Louisiana Public Transit Conference

Mobility Management

November 21, 2019
Core Mobility Management Principles

- Integration
  - of different transportation modes creating a seamless journey.
  - of transportation into other community services, such as housing, healthcare, and employment
  - of individuals into their community by giving them flexible mobility options
  - of technology into transportation to improve its efficiency and effectiveness.
  - of public and private transportation modes to create a seamless system
Strategic Approach

- Where do we want to go?
- How do we get there?
- How do we measure success?
- How did we do?
- How can we improve?

Goals

Objectives

Strategies

Measures, Metrics, Targets

Results
Basic Process for Integrating Mobility Options

STEP 1
Understand MM Landscape

STEP 2
Develop Program

STEP 3
Evaluate
Mobility Management Landscape

1. Customers Needs
   - External Influencers
   - MM Landscape
     - Decision Makers & Influencers
   - Continuum of Services
     - Technology
Continuum of Mobility Services

- Vehicle Rental
- Paratransit
- Pedicabs
- Public Transit
- Shuttles
- Taxis

- Carpool
- Vanpool

- Bikesharing
- Car Sharing
- Company Shuttles
- Microtransit
- P2P Bikesharing
- P2P Vehicle Sharing
- TNC’s
- Scooter Sharing
Technologies Supporting MM

- Carsharing
- Bikesharing
- Ridesharing
- TNC’s & Taxi’s
- Car Rental
- Public Transportation
- Integrated Payment
- Incentives
- Smart Parking
- Trip Planning & Navigation Services
- Real-Time Travel & Operation Data

Mobility on Demand

Connected Traveller

STEP 1
Decision Makers & Influencers

Who is a potential champion?

What decision processes should you be aware of?

Other External Influences
  • healthcare needs
  • homelessness
  • concentrations of target communities
  • spatial mismatch between jobs and workers
Program Development

**STEP 2**

- **a** identify MM projects and programs
- **b** develop integration priorities
- **c** identify potential partners
- **d** cultivate effective partnerships
Levels of Integration

**Communication**
- Sharing information, acting independently

**Coordination**
- Acting jointly on an informal basis

**Collaboration**
- Acting jointly on a formal basis

**Consolidation**
- Total integration merging all functions
Develop Integration Priorities

**Inclusive** process of identifying and prioritizing projects and programs

- transportation providers, passengers and transit-reliant populations
- key destinations, human service providers, government agencies, employers, businesses

Prioritization based on clear and transparent data
Partnerships

**Internal**
- b/w departments, b/w modes, etc

**External**
- cross-agency partnerships
- cross-sector partnerships
- partnerships b/w community-based non-profits
- partnerships b/w funders/donors and recipient organizations

**Partnership Relationships**
- coordination
- integration
- strategic alliance
- cost-sharing
- grant-matching
- funding alliance

**Formalize Commitment**
- detailed action plans
- partnership agreements
- MOU’s
  - action steps
  - timeline
  - responsibilities
  - resources
Evaluate & Improve

STEP 3

- **a** choose performance measures and metrics
- **b** collect & track data
- **c** use data to improve performance
Performance Measures & Metrics

**Measures**
used to predict, evaluate, and monitor objectives
Usually broad, may not be directly measurable

**Metrics**
usually narrowly defined and measurable, typically with a unit of measure
Types of Measures & Metrics

**Process /Input**
- staff time & financial resources used to establish & market a regional one-call center that can be used to schedule rides
  
  **EXAMPLE:**

**Output**
- number of rides scheduled through the one-call center
  
  **EXAMPLE:**

**Outcome**
- decrease in the # of missed appointments at local health centers attributable to lack of transportation
  
  **EXAMPLE:**

**Satisfaction**
- % of riders satisfied with the customer service or overall experience using one-call center
  
  **EXAMPLE:**

**Impact**
- improvement in the health status of riders accessing information and rides to health care providers through one-call center
  
  **EXAMPLE:**
Data Collection & Utilization

**Collect & Track Data**
- Internal Data Sources
  - self-assessments
  - operations monitoring data
  - customer surveys
  - personnel/payroll data
  - website/app analytics
- External Data Sources
  - Social Service agencies,
  - hospitals,
  - employers, etc…

**Improve Performance**
- Inform Program Management
  * increase effectiveness
  * reduce cost
  * expand services
  * uncover untapped riders
- Monitor Service Performance
- Enhance Accountability
Rural Mobility Needs

**NEMT**
NEMT for Medicaid clients continues to be a major element of the need for regional transportation services from rural areas.

**Employment**
Commuter transportation from rural areas to employment outside the immediate area.

**Education**
Access to regional community colleges, training programs, state colleges and universities.

**Medical**
In addition to Medicaid, there are other riders who need to access specialized services in regional centers.

**Shopping**
A concentration of shopping in big-box stores replaced many small-town retail businesses; and now big-box stores are eliminating smaller rural stores and concentrating operations in regional supercenters.

**Social & Recreational**
Loss of intercity service means social and recreational trips need to be addressed by rural regional, including visits to family (for occasions), friends, parks and recreation sites.
Prior 1960's
The need was met by the private for-profit intercity bus companies that cross-subsidized services required under the system of federal and state regulation.

1960 - 1970
As ridership declined, the bus industry began to reduce rural service.

1980's - Today
Intercity bus firms began to abandon unprofitable rural service, following deregulation of the intercity bus industry in 1982.

During this period the rural public transportation industry developed.
Intercity bus services provided by the market or funded by Section 5311(f) are often unable to address needs because meaningful connections may not provide schedules useful for regional trips.

Human Service Programs funding or providing local transit say they are unable to address needs.

As a result, the rural transit organizations that developed focused on providing local services, with services not provided outside city or parish boundaries, often with eligibility requirements for potential users.
Generally includes transit services that:

- are scheduled,
- are open to the general public (though they may also carry agency clients),
- operate on longer routes that cross county lines,
- connect non-urbanized areas (places under 50,000 population) to each other and to urbanized areas (over 50,000), and
- are scheduled to permit a round-trip within a day, allowing the user to spend several hours at their destination.
# Rural Transportation Service Elements

<table>
<thead>
<tr>
<th>Description</th>
<th>Intercity Bus Service</th>
<th>On-Demand</th>
<th>Regional Bus Services</th>
<th>Other Essential Regional Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>Intercity bus service connects rural communities to the National Intercity bus network for travel to more distant points.</td>
<td>where distances and frequency will not support fixed routes</td>
<td>Routes on regional bus corridors have moderate frequency (often several trips in each direction per day), and operate at least every weekday if not every day of the week.</td>
<td>Primarily operating on a fixed route and fixed schedule for traveling from rural to urban areas, these have flexible routing at the end.</td>
</tr>
<tr>
<td>Funding Source</td>
<td>Fares, 5311(f)</td>
<td>5311, 5311(f), Fares, Private, Public</td>
<td>5311, Fares</td>
<td>5311, Medicaid, Human Services</td>
</tr>
<tr>
<td>Operator</td>
<td>Private</td>
<td>Public agency/transit or private</td>
<td>Public agency/transit providers, could also be private for-profit or non-profit</td>
<td></td>
</tr>
<tr>
<td>Example</td>
<td>Major national intercity carrier, such as Greyhound</td>
<td>Van rides to medical centers and personal business.</td>
<td>Fixed-route services that cross county lines, a route from a small town through three counties to serve commuters, students and medical trips.</td>
<td>Non-emergency medical, Shopping, Personal Business</td>
</tr>
</tbody>
</table>
Service Gap Analysis - Key Findings

- **Funding** needs are growing faster than revenues — especially operating.
- Demand for **healthcare access** in the region is increasing.
- Lack of **transportation awareness and information** and referral services.
- **Transit access** — many comments focused on the lack of availability and accessibility.
- **Spatial gaps** — areas of our region that are either difficult of impossible to reach by public transportation.
- Long waiting lists for community-based waiver programs limits transportation **program eligibility**.
- **Temporal gaps** — points in time that lack service.
- Lack of available, qualified **drivers** limits.
- **Barriers facilitating trips** between the urban and rural ADA paratransit & specialized service providers remain.

(Monday-Friday)
Coordinated Human Services Transportation Model

MPO aggregates data. MPO & CLCTC use data to develop solutions, prioritize strategies, monitor outcomes and update Coordinated Plan.

Regional Mobility Needs & Gaps

Prioritize Strategies

Desired Outcomes

Contact

Transit Providers

STARS

Update Database

Transit Provider Database

Human Service Agencies

Human Service Agency Database

MPO

Targeted Outreach

Unmet Provider Needs

Unmet User Needs

Conduct Outreach

Site Visits

Interviews

Focus Groups

Surveys

Aggregate Feedback

CLCTC

Vision & Mission

Goals

Solutions

Monitor Impact

STARS

Transit Provider Database

Human Service Agency Database

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CLCTC

Vision & Mission

Goals

Solutions

Monitor Impact
Addressing Barriers - Coordination

Create Coordination Coalition

Primary Outcome
- Consistent communication between relevant stakeholders and transportation providers

Secondary Outcomes
- Increased coordination of transportation services
- Reduced operating costs
- Better provision of social services
Addressing Barriers - Funding

**Leverage Existing Funding**

**Primary Outcome**
- Increased funding opportunities for transit operations

**Secondary Outcomes**
- Increased opportunities to coordinate transportation services
- Increased transportation service options
- Increased driver availability
Addressing Barriers - Awareness

Close Awareness Gaps

Primary Outcome
Promote available special transportation mobility options

Secondary Outcomes
Increased awareness of available mobility options
Increased utilization of transportation services
Addressing Barriers - Information

Develop Centralized Repository

Primary Outcome
A dynamic and accessible database of transportation services

Secondary Outcomes
- Ease of access to transportation service information
- Increased coordination of transportation services
- Increased access to social services
- Increased rider confidence
TIPS

State Policies Can Make a Difference

Different organizational approaches can work

Local champions are required

The needs of multiple markets should be addressed

An appropriate service design will attract more riders

Connectivity and information are important

Creative funding may be needed
3 Rural Regional Transportation Myths

It’s Not Allowed
Federal programs do not restrict services to particular jurisdictions. There is generally no state funding or administrative restriction preventing transit operators from creating regional routes. Any restriction on implementing regional services is likely to be locally imposed.

There’s No Funding
Regional services can be operated using a variety of funding sources. These include the expected FTA Section 5311 rural funds, Section 5311(f) rural intercity funding, Section 5311(f) in-kind match from connecting unsubsidized intercity services, federal Congestion Mitigation and Air Quality funding, economic development funding, energy funding, tribal transit funding, state funding for match, state incentive funding for regional services, funding for Medicaid non-emergency transportation, and other local sponsors.

It’s Not Productive
In most cases, rural regional routes had acceptable ridership to start and have seen increasing demand over time. In some cases fine-tuning of schedules and routes has resulted in improved ridership.
Sources

The following information was used to develop this presentation:


Thank You

Questions?

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