expenses (50%).

Strategies:

Aggressively seek federal discretionary grants for vehicle and facility needs.

Continue to program VW Environmental Mitigation Trust Funds toward transit vehicle and equipment upgrades, leveraging additional funding whenever possible.

UNDER DEVELOPMENT: Advocate for increased state funding

Encourage employer sponsored rides and more integration of transportation services in human service and workforce training programs.

Prioritization Process and Criteria

1. Public Forums

Most of the needs and strategies identified during the outreach conducted could be grouped into the following five categories, which provided a framework for comparison during the public forums:

- Improve rider information systems
- Improve infrastructure
- Provide first/last mile options
- Create/enhance public/private partnerships
- Increase funding

During the forums, MaineDOT provided a draft list of needs and strategies within each category, which was affirmed and expanded upon in each region. Instant voting was conducted to prioritize among the most popular action items. There were no guiding criteria for this process. Some attendees struggled with whether they were voting their personal opinion or what they thought others needed.

Collectively and without regard to category, forum attendees prioritized the following eleven strategies as the most important to pursue, ranked in the following order:

- 1. Increase state funding
- 2. Replace aging buses
- 3. Pursue federal discretionary grants
- 4. Publicize existing services
- 5. Support volunteer networks
- 6. Recruit agency and volunteer drivers
- 7. Create multi-sector mobility network
- 8. Create mobility navigators
- Install real-time vehicle locators (where's my bus?)
- 10. Establish employer-sponsored commuter runs
- 11. Develop on-line trip planner

Quote:

I am torn. I don't know whether to vote for myself or the people I represent. I would use the Trip Planner but many of my clients would need to talk with a Mobility Navigator. Both are needed. --Attendee at Central Maine Regional Transit Forum, November 30, 2018

Taken together, the categories overall were prioritized in the following order; within each category, the strategy listed in bold was deemed the most important:

- 1. Funding: Increase state support
- 2. Transit Provider Infrastructure: Replace aging buses
- 3. Partnerships: Create multi-sector mobility network
- 4. Rider Information Systems: Enhance publicity of existing services
- 5. Last Mile Options: Support volunteer networks

All categories were felt important. However, it was widely noted that funding was necessary to underwrite all strategies and therefore was the most critical. While support was widespread for most of the proposed strategies across the state, there were some regional distinctions. For example, more populated areas favored investments in technology such as an on-line trip planner while rural areas felt a human mobility navigator would be most effective at helping people access rides.

2. Public Transit Advisory Council

The Public Transit Advisory Council reviewed the forum polling results and discussed the criteria MaineDOT should use to prioritize among the many strategies supported in this plan. The following criteria were adopted:

- Addresses a verified need
- Practical approach identified
- Strong likelihood of having intended impact
- Passionate leadership/capacity on board with time to devote
- Other needed resources identified and within reach
- Supported by key partners
- As package of initiatives, is manageable, in logical order, and of the right magnitude
- Clear objectives and evaluation plan in place

The most significant recommendation regarding the order of approach involved holding off on any major publicity campaign until information was readily available on line and with mobility navigators in place to assist

new riders in securing the services they need. It was felt important to maximize the likelihood that new riders would have a positive experience once enticed to try public transit.

Utilizing these criteria, the plan's strategies were prioritized according to near-term (2019-20) and mid-term (2021-23) scheduling of effort. Action steps were assigned to identified leaders and are found in the next section.

Prioritized Strategies with Assigned Action Steps

IMMEDIATE (2019-20)

Accelerate Fleet Modernization (Lead = MaineDOT)

- Pursue federal discretionary grants
- Apply VW Environmental Mitigation Funds as match when eligible
- Budget for state matching funds in Transportation Bond
- Prudently invest in electric and hybrid propulsion systems and charging infrastructure
- Seek assistance from FTA and AASHTO in addressing small transit bus manufacturing quality and delivery problems

<u>Support Volunteer Driver Networks</u> (Lead = MaineDOT)

- Develop scope of services
- Hire consultant
- Evaluate after two years

<u>Launch Moving Maine Network</u> (Co-Leads = Greater Portland Council of Governments, Maine Cancer Foundation, Maine Primary Care Association, MaineDOT)

- Secure core funding (FTA grant application pending)
- Formalize Steering Committee
- Confirm goals and workplan (to include Mobility Navigator development plan)
- Engage working groups

<u>Develop Medical Scheduling Pilot Program</u> (Lead = Maine Primary Care Association)

- Convene PTAC Working Group
- Create Framework; Identify Pilot Providers & Region(s)
- Trial and Record Value to Medical Providers, Patients and Transit Providers
- Evaluate and Replicate

Explore GoMaine Trip Planner (Co-Leads = MaineDOT and Maine Turnpike Authority)

- Create workplan and budget with technology consultants advised by GoVermont
- Perform cost-benefit analysis; evaluate and proceed accordingly

Update Maine Transit Association Directory (Co-leads = Maine Transit Association and MaineDOT)

<u>Foster Age-Friendly Community Development</u> (Lead = Maine Council on Aging)

- Launch Municipal Task Force on Healthy Aging (Lead = Maine Council on Aging)
- Develop long range development and transit plan for southern Maine: Transit Tomorrow project (Lead = GPCOG/PACTS)

<u>Deepen State Agency Coordination</u> (Lead = MaineDOT)

- Department of Education (multi-use of buses & drivers, driver recruitment & training)
- Department of Labor (workforce transportation, employer sponsored routes, driver recruitment & training)
- Department of Economic and Community Development (employer sponsored routes, age-friendly community development, tourism & outdoor recreation transport)
- Department of Agriculture, Conservation & Forestry (age-friendly community development)
- DHHS
- Department of Motor Vehicles (CDL process)

MID-TERM (2021-23)

- 1. Develop Transit and RideSharing Promotional Campaign (after information is easy to access)
- 2. Explore Coordinated Statewide Electronic Ticketing/Transit Pass System (following evaluation of METRO system implementation)
- 3. Explore Relationships with Independent Transportation Networks for End Mile Services
- 4. Encourage Employer-Sponsored Transit Routes; develop and share models that work

Plan Evaluation

The priority strategies contained in this plan will guide the efforts of MaineDOT and its partners in strengthening the efficacy of and coordination among the public and human service transportation systems. MaineDOT staff will monitor progress and prepare an annual report for scheduled discussions with the Public Transit Advisory Council and Maine Transit Association. In accordance with state statute, the Maine Legislature will be kept informed through the Public Transit Advisory Council Report submitted every odd-numbered year.

Early in 2023, an approach will be developed to prepare the next quinquennial plan for 2024-2029.