



Public Transit Section

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To: Senate Transportation Committee

From: Ross MacDonald, Public Transit Program Manager

Re: Follow-up to Transit Demand Response Programs

Thank you for inviting us (on 2/26/26) to provide testimony regarding the transit demand response programs providing critical access to medical appointments, access to nutrition, adult day centers, etc. This memo is being submitted to provide more information for your review and consideration. Of course, please let me know if you have further requests or questions.

General information and data:

- The demand response trip cost average in SFY '25 was \$53.57.
- 44% of the 137,000 trips provided through the Older Adults and Persons with Disabilities (O&D) program were provide through a “Volunteer” driver.
- Older Adults and Persons with Disabilities budget is roughly \$6M.
- Non-Emergency Medical Transportation’s (NEMT, DVHA) budget is roughly \$19M
- Recovery and Job Access Program’s budget is \$400K

Section 24:

- The \$600K made available in Section 24 of the SFY t-bill has been awarded through a competitive grant program (Mobility and Transportation Innovations, or MTI Program). Please see below for a breakdown of those awards and related activities.
- Overall, there has been a net increase in volunteer drivers, from 159 in July 2025 to 190 in December 2025.
- The awarded funds and approved scopes are for a two-year period (Oct. 2025 – Sept. 2027)

Section 28:

- The Working Group and related communication and coordination efforts have led to an increase in discussions and approaches for both the transit and healthcare providers.
- This Working Group has agreed to continue this work and further address the current demand and capacity challenges. This Working Group may also be a

good forum to begin discussions and assessments of future changes to either industry and/or respective programs.

Rural Healthcare Transformation:

- I have met with Brendan Atwood, AHS Policy Director, to discuss these funds, planned activities, and RFP's. The Transit Program's primary request is to ensure consideration, assist, and/or offer coordination of any plans or projects to ensure impacts to transit costs, demands, capacities, trip lengths, etc..
- While funding for operations may be limited, it will be important to share and incorporate transit planning, expectations and challenges with any consolidation or changes to the current delivery of healthcare services.
- More RHT information can be found at the following links:
 - o <https://lifo.vermont.gov/assets/Meetings/Joint-Fiscal-Committee/2026-02-06/Vermont-RHT-Budget-Narrative-UPDATED-01-30-26.pdf>
 - o <https://lifo.vermont.gov/assets/Meetings/Joint-Fiscal-Committee/2026-02-06/RHT-Projects-by-Dept.pdf>
 - o <https://lifo.vermont.gov/assets/Meetings/Joint-Fiscal-Committee/2026-02-06/JFC-RHT-20260205.pdf>

Additional Coordination with AHS:

- We have developed the additional demand response program "Recovery and Job Access" program, specifically designed to ensure people have access to recovery services and/or need access to a job. This program uses FTA funds (50%) and splits the non-federal match between AHS and VTrans (25% each).
 - We have been meeting with the Department of Corrections and Department of Health staff to assess demand and possible needs for trips from DOC facilities.
 - The Public Transit and AHS programs see the potential benefit of standing up an interagency transportation group so we will have the network of programs in place to address ongoing and dynamic transportation needs.
- ❖ **While efforts related to Section 24 and 28 have the program moving in the right direction, further efforts will be needed to address "Mobility Management" opportunities (the process to better coordinate or reduce trips through efficient trip planning with the essential service provider and/or client).**

2026 T-Bill, Section 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 to 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

\$600K awarded through the Mobility and Transportation Innovation Competitive Grant Program:

Applicant Name	Proposal Titles	Funding Request	MTI Award
Green Mountain Transit Authority	Volunteer Recruitment and Retention - Volunteer Coordinator: Michelle Thomas Marketing materials for volunteer recruitment outreach efforts. These will include renting space at volunteer recruitment fairs including costs for renting tables, chairs etc.	\$89,040.00	\$81,000.00
MVRTD	MVRTD Multimodal Regional Development Project - Marketing Coordinator, Manager, Engagement Specialist, Community Driver Rack Cards, Micro Transit Rack Cards, O&D brochures, bus ambassador program brochure, flyers, Indeed and Meta advertising Community drivers, Community driver roundtables	\$167,079.00	\$159,039.00
Rural Community Transportation	Low Emissions Vehicles for Community Driver Coordinators	\$112,100.00	\$104,060.00
Rural Community Transportation	Creating a Training Video for Community Driver Programs	\$8,100.00	\$8,100.00
Tri Valley Transit	Community Driver Program - Dispatchers, Print materials, Radio & newspaper ads, IT, events, training, incentives.	\$124,000.00	\$115,960.00
Southeast Vermont Transit	Southeast Vermont Community Driver Program - Visit Rotaries, Chamber of Commerce Offices, Eagles, VFW, make a pitch, distribute poster and flyer, put ads in all SEVT buses, church bulletin boards, movie theatre advertising, get Latchis signed up, work on getting volunteer stories into radio, tv, and print, rack cards, up to \$300 per volunteer for gas cards for those reaching xx miles, SEVT sites social media, staff 25 hours per week.	\$139,881.00	\$131,841.00
			\$600,000.00

Volunteer Positions and Number of Volunteer Drivers – Jul. and Dec. 2025

Dec-25			Jul-25		
Transit Provider Name	Volunteer Coordinator staff positions as of Dec. 15, 2025	# of full and part-time drivers	Transit Provider Name	Volunteer Coordinator staff positions as of July 1, 2025	# of full and part-time drivers
GMCN	0	10	GMCN	0	10
MVRTD	2	33	MVRTD	1	25
RCT	2	46	RCT	1	38
TVT	2	44	TVT	2	37
SEVT	0	26	SEVT	0	29
GMT - Washington	1	10	GMT-Washington	1	8
GMT - Franklin	0	8	GMT - Franklin		8
CIDER	0.5	15	Cider	0.5	15
SSTA	0.5	5	SSTA	0.5	4
Totals	8	192	Totals	5.5	170

2026 T-Bill, Section 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.

Working Group

- Vermont Agency of Transportation
 - Michele Boomhower
 - Ross MacDonald
 - Dan Currier
 - Jeremy Whiting
- Vermont Agency of Human Services
 - Peter McNichol
 - Kelli Rhodes
 - Grace Johnson
 - Alicia Cooper
 - Stephanie Beck
 - Anthony Folland
- Vermont Public Transportation Association
 - Caleb Grant
 - Elaine Haytko
- Vermont Association of Hospitals and Health Systems
 - Devon Green
- University of Vermont Health
 - Karen Vastine
 - Natasha Withers
- Bi-state Primary Care Association
 - Mary Kate Mohlman



Efforts to Date

- Working Group has met five times from October 2025 through December 2025
- UVM Health Care Management
 - January 2025 instituted Health -Related Social Needs screen for all primary care practices
 - Positive result generates referral to Care Management Team
 - Transportation challenges one of the most common reasons for referral
- TVT, Porter Medical Center and UVM Medical Center
 - July 2025 began working together to increase shared rides
 - Four dialysis patients transitioned from solo trips to shared trips
 - Saves about \$1,300 per month and frees up volunteer driver time to run other trips



Near-Term Targets

- Dialysis
 - In October 2025, 188 riders who took frequent trips for dialysis
 - 57 of these traveled regularly in shared rides
 - Based on data from transit providers
 - 30 riders could be grouped with minor changes to their schedules
 - 52 riders could be grouped with more significant changes
 - Limits on potential sharing
 - Capacity of dialysis clinics
 - Discomfort felt by dialysis patients
- Substance Use Disorder
 - Already group more than 90% of these trips – continue to look for opportunities
- Trips to Major Regional Facilities
 - Investigate narrowing scheduling windows for patients from specific regions, assuming no significant impact on medical treatment



Longer-Term Goals

- Patient scheduling process
 - Screen all patients for transportation challenges
 - Work with transit providers to coordinate trips
- Established communication channels
 - Ensure all medical facilities have direct contact with regional transit provider
- Scheduling software
 - Investigate possibility of allowing medical staff to view upcoming scheduled trips to ease coordination



Recommended Next Steps

- Make Working Group permanent
 - Meet quarterly
 - Set target for each transit provider to achieve three new shared rides per quarter
 - Report to Public Transit Advisory Committee quarterly
 - Report to Vermont Legislature each January
 - Continue outreach to medical centers; Dartmouth Health is a priority
- Vermont Legislature
 - Monitor progress, including participation of for-profit dialysis clinics
 - Hold joint session of Transportation and Health Care committees
 - Consider holistic accounting of health care and transportation expenses (impacts of consolidation and specialization on public transit)
 - Consider investment in mobility management to help manage demand

