RI COORDINATED PUBLIC TRANSIT + HUMAN SERVICES TRANSPORTATION PLAN

EXECUTIVE SUMMARY • JANUARY 2018

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Rhode Island Coordinated Transportation Plan

Executive Summary

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Executive Summary

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

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

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

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

PARTICIPATION PROCESS

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

Stakeholder Group Meetings

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

Community Meetings

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

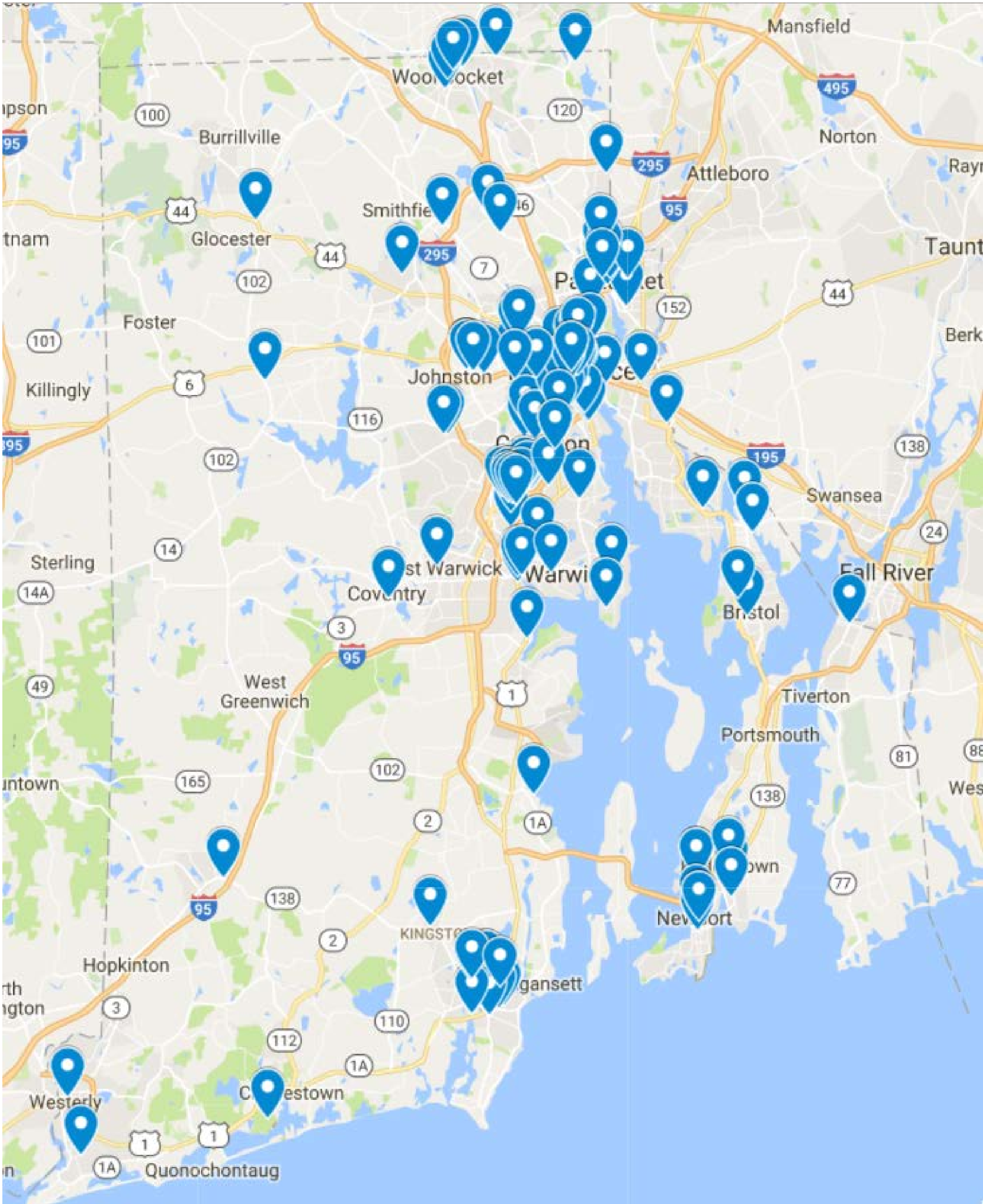
INVENTORY OF EXISTING TRANSPORTATION SERVICES

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

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

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

Figure ES-1
Map of Organizations Responding to the Questionnaire



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

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

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

TRANSPORTATION NEEDS AND GAPS IN SERVICE

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

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

Table ES-1 Summary of Providers		
Organization	**Type of Organization**	**Type of Operation**
AccessPoint RI Living Rite Center	Private Non-profit Organization	Direct Operation
AccessPoint RI Main Office	Private Non-profit Organization	Contract
AccessPoint RI Supported Employment & Comstock Industries	Private Non-profit Organization	Direct Operation
Blackstone Valley Assisted Living	Private For-profit Company	Contract
Cornerstone Adult Services	Private Non-profit Organization	Contract
Cranston Senior Enrichment Center RSVP Program	Municipal Government	Direct Operation
East Bay Educational Collaborative	Private Non-profit Organization	Contract
East Greenwich Senior and Human Services	Municipal Government	Direct Operation
East Providence Senior Center	Municipal Government	Direct Operation
Eleanor Slater Hospital	State Government	Contract
FabNewport	Private Non-profit Organization	Contract
FHR, Inc	Private Non-profit Organization	Direct Operation
James L. Maher Center	Private Non-profit Organization	Direct Operation
Lifespan	Other	Contract
Mt. St. Rita Health Centre	Private Non-profit Organization	Contract
Opportunities Unlimited	Private Non-profit Organization	Direct Operation
Pace Organization of RI	Private Non-profit Organization	Direct Operation
Saint Elizabeth Manor	Private Non-profit Organization	Contract
Scituate Senior Services	Municipal Government	Direct Operation
Seven Hills	Private Non-profit Organization	Direct Operation
South County Hospital	Private Non-profit Organization	Direct Operation
South Kingstown Senior Center	Municipal Government	Direct Operation
Southern Rhode Island Volunteers	Private Non-profit Organization	Direct Operation
Starbirth	Private Non-profit Organization	Direct Operation
State of RI, EOHHS, Medicaid Division	State Government	Contract
The Arc of Blackstone Valley	Other - contractors	Direct Operation
The Cove Center, Inc.	Private Non-profit Organization	Contract
The Empowerment Factory	Private Non-profit Organization	Contract
The Olean Center	Private Non-profit Organization	Direct Operation
The Providence Center	Private Non-profit Organization	Direct Operation
Tiverton Senior Center	Municipal Government	Direct Operation
Town of Narragansett Senior/Community Center	Other - Town Senior Van	Direct Operation
West Bay Residential Services	Private Non-profit Organization	Contract
North Kingstown Senior & Human Services	Municipal Government	Direct Operation
Franklin Court Independent Living	Private Non-profit Organization	Direct Operation
Smithfield Senior Center	Municipal Government	Direct Operation
URI Disability Services for Students	Higher Education	Direct Operation
Transwick Program	Municipal Government	Direct Operation
TockWotton on the Waterfront	Private Non-profit Organization	Direct Operation
Rhode Island Community Living and Supports	State Government	Direct Operation
Valley Transportation Corp.	Private For-profit Company	Direct Operation

Table ES-2
Summary of Funders

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

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

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

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

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

COORDINATION BEST PRACTICES

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

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

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

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

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

RECOMMENDED COORDINATION STRATEGIES

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

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

Develop Coordinating Councils

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

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

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

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

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

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

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

Create Statewide One-Call Center

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

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

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

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

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

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

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

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

Phased Implementation

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

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

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

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

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

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

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