

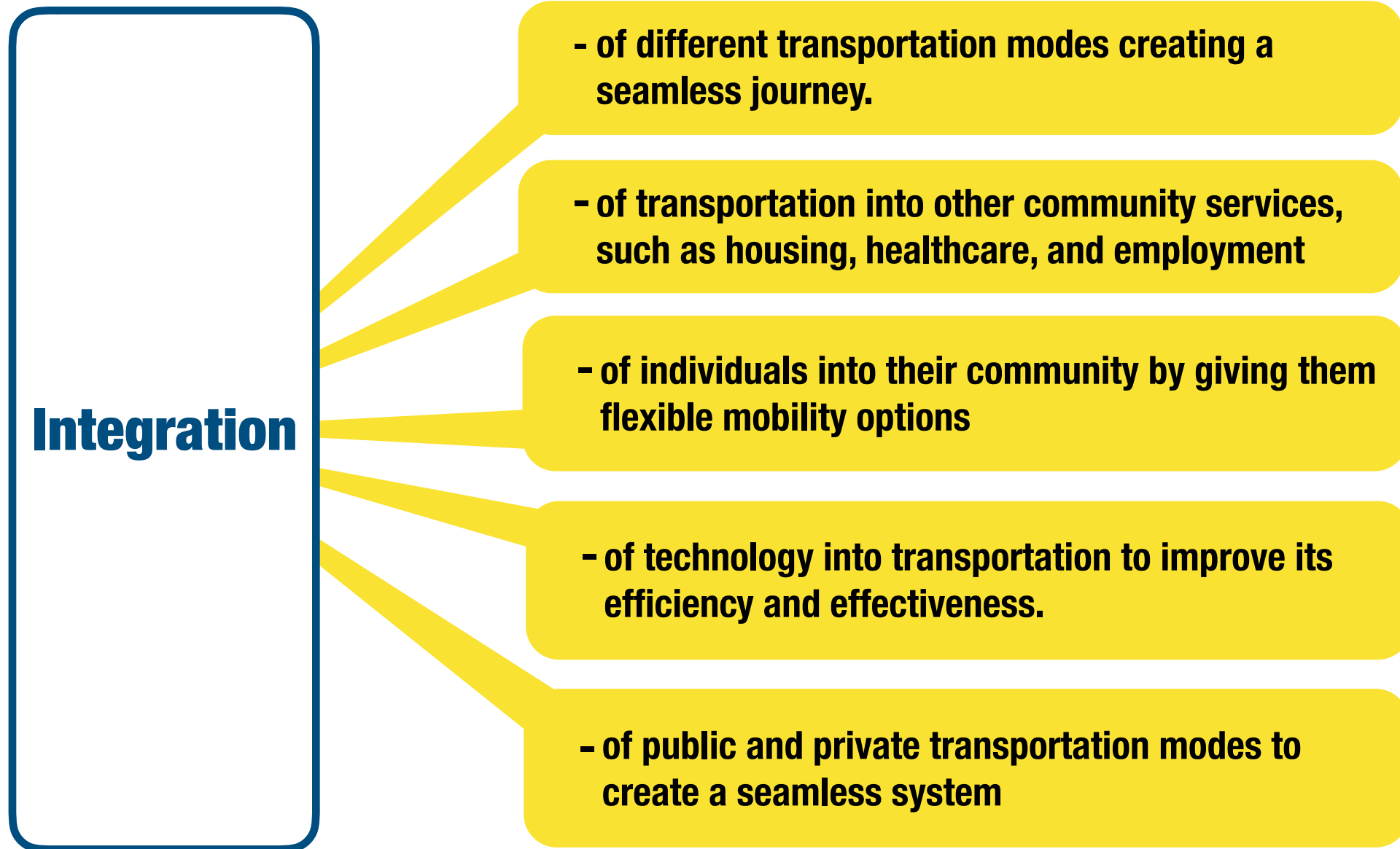
Louisiana Public Transit Conference

Mobility Management

November 21, 2019



Core Mobility Management Principles



Strategic Approach



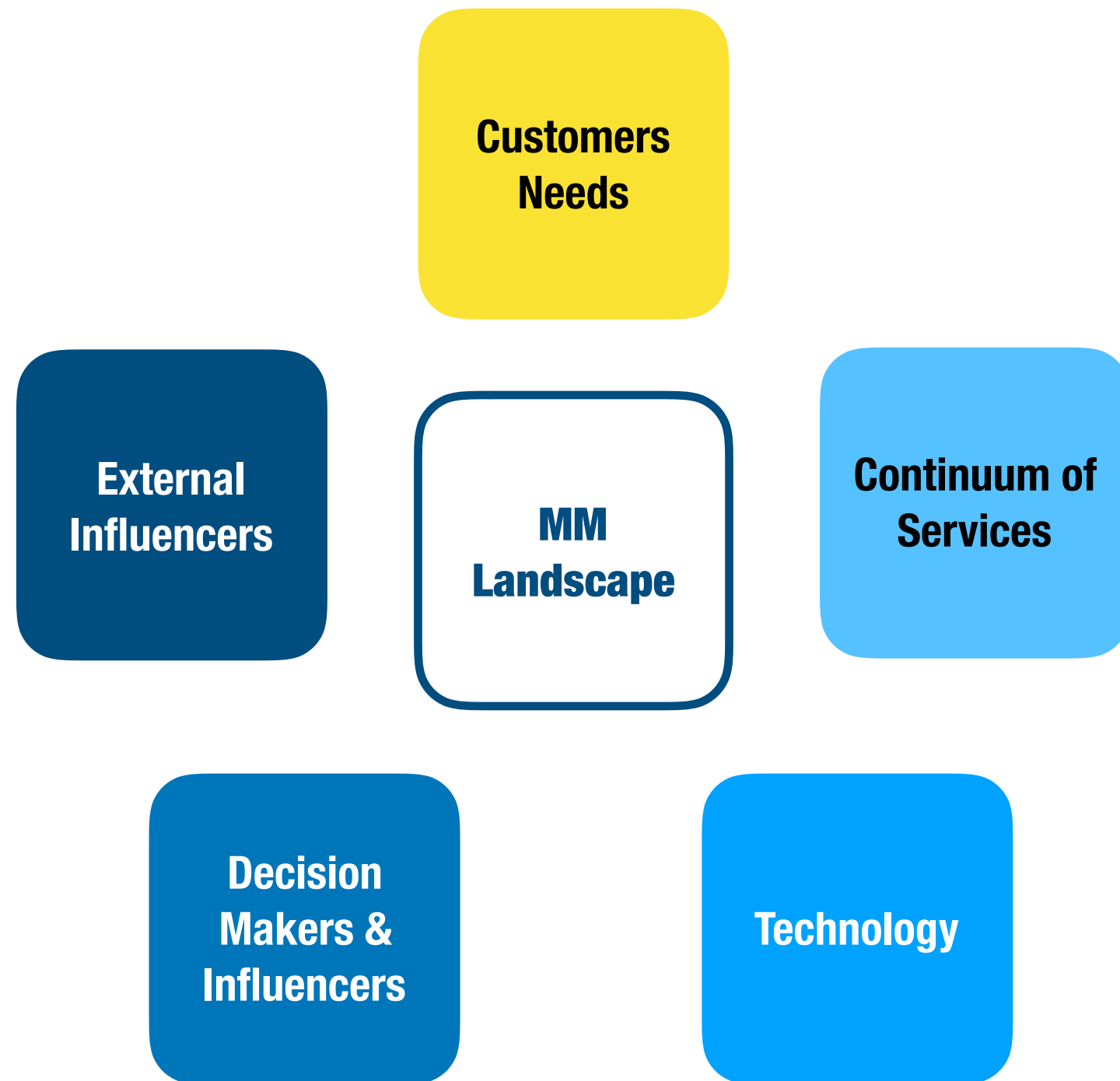
Basic Process for Integrating Mobility Options



STEP

1

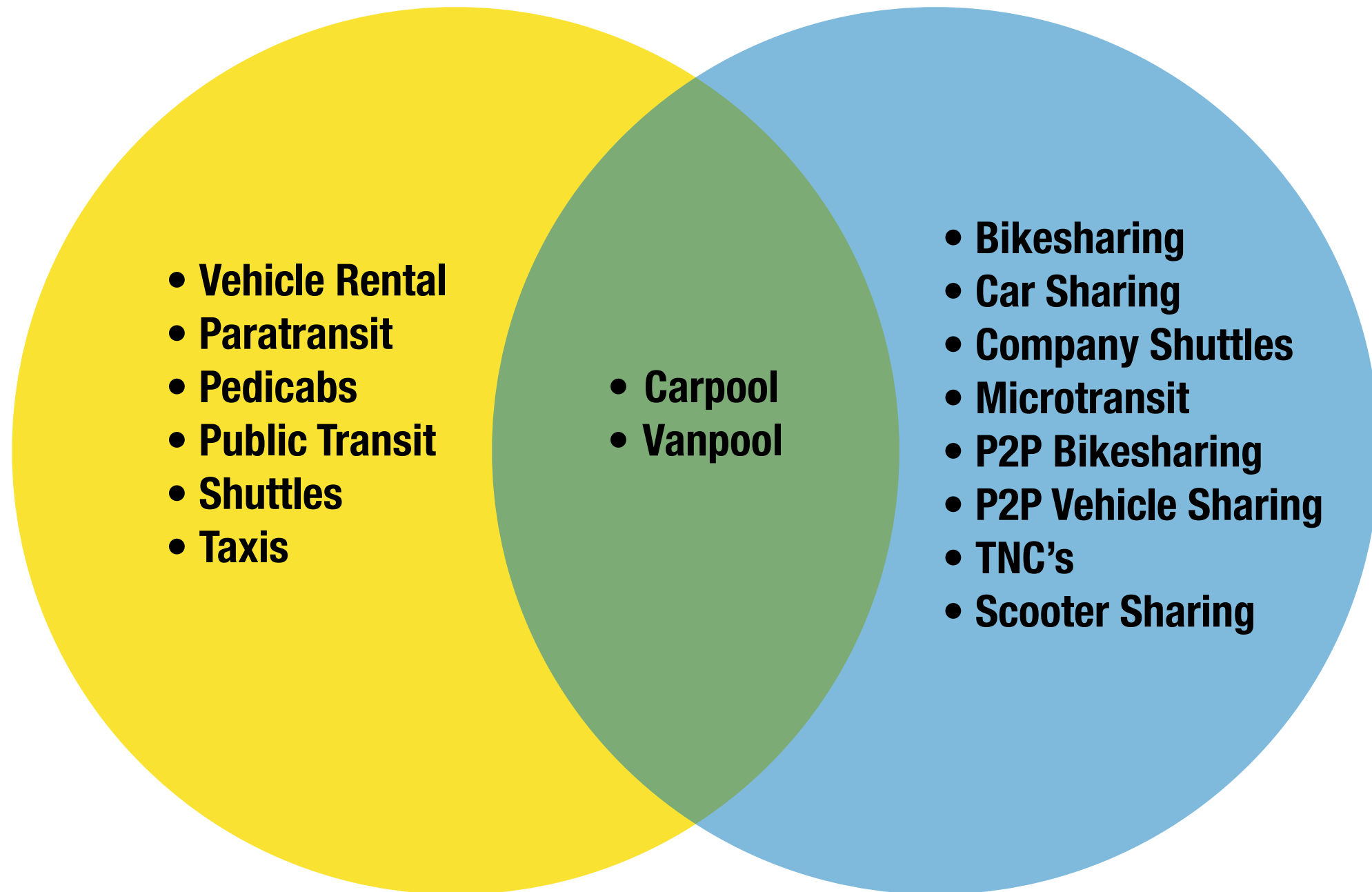
Mobility Management Landscape



STEP

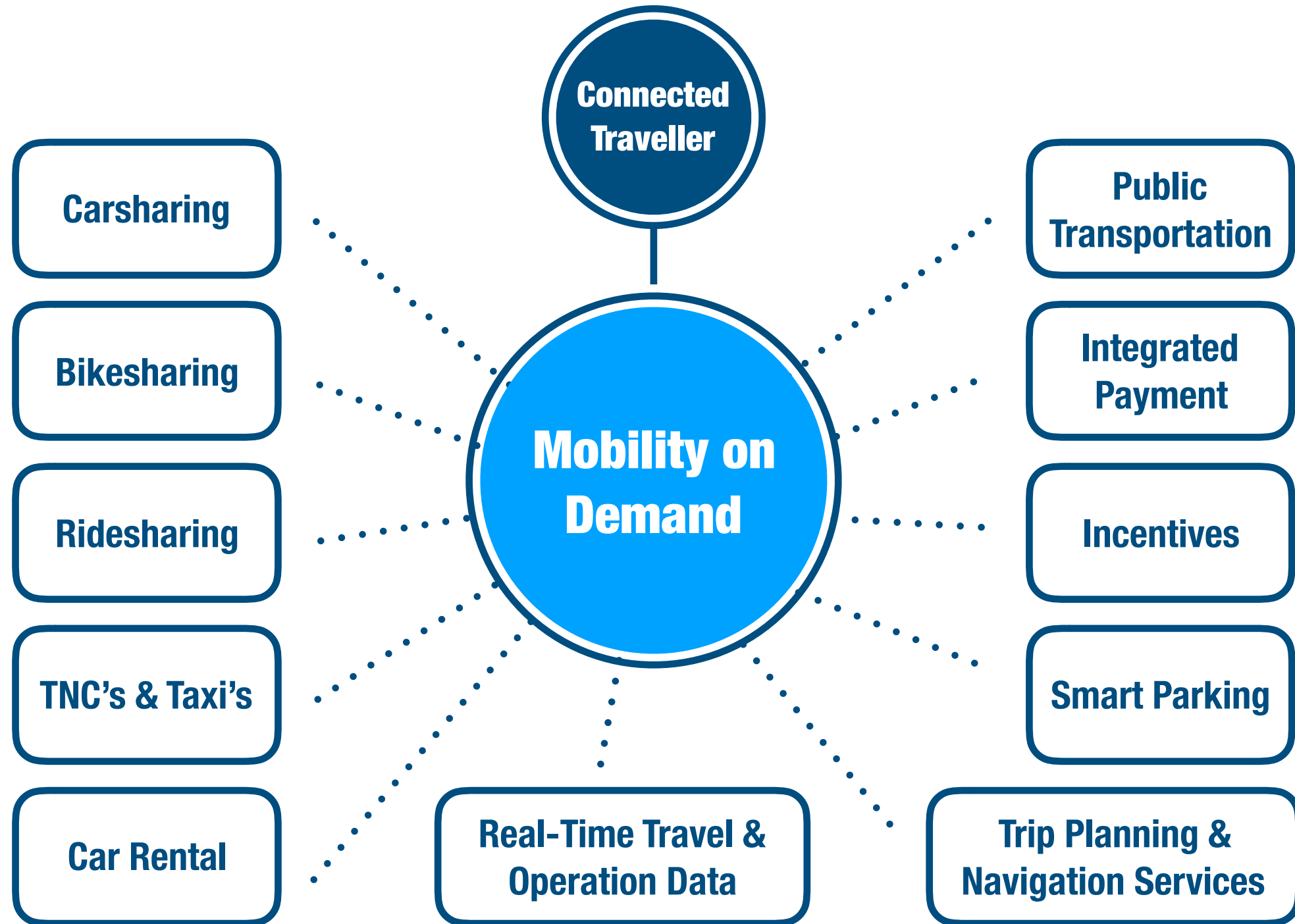
1

Continuum of Mobility Services



STEP
1

Technologies Supporting MM



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

STEP
2

Program Development

a

**identify MM projects
and programs**

b

**develop integration
priorities**

c

**identify potential
partners**

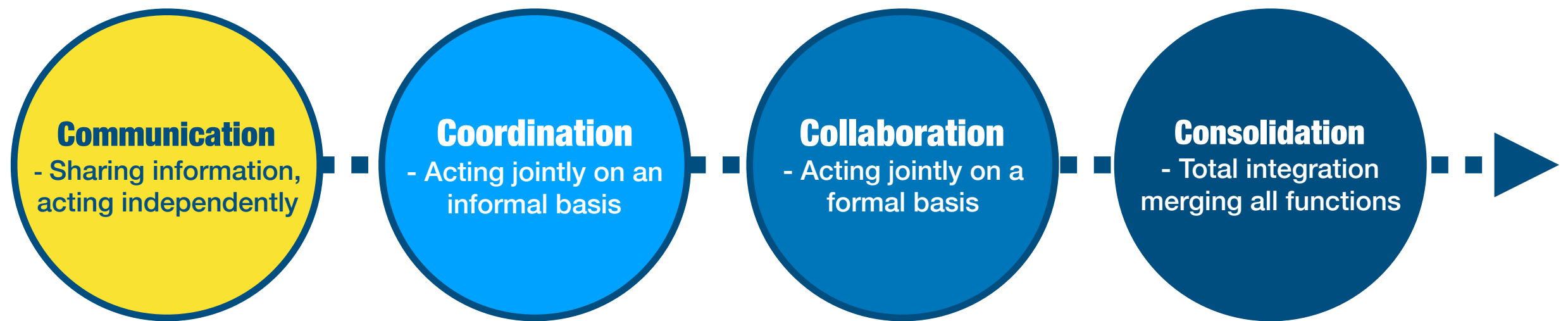
d

**cultivate effective
partnerships**

STEP

2

Levels of Integration



STEP

2

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

STEP
2

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

STEP
3

Evaluate & Improve

a

**choose performance
measures and metrics**

b

collect & track data

c

**use data to improve
performance**

STEP

3

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

STEP
3

Types of Measures & Metrics

Process /Input

EXAMPLE:

- staff time & financial resources used to establish & market a regional one-call center that can be used to schedule rides

Output

EXAMPLE:

- number of rides scheduled through the one-call center

Outcome

EXAMPLE:

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

Satisfaction

EXAMPLE:

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

Impact

EXAMPLE:

- improvement in the health status of riders accessing information and rides to health care providers through one-call center

STEP
3

Data Collection & Utilization

**Collect &
Track Data**

**Improve
Performance**

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...

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.

What Happened?

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.

During this period the rural public transportation industry developed

1960

1970

1980

1990

2000

1960's - 1970's

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.

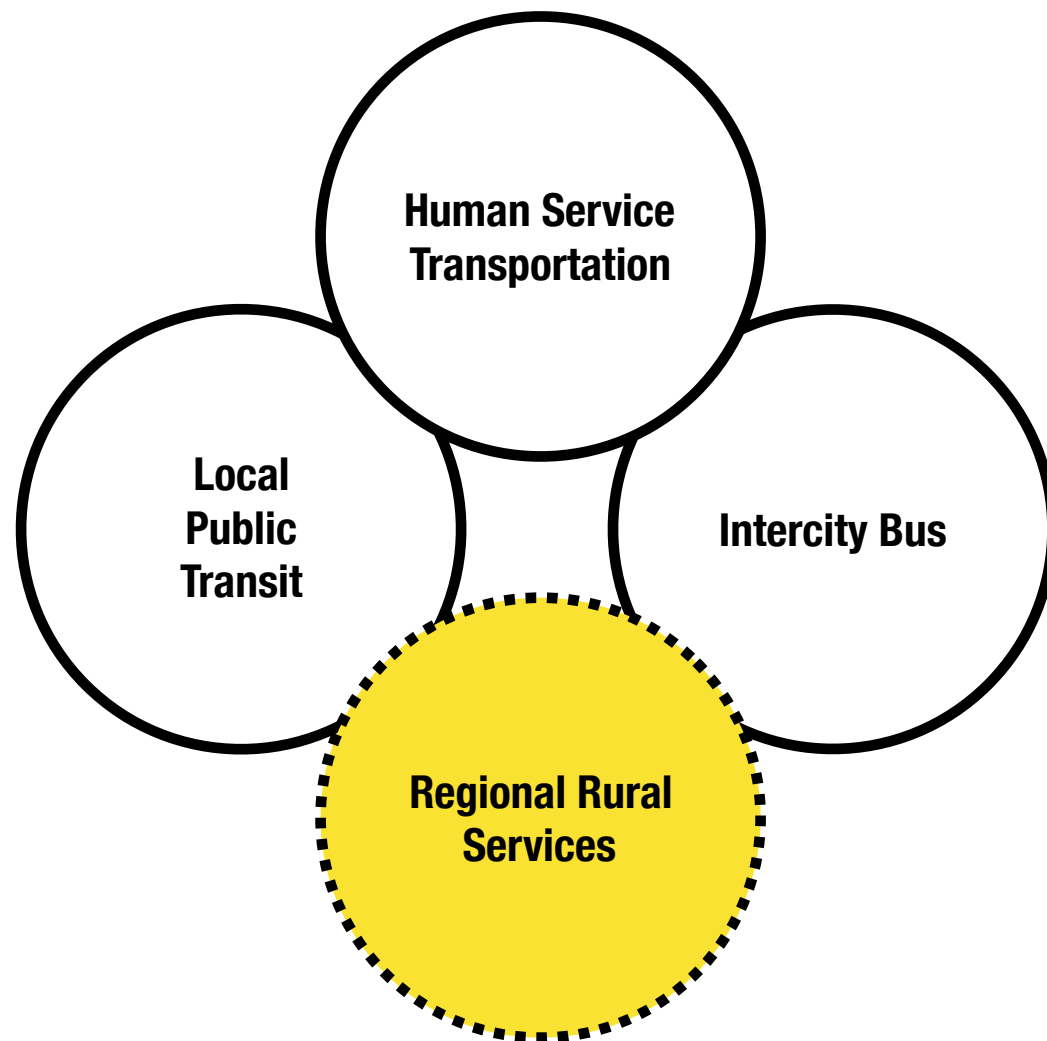
Rural Transit Conundrum

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.

Rural Regional Mobility Defined



Rural regional mobility relationships

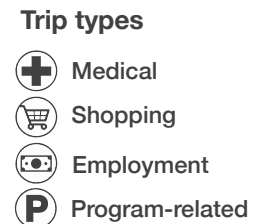
Generally includes transit services that:

- 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.

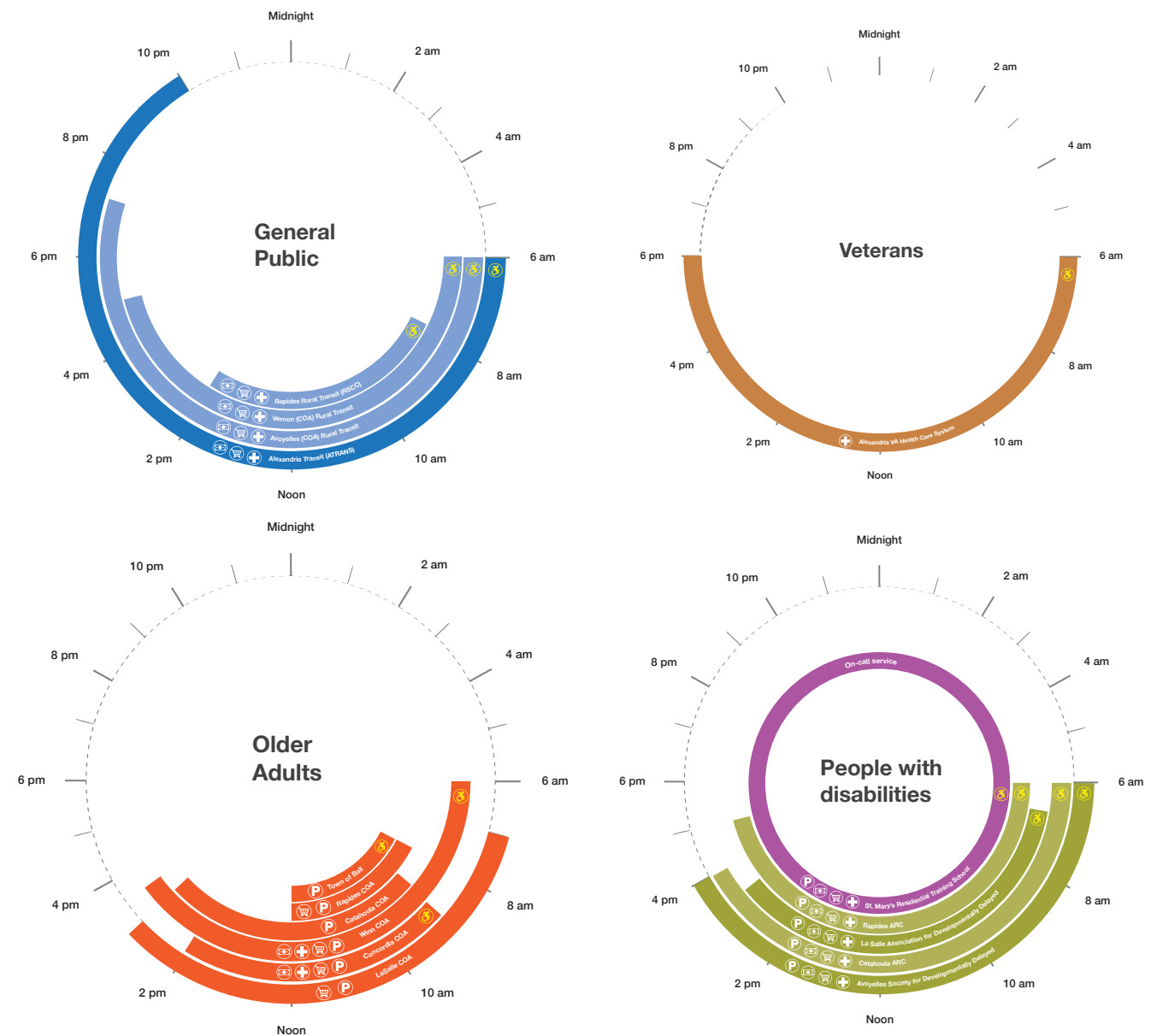
Rural Transportation Service Elements

	Intercity Bus Service	On-Demand	Regional Bus Services	Other Essential Regional Services
Description	Intercity bus service connects rural communities to the National Intercity bus network for travel to more distant points.	where distances and frequency will not support fixed routes	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.	Primarily operating on a fixed route and fixed schedule for traveling from rural to urban areas, these have flexible routing at the end.
Funding Source	Fares, 5311(f)	5311, 5311(f), Fares, Private, Public	5311, Fares	5311, Medicaid, Human Services
Operator	Private	Public agency/transit or private	Public agency/transit providers, could also be private for-profit or non-profit	
Example	Major national intercity carrier, such as Greyhound	Van rides to medical centers and personal business.	Fixed-route services that cross county lines, a route from a small town through three counties to serve commuters, students and medical trips.	Non-emergency medical, Shopping Personal Business

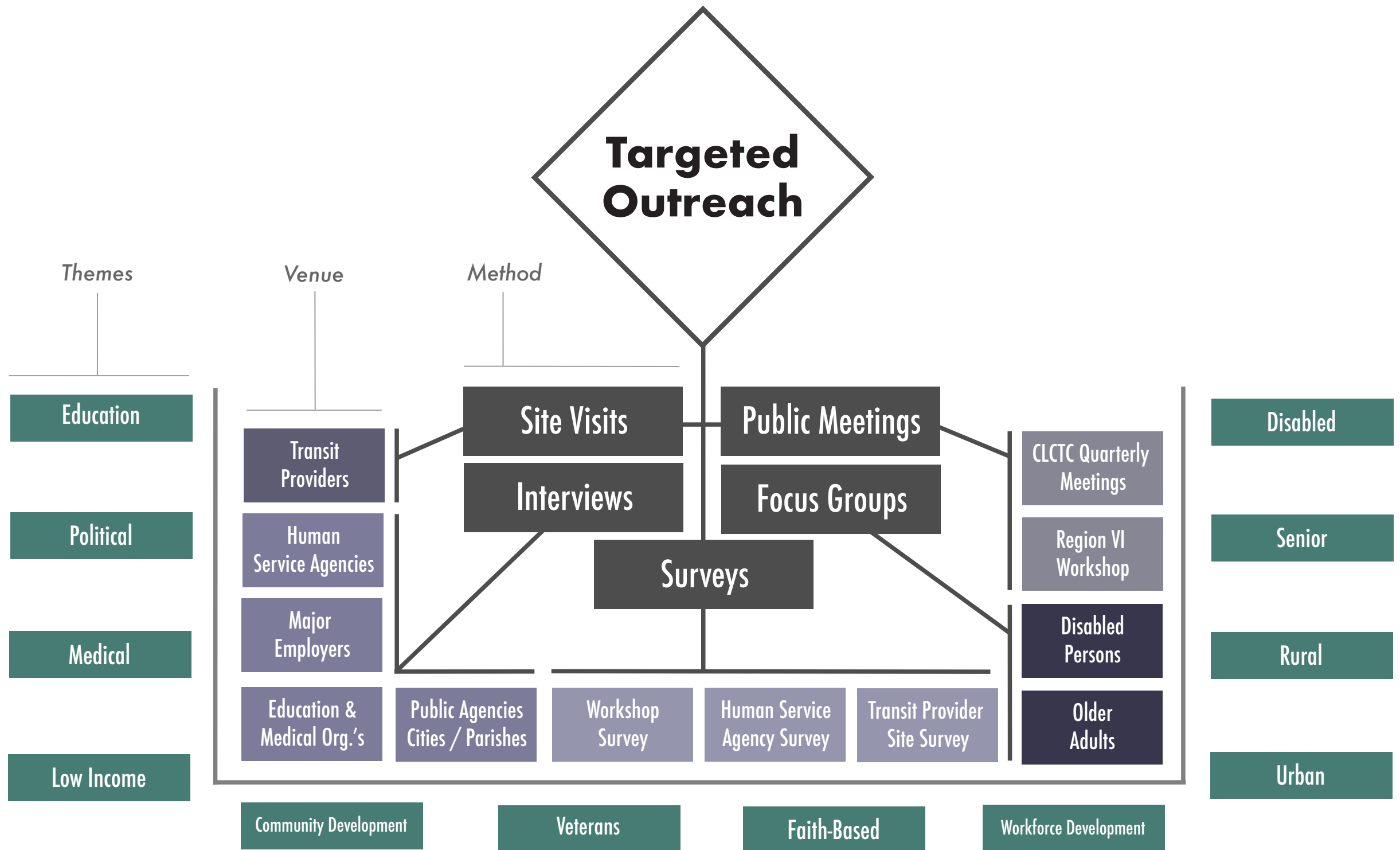
Service Gap Analysis - Key Findings



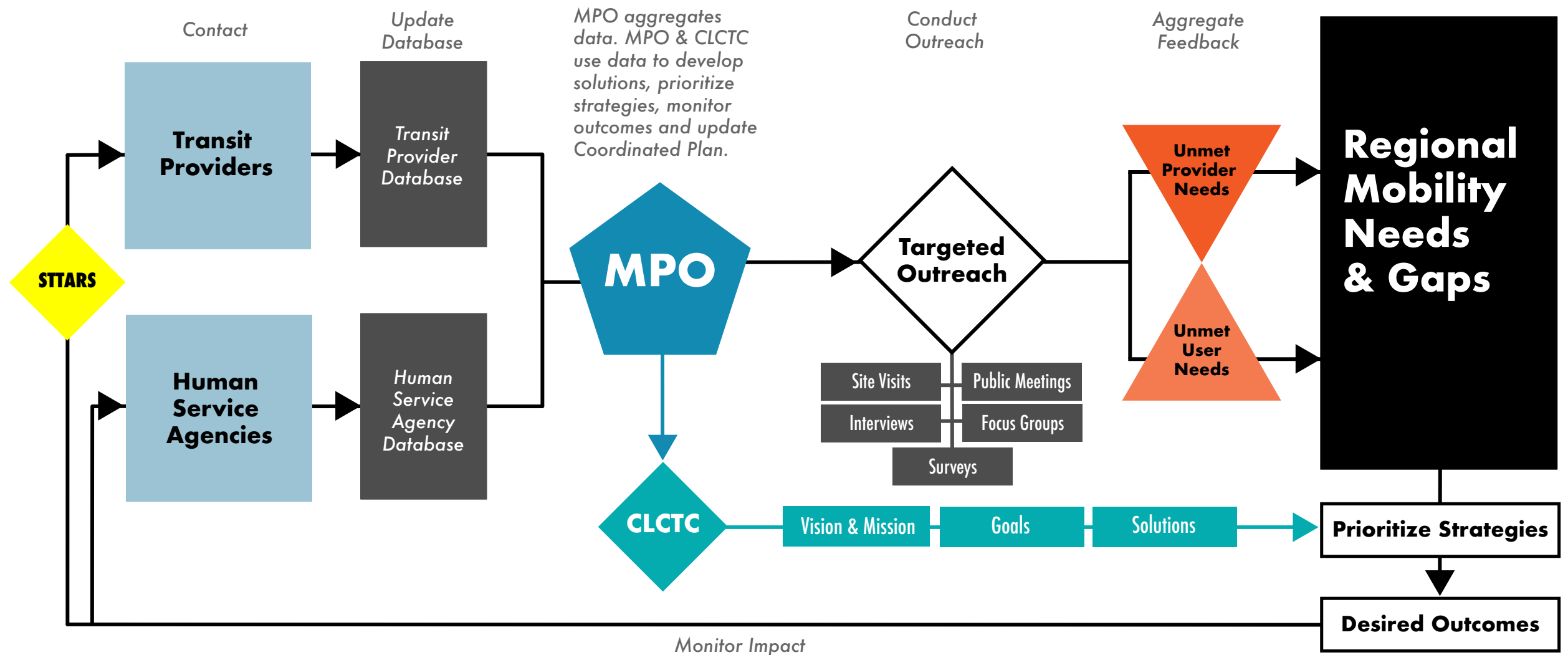
- **Funding** needs are growing faster than revenues — especially operating.
- Demand for **healthcare access** in the region is increasing.
- Lack of **transportation awareness and information** and referral services.
- **Transit access** — many comments focused on the lack of availability and accessibility.
- **Spatial gaps** — areas of our region that are either difficult or impossible to reach by public transportation.
- Long waiting lists for community-based waiver programs limit 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.



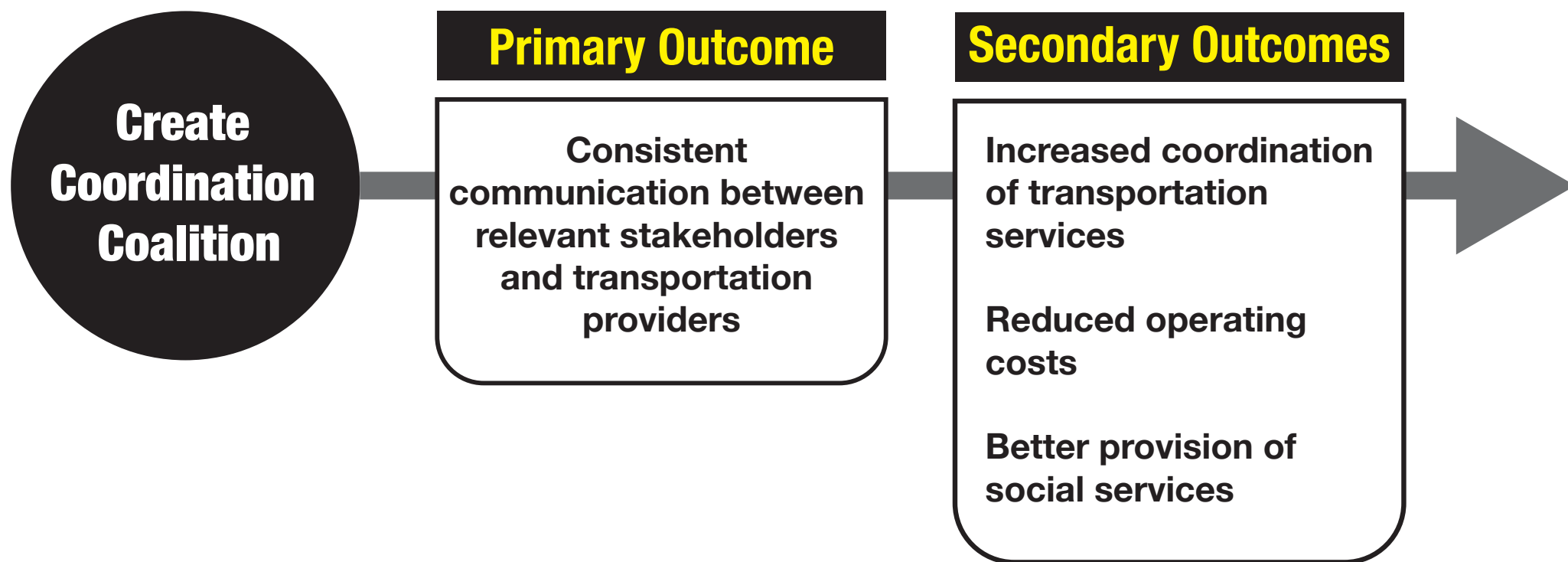
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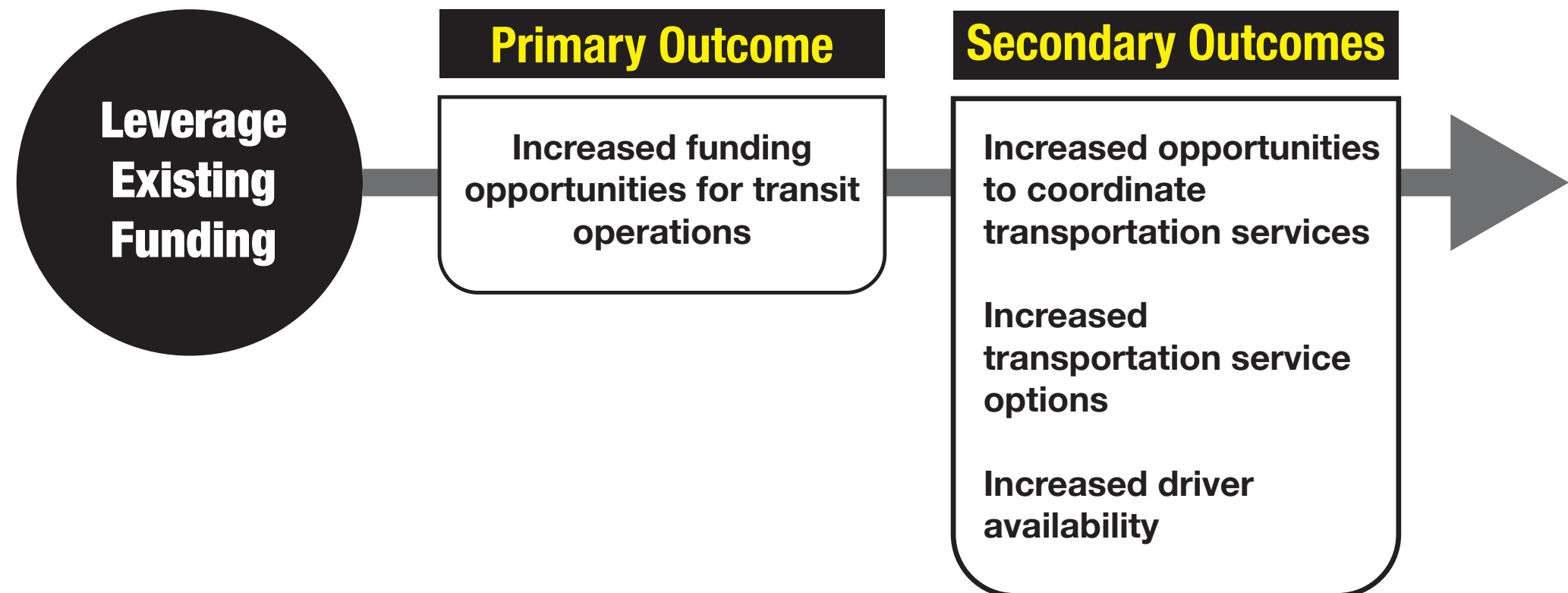
Coordinated Human Services Transportation Model



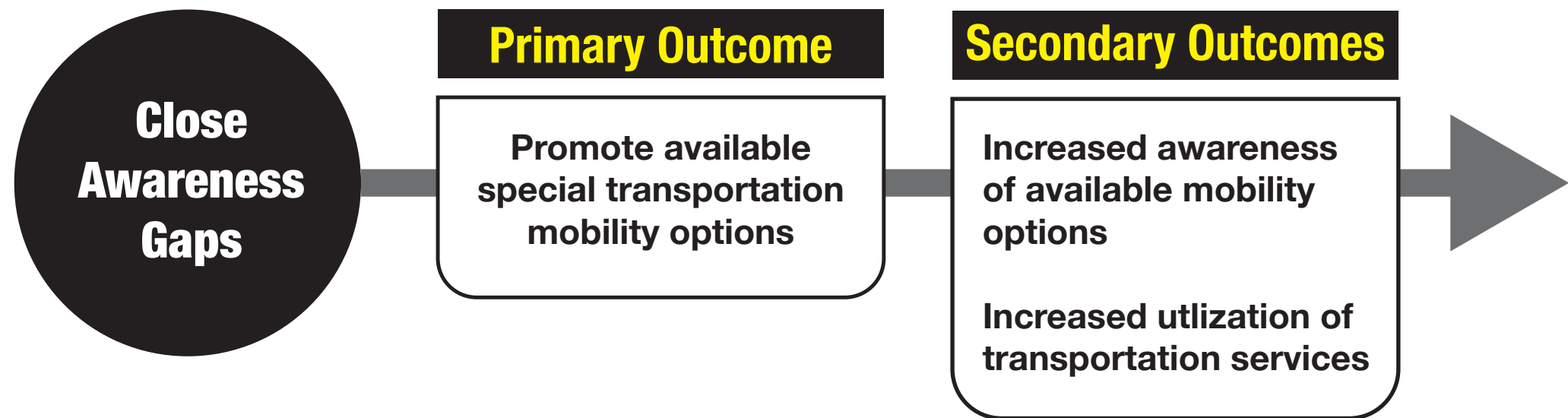
Addressing Barriers - Coordination



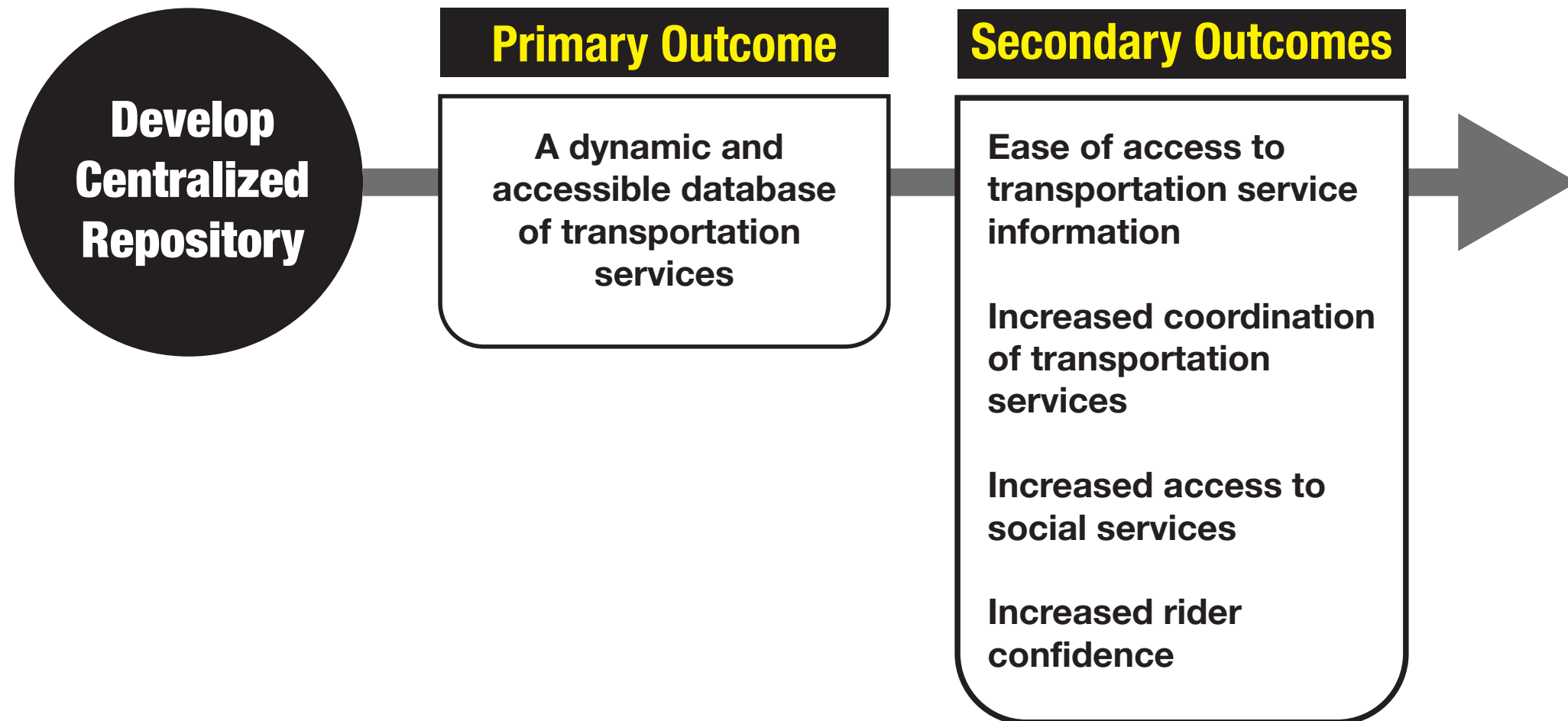
Addressing Barriers - Funding



Addressing Barriers - Awareness



Addressing Barriers - Information



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:

Alexander, Karen, Jon Carnegie, and James McLary. Advancing Mobility Management. New Brunswick: National Transit Institute, 2018. Print.

Best Practices in Rural Regional Mobility. Bethesda: KFH Group, Incorporated, 2017. Print.

Central Louisiana Coordinated Human Services Transportation Plan. Alexandria: Rapides Area Planning Commission, 2018. Print.

Thank You

Questions?

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