

**Summary: Transportation Demand Management in Montgomery County, Maryland
OEA 2007 Growth Summit – Transportation Workshop – December 13, 2007**

Key Facts About Montgomery County – Urbanized suburb located north of Washington, D.C.

- **Population:** 968,000 **Households:** 360,000 **Employment:** 518,000 total jobs
- **2020 Projections** = Significant Growth even without BRAC: 107,000 new residents, 100,000 new jobs

BRAC: Consolidation of Walter Reed Army Medical Center (WRAMC) at National Naval Medical Center (NNMC) to create the **Walter Reed National Military Medical Center (WRNMMC)**. Site is just north of Bethesda, one of the County’s most highly-developed urban centers.

- **NNMC** (2006 data): 4,500 staff 8,000 admissions, 455,000 clinic visits annually
- **BRAC to add:** 1,400 - 2,500 additional personnel Double the number of visitors = one million/year
- **National Institutes of Health** main campus located directly across the street = 18,000 employees

Commuter Services Mission: Promote use of Alternative Modes to Single Occupant Vehicles

- Peak Period Focused
- Work Trip Focused = Employer/Developer focused – Partnering w/ business/employment community

Transportation Demand Management (TDM)

“Any method of reducing demand for road capacity (primarily) during the peak period . . .” (Enabling law)

- Helps communities address traffic congestion & air quality concerns; make better use of infrastructure; provide more sustainable, economical land use patterns; improve workforce access and health, contribute to addressing Global Warming/Climate Change
- Helps businesses recruit & retain employees by providing “*Better Ways to Work*,” reduce the cost of commuting & other travel delays, reduce cost of office space & parking, reduce taxes
- Helps employees and residents reduce the cost & stress of commuting & parking, reduce costs of auto ownership, make better use of time, improve health, balance work and family concerns, reduce taxes
- **TDM encompasses all types of transit, car/vanpooling, biking, walking, & telework.**
- **TDM also encompasses actions that create and/or promote amenities & “adjuncts” to make it easier, more attractive, sensible to use commute options. Examples include:** Transit, Bike, and Pedestrian Amenities; Information; Parking Management; Car Sharing; Guaranteed Ride Home

Transportation Management Districts (TMDs) – Montgomery County’s TDM efforts are concentrated in four TMDs, comprising the most densely-developed portions of the County. Each has Mode Share Goals established in a Master Plan. Advisory Committees for each TMD consist of diverse representation from business & residential communities and public agencies.

County Law requires certain actions from employers of 25 or more employees in TMDs, including (1) Develop a Traffic Mitigation Plan (TMP), (2) Actively implement their TMP (3) Participate in an Annual Commuter Survey, (4) Submit an annual report of activities. Developer agreements also negotiated.

Basic Strategies Required of Developers and Employers to Implement TDM:

- **Appoint Transportation Benefits Coordinator** to serve as point of contact & assist employees
- **Post and Distribute Information** on commute options, programs, and services
- **Facilitate use of space at the site** on a periodic basis for marketing and promotion
- **Designate permanent information display** areas in building(s) or other prominent areas
- **Participate in Annual Commuter Survey**
- **Submit Annual Report** on results of the program

Enhanced level of TDM participation/strategies may include:

Transit and/or vanpool subsidies, Car/van pool incentives, Car Sharing incentives, Bicycle incentives, Walking incentives, Contribution to costs of additional transit service, Parking supply limits, Parking charges/Parking parity, Transit Centers; Bus super-shelters, Real Time Signs/Systems, Provision of shuttle, Telework incentives, Flexible or Staggered Work Hours, Compressed Work Week, Live Near Your Work (Mortgage or Rent Incentives)

CSS partners with employers in the Medical Center Transportation Management Organization, including NIH, NNMC, & Suburban Hospital to promote commute options. Strategies used include: Printed materials, Promotion of express bus service to NIH & NNMC, Kiosk with transportation information, Information displays, Staffing for employee outreach events, Promotional items & materials, Contests to market programs, Bicycle map for Med Center area (in process), Annual Commuter Survey.

National Institutes of Health (NIH) – Traffic Management Plan

In January 2005, NIH received conditional approval from the National Capital Planning Commission (NCPC) for its updated master plan. One of the principal conditions of the NCPC approval was a requirement that NIH update its transportation management plan (TMP) with the objective of reducing the Bethesda campus parking ratio from approximately 0.50 parking spaces per employee to 0.33 parking spaces per employee. The Commission's action stemmed from new parking policies that were adopted in NCPC's Comprehensive Plan for the National Capital. The presentation outlines the basic approach NIH intends to pursue in creating a balanced transportation and parking program through its TMP to address campus development and regional traffic congestion issues.

Key Facts about NIH and the Bethesda MD Main Campus

Mission, Population (33,000 staff), Location (10 sites in six states), and Facilities (18.3 mgsf)
2003 Campus Master Plan—Factors affecting development, in particular traffic congestion

Current NIH Campus TDM Measures

Carpools – 166 Registered Carpools/368 Carpoolers

452 Carpool Spaces in Preferred Lots/Available till 9:30 a.m.

Vanpools – 12 Registered Vanpools/180 Vanpoolers Parking in reserved spaces in Lot of Choice

Transhare – Transit Subsidy Program – Provides up to \$110/month for use in commuting by transit

– 6,650 Current Participants Currently transferring participants from Metrocheks to SmarTrip

Parking Management – MOU between National Capital Planning Commission (NCPC), Maryland-National Capital Park & Planning Commission (M-NCPPC) and NIH signed May 1992. Established on-going, short- & long-term strategies for parking management, including:

Ongoing: Semi-Annual Traffic Surveys, Development of Goals for Trip Reduction, Development of Strategies to Minimize Vehicle Work Trips and Discourage Single-Occupancy Commuting

Short-Term: Establish an ETSO, Place CP/VP/HC in close proximity to intended destinations, Improve NIH Shuttle Bus Service, Further Promote Flextime/Flexhour, Pay Parking for Visitors

Long-Term: Maintain the parking supply at no greater than 0.5 space per NIH employee, Reestablishment of the 250' buffer zone, implement an internal loop road, Satellite Parking Lots, & failing all attempts to achieve stated TMP goals, establish pay parking for employees as a last resort.

Future Issue: Coordination with NCPC on Campus Parking. NCPC is recommending that Federal agencies locate near public transportation routes, where possible, to reduce parking requirements further.

-Recent tightening of NCPC's parking standards at Federal facilities in the Washington region impact NIH's agreed-upon parking ratio of 0.5 space/employee. New rate is 0.33 space/employee. Even with all construction projects and final population increase until 2020 in approved Master Plan, NIH would remain at 0.47. To meet this NCPC recommendation of 0.33 space/employee, NIH would need to reduce current parking space inventory by 1,804 spaces. ORS/ORF working with NCPC to address this.

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