



NCMM Presents: Mobility Management Connections

“The Future of Mobility Management Post COVID”

May 26, 2021

Some Things to Remember

Please add your name and affiliate in the chat

Please mute yourselves if you are not speaking

A recording will be available on the NCMM website

Please add your questions to the chat box

Closed captioning is turned on for this session

Enjoy and learn from each other!



nc4mm.org



Who We Are

A national technical assistance center funded through a cooperative agreement with the Federal Transit Administration and operated through a consortium of three national organizations

Our Mission

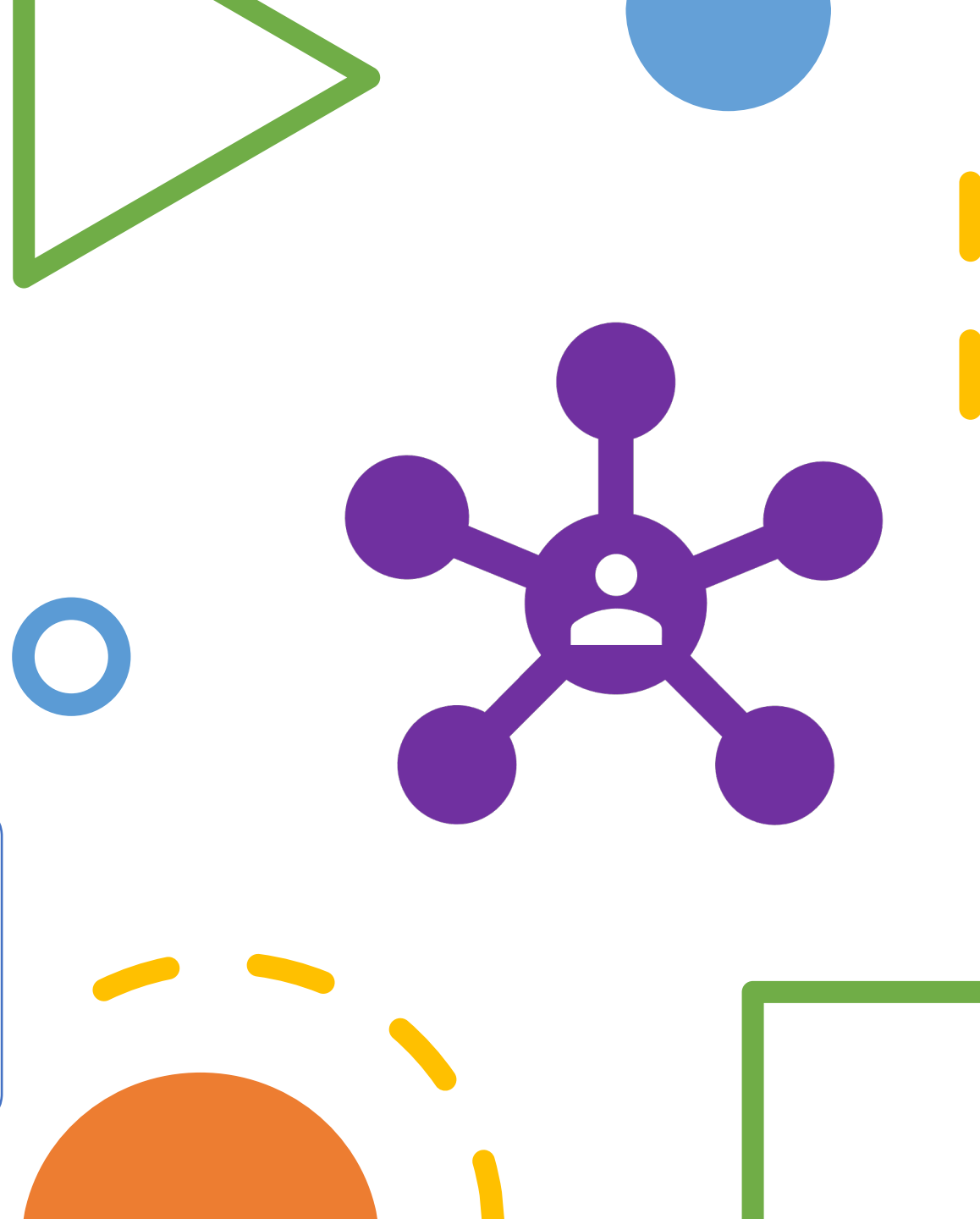
To promote customer-centered mobility strategies that advance good health, economic vitality, self-sufficiency, and community.

We work to promote cross-sector partnerships and help communities create/improve transportation options – “mobility management”

What is MMC? Who is it for?

A platform to share ideas and mobility management strategies related to building transportation connections and identifying mobility solutions

This community is for mobility management practitioners who are actively advancing mobility management in their communities, regions and states



How to sign up for MMC

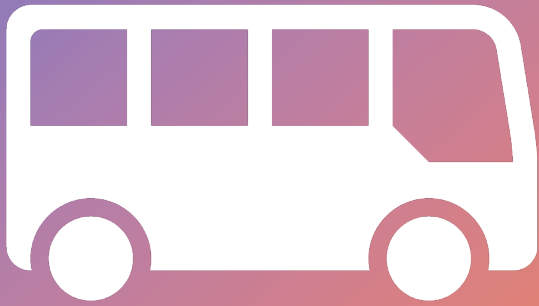
SIGN UP at <https://learn.pyd.org/> - Tell us about your role as mobility manager, interest areas, and contact information

ENGAGE - Share experiences, network, and ask questions of peers with experience in the field

LEARN - From your peers, NCMM technical assistance, and other national resources

Mobility Management Champions

- Each champion acts as a facilitator of monthly community activity by:
- Sharing questions and issues of their choice that are relevant to mobility management activities;
- Disseminate resources and tools that pertain to this topic; and
- Respond to questions posed by other mobility management professionals via the MMC discussion forum.



Today's Moderator

Amber Simmons



Today's Panelists



Alan Herrmann



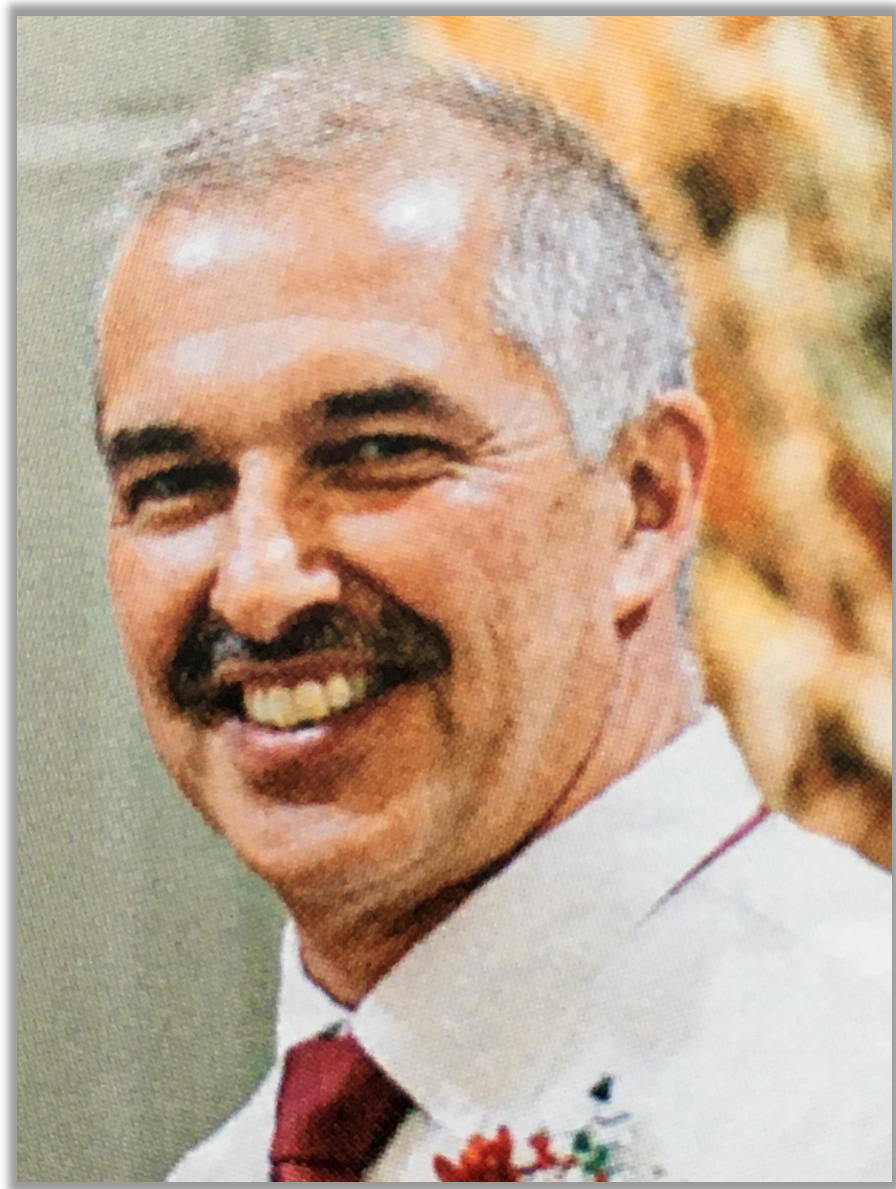
Vernon S. Chambers



Joy Annette

Presenter

Alan Herrmann





SmartLink

Mobility Management-A Journey

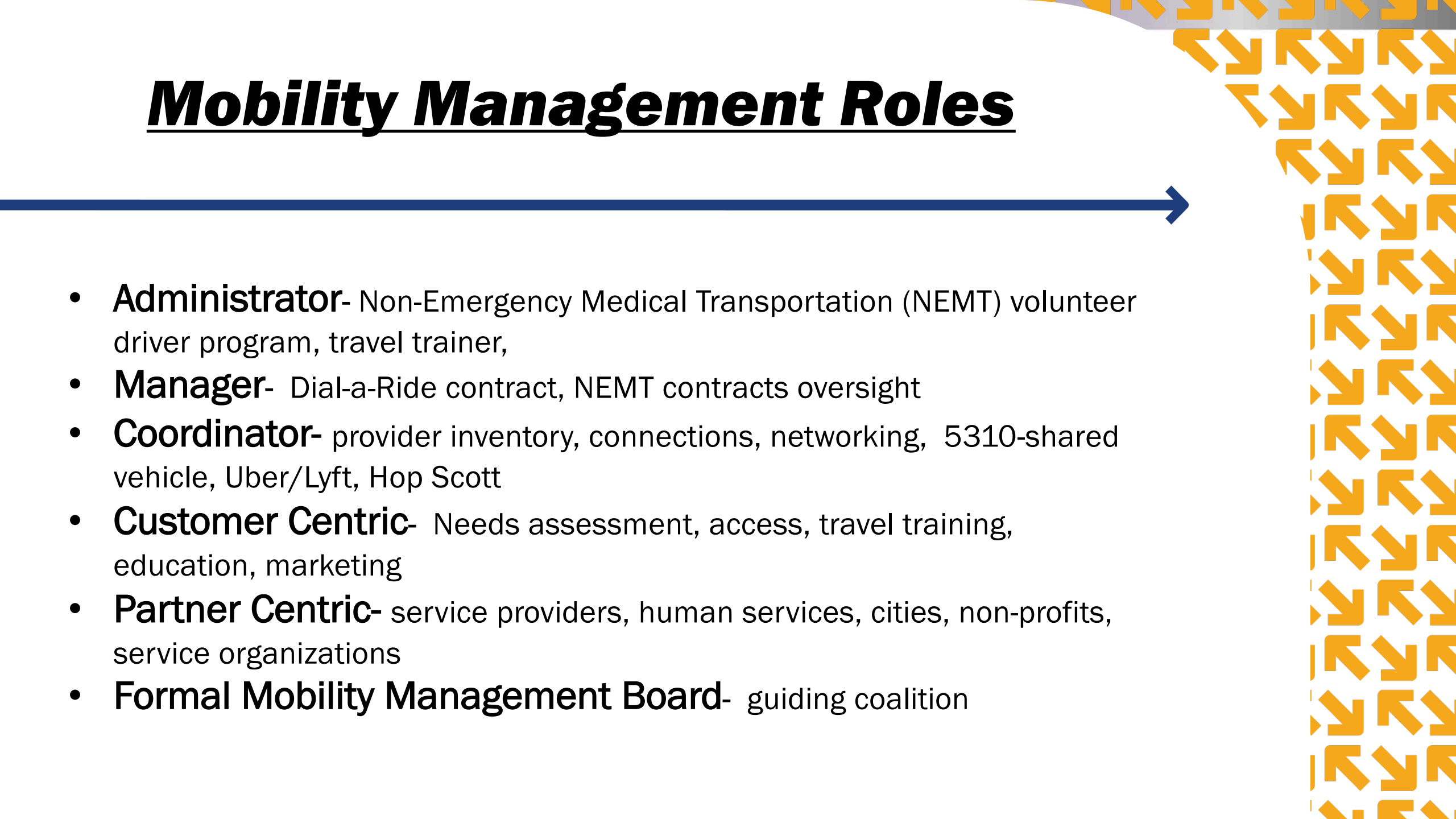
MAP



SmartLink History

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- **1980 -2008** Scott and Carver provided Dial a Ride(DAR) and volunteer driver programs independently
 - **2007** –Scott County took on ADA transportation (Metro Mobility)
 - **2009** - Scott and Carver combined services and formed SmartLink Transit
 - **2010** –Provides Non-emergency medical transportation administration (NEMT)
 - **2013** –Marschall Road Transit Station opens
 - **2014** - Full Merger
 - **2015** –Contracted out for all Dial a Ride /Metro Mobility Contract lost
 - **2016**- Mobility Management - DAR, Volunteers, NEMT, Shared vehicle
 - **2017**- Shared Vehicle begins- NYA Pilot
 - **2018**- Travel trainer/ Marketing
 - **2019** Software Investment
 - **2020** Covid changes how we work
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Mobility Management Roles

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- **Administrator-** Non-Emergency Medical Transportation (NEMT) volunteer driver program, travel trainer,
 - **Manager-** Dial-a-Ride contract, NEMT contracts oversight
 - **Coordinator-** provider inventory, connections, networking, 5310-shared vehicle, Uber/Lyft, Hop Scott
 - **Customer Centric-** Needs assessment, access, travel training, education, marketing
 - **Partner Centric-** service providers, human services, cities, non-profits, service organizations
 - **Formal Mobility Management Board-** guiding coalition

Software/Technology



- 
- Hosted environment
 - DAR scheduling, dispatch,
 - NEMT- Contracted providers, oversight
 - Volunteer driver- acceptance, communication
 - Shared vehicle programming
 - 1st mile/last mile- self booking, notifications
 - Mobility on demand
 - Customer Service Tracking
 - Trip Brokering
 - Online booking (Web Portal)
 - Booking application (cell phone app)
 - Bike Trail connections
 - Van Pools
 - Tablet solution/communication

Linking People to Transportation

- Set up cooperative agreements between areas (Counties)- reviewed yearly
- Set up oversight (Board)and members- Quarterly meetings
- Call in Center 1 click, 1 call- what is next technology needed and accessible to all
- Working groups
 - A.) Needs and gaps discovery- localized Meet throughout year
 - B.) Inventory of existing transportation services (report to Board) Updated Yearly
- Travel Training and follow-up Individual to large groups, how to videos Multiple staff trained
- Shared vehicle- shared vehicle coordination help- Multiple processes researched and outlined
- Non-Emergency Medical Transportation network/contracts- other purposes
- New resources- on demand, autonomous, new taxis in areas- Expanded DAR, HopScot
- Senior needs- grocery loops, evening or weekend, medicals Constant Interviewing
- Service outside regular hours- evenings and weekends, employment (In Scott, not Carver)
- Foster Care transportation (outside school district) in Carver not Scott-Pre-covid
- Work with County and City planners- Comprehensive plans, bike paths, transit connections UTMP-Scott County, Resilient Communities –U of M
- Coordinate with regular route services in area- (MVTA, SW)- DAR- Use Volunteers/Hop Scott for denials
- Networking- employers, medical institutions, Daily Treatment and rehabilitation centers, Senior Centers, Senior Organizations, service organizations, entertainment venues Involvement is key to success
- Grant funding opportunities- 5310, Live Well at Home Grant- Scott- through 2022

And then a Pandemic....

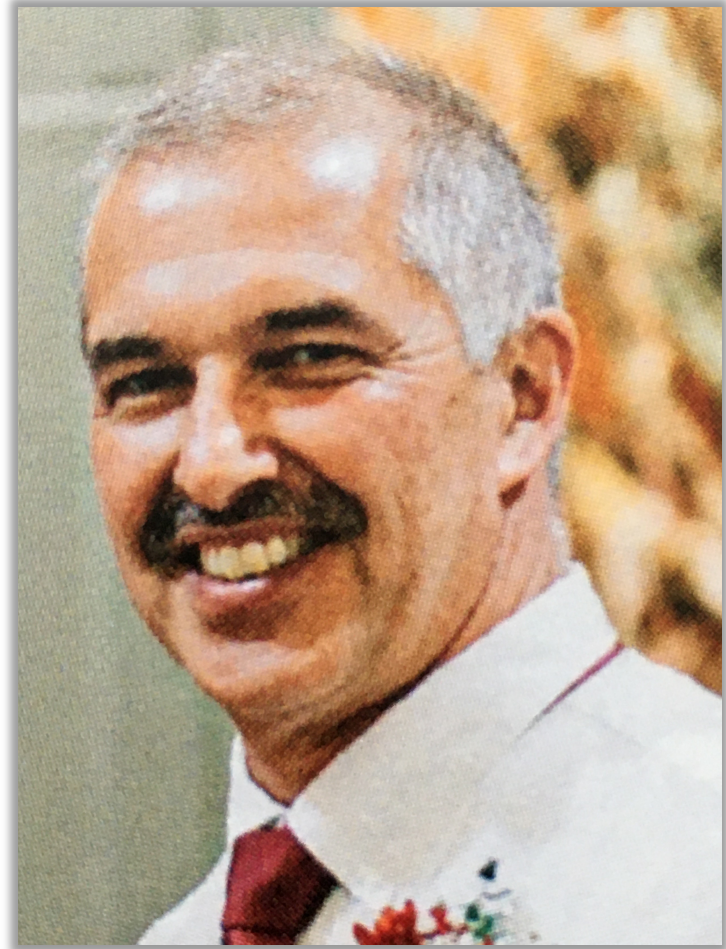
- Involved in County Emergency Operations Centers
- Transit Link buses(DAR)- capacity limitations
- Safety procedures such as temperature taking, sanitizing of equipment, passenger capacity limitations
- Deliveries of essential goods such as food and PPE
- Non-emergency medical transportation network for Vets
- Non-emergency medical network for positive COVID transports
- Essential worker transportation
- Working remotely if possible

Emerging into a New World

- Hospital/Clinic Transports- health care workers
- NEMT network uses-foster care, child and family...
- Veterans Transportation Coordination
- Mobility Hubs/Automated vehicles
- Continued Food/PPE Distribution
- Minority/Senior/Disabled Outreach- equity
- TNC-Uber/Lyft solutions
- School Needs
- 5310 shared vehicle shopping loops- NYA bus
- Launch new service Hop Scott in more rural communities



Amber Simmons



Alan Herrmann



Presenter

Vernon S. Chambers

Keeping Harris County Moving: Specialized Transportation



Who Are We?

- ❑ Local transportation study revealed *gaps* in transportation services within Harris County, Texas.
- ❑ Local Stakeholders became engaged in the planning process.
- ❑ Program is administered by the Harris County Community Services Department - Transit Division.

Service Area

- ❑ Harris County - 1,772 square miles; Rides fills gaps and expands mobility options within our 1,772 square mile county; county wide service.
- ❑ City of Houston Metropolitan Transit Authority - Fixed Route Service & ADA Paratransit within the City of Houston (approximately 202 square miles); commuter park and rides.

Service Strategy

Rides is a coordinated program demand response service to expand mobility options in the county and across counties.

The program offers a flexible *client centered* transportation options within the region:

- ❑ Provides customers with choices
- ❑ Promotes independence for older adults and individuals with disabilities
- ❑ Streamlined enrollment process
- ❑ Monitored for quality of service
- ❑ Turn-key contracted service



Program Overview

- ❑ Target Populations:
 - *Adults 65+*
 - *Individuals with Disabilities*
 - *Vulnerable populations*
- ❑ Coordinated demand response service
- ❑ Mobility Management - Beyond ADA
- ❑ Trips subsidized at 50% (user-side subsidy)
- ❑ Electronic Fare card with GPS
- ❑ Coordination with United Way 211- Referrals

Providing Transportation Solutions That Work!

A Seat For Everyone- No Trip Purpose!

- ☐ Adults 65+
- ☐ Community based human services clients
- ☐ Personal care home clients
- ☐ Assisted Living Centers
- ☐ Veterans
- ☐ Adult Day Centers
- ☐ Senior Citizens Programs
- ☐ Women's Shelters
- ☐ ADA Paratransit
- ☐ Short-term Disabilities
- ☐ Underserved Youth



Mobility Management

Providing Mobility Management Since 2008

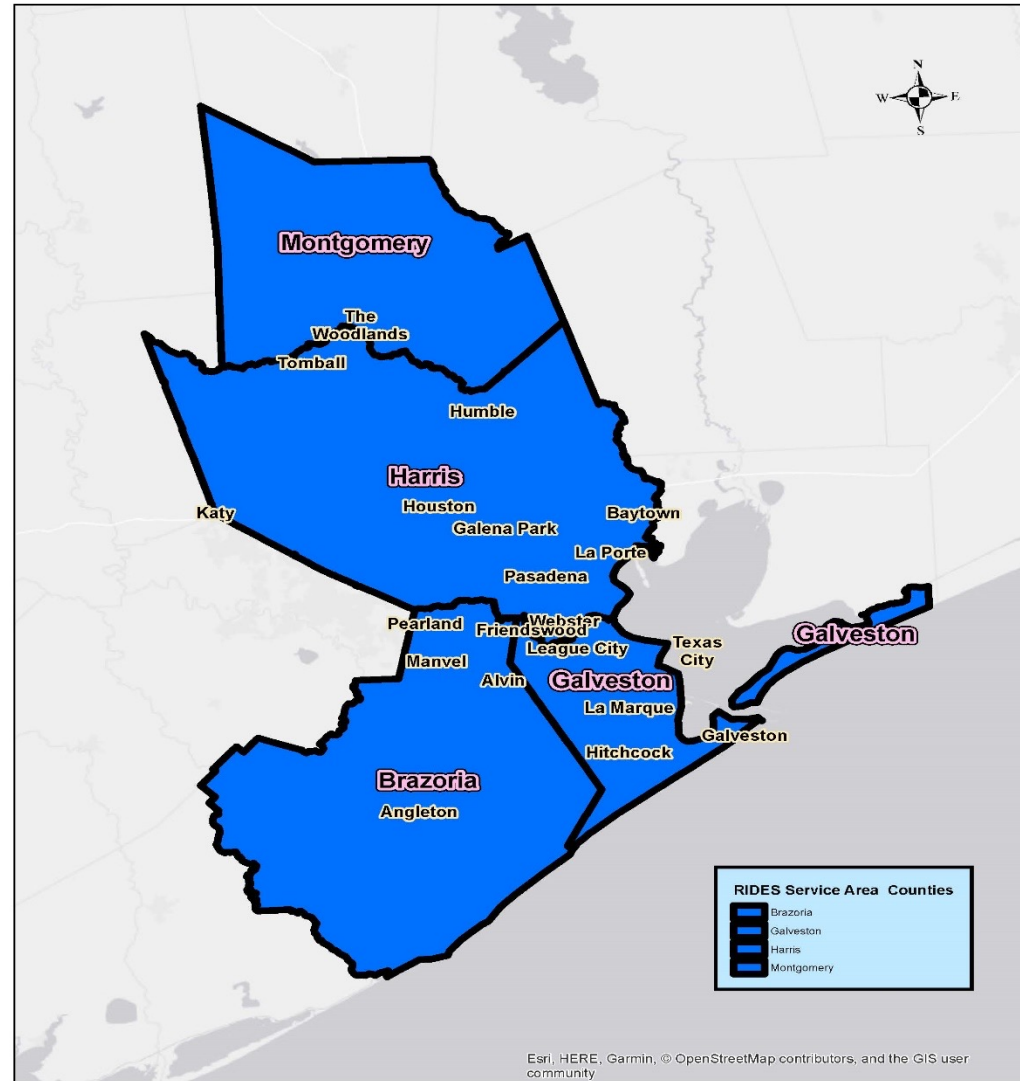


Our Mobility Managers Offer Assistance In:

- ☐ Agency and 211 referrals
- ☐ 1st time reservation booking
- ☐ Booking trips
- ☐ Finding transportation options
- ☐ Help choosing the best provider to maximize client and agency funds
- ☐ Providing resources for further assistance
- ☐ Service coordination with various transportation services across the region

Service Coordination Map

RIDES Service Area Counties



Coordination

- ❑ Partnering agencies funds are used as a local match
– **50%**

- 30 Partner MOU's
- Health and Human Service Agencies
- Senior Citizen Organizations and Day Centers
- Transitional and Specialized Students

- ❑ Regional Coordination:
 - 4 Inter local Agreements**Full Payment**

- ❑ Assist with:

- Customer enrollment and intake
- Customer education
- Cost Assistance for clients
(*at discounted price*)



COVID Modifications

- ❑ Mobility Coordinators & Most Staff Moved to Remote Work
- ❑ Call Center Function programmed for Remote Work
- ❑ 2 Staff alternate 1 Day Week - Financial Processing & Mail Handling
- ❑ Service Impact - 35% decrease pre-COVID
- ❑ Taxi Service continued; Shared Ride reduced to single occupancy
- ❑ Staff Communications/via TEAM

COVID-19 and Public Transportation

- On all modes of service, masks are required for both the driver and passenger and social distancing practiced.
- Vehicles are cleaned and sanitized after each ride.
- Drivers have extra mask to provide to passengers if one is needed.
- Fares have been suspended on the fixed routes and the Paratransit service.
- Staff works from home, and only go into the office on assigned days or for necessary supplies.
- Harris County Transit has continued to provide the same level of service throughout the pandemic.



The safety of our passengers is the top priority for Harris County Transit. This is why we're taking extra precautions on each and every route. Please note the following safety procedures presently in effect.



Disinfecting and Sanitizing Schedule

Fares remain suspended for fixed route service. Both programs practice social distancing. Vehicles are deep cleaned at night and touch points throughout the day.



Personal Protective Equipment

All buses have contactless hand sanitizers at all front door entrances and bus drivers wear masks. RIDES contractors are provided individual bottles of hand sanitizer and masks. All passengers are required to wear masks. Drivers have complimentary masks available for passengers who don't have one.



Social Distancing

On buses and taxis, partitions have been installed between the driver and passengers. Shared ride cars and vans are only transporting one client at a time; in addition, vehicles are cleaned after each trip.



More information

For more information visit transit.harriscountytx.gov or call 832-927-4953.

 **Commute Solutions**
YourCommuteSolution.org



Rides
Specialized Transportation for Harris County

Achievements During COVID

- ❑ Partnership Expansions
 - Area Agency on Aging -Transport to Drive thru Testing Sites
 - Drive thru Vaccination Sites
- ❑ New Partnerships
 - Fostered inter-agency relationships
 - County Judge's Office
 - Harris County Public Health
 - Vaccination Drive thru

Embracing Mobility Management

- Who Knew?
- Virtual Outreach
- Partnership Growth +5
- Virtual Workshops
- “Transition To Tomorrow” Workshop for Independent School District Transition Navigators

MM Resource Tool

Mobility Links One Call One Click

<https://www.h-gac.com/mobility-links/default.aspx>

Coordination with MPO:

- ☐ Chaired Workgroup to Develop Regional Transportation Resource Database - reside on MPO website
- ☐ Tool for Regional MM's
- ☐ General Public
- ☐ Phase 2 launched during COVID
- ☐ One Call One Click - answered by HC RIDES Call Center

COVID Re-Entry

- ❑ 50 Percent return to work
Policy in development
- ❑ Maintain Sanitation Policy on
Vehicles
- ❑ Re-launch SitSafe Campaign
- ❑ Maintain Virtual Outreach &
Workshops
- ❑ Maintain mission to coordinate
and grow services through
Mobility Management



Contact Information

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Amber Simmons



Vernon S. Chambers



Presenter

Joy Annette

The Future of Mobility Management on Tribal Lands

Joy Annette
Tribal Liaison
UGPTI
NDSU

Traffic safety, or the lack of it, leads to fatalities and injuries in crashes throughout the United States, and is an important public health and safety concern for everyone. American Indians are disproportionately affected by traffic crashes. Motor vehicle crashes are a leading cause of unintentional injury for American Indians and Alaska Natives ages 1 to 44, with adults one and a half times more likely to die in a crash than whites or blacks, according to the Centers for Disease Control and Prevention (CDC).

Loss of lives and injuries on tribal roadways has made an impact on funding for our communities to better serve the needs of having better and safer roadways. However, transportation on the reservations serves much broader needs. Transportation impacts tribal member's healthcare, education, employment, food, and continuation of tribal traditions and ceremonies.

People on reservation came together to make plans on how to deal with this new epidemic. Epidemics are not new to indigenous people.

When Europeans arrived in the Western Hemisphere, they brought diseases; particularly measles and small-pox, which indigenous people had never experienced. They had no immunity to these diseases, The resulting epidemics took the lives of 70% or more of the Indigenous populations throughout the Americas.



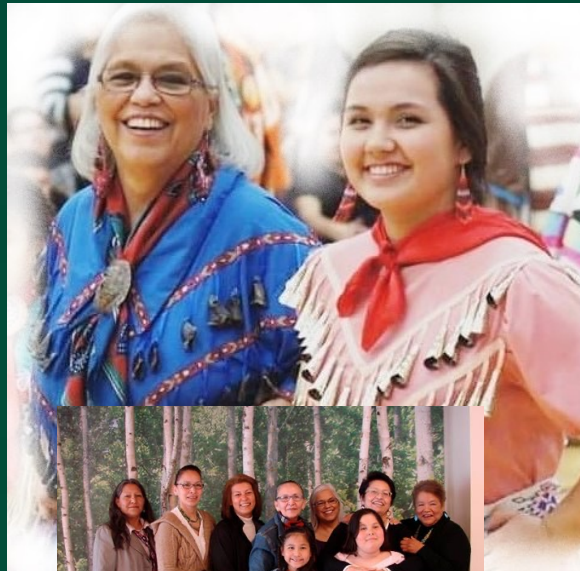
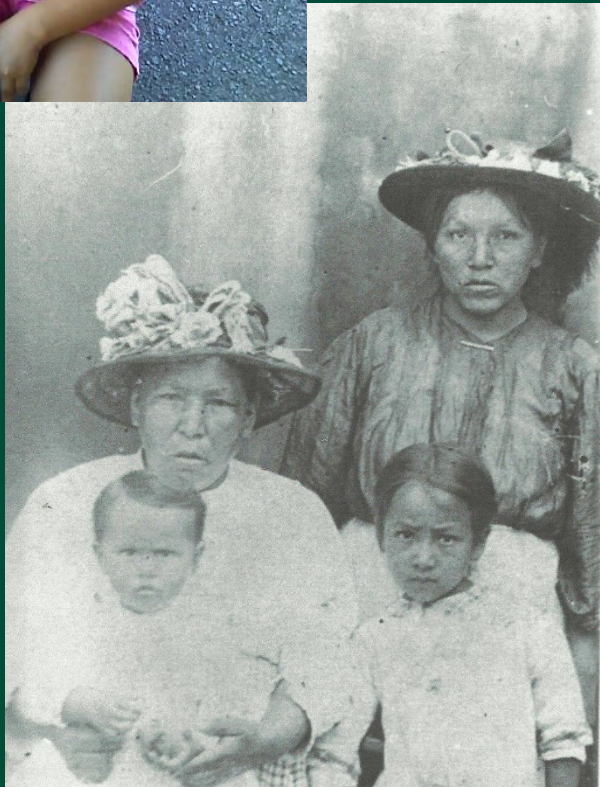
Next came the expulsion of the Cherokee from their homeland in Georgia, North Carolina, and Tennessee when the U.S. Army forcibly evicted Cherokees from their homes and held them for several months in concentration camps with inadequate shelter, insufficient food, and no source of clean water. The camps became death traps. Of the 16,000 people held in them, about 2,000 died from dysentery, whooping cough, measles, and “fevers” (probably malaria).

Then the journey west began; an additional 1,500 perished, as people, already sick and further weakened by malnutrition, trauma, and exposure, succumbed to multiple pathogens.

Once arrival in Oklahoma, an additional 500 died from similar causes. The death toll was 4,000, or 25 percent of the original 16,000 forced from their homes.

Indigenous people survive and adapt. Covid19 is another pandemic Native Americans must deal with.

When information about the impact on health that Covid19 would have on people, tribes around the country closed their borders and casinos. Casinos were and are the main employment on most reservations, but the safety and protection of our Elders and children came before money. Elder are our keepers of all our knowledge, our language, traditions and ceremonies... our libraries. The children are the future of indigenous peoples.



Many reservations were the first in the beginning to lockdown their communities.

Locking down the tribal lands and native people was hard. Reservations are mostly rural areas, which means, access to essentials such as food, education, and medical is hard in normal times; Covid19 greatly impacted tribal populations around the country. Good transportation plans had to be planned, prioritized and put in place.

Isolation of elders was a necessity in keeping them safe. To do so, the tribe had to make sure all of their needs were met.

The children could no longer go to school where many received not only their educational needs but also two meals a day---breakfast and lunch. Families depended on these meals to keep their children fed.

Medical needs were in the forefront. Indian health Service couldn't close down. All precautions were taken to keep staff and medical providers safe. The tribes set up shuttle services to get those who needed medical services to their appointments, and also to deliver medical supplies and prescriptions to the people. Many indigenous people rely on traditional medicines---volunteers set about gathering traditional medicines, since our healers and medicine people (elders) could not do it themselves.



Isolation to people who are societal by nature is hard. The pandemic has increased drug abuse and overdoses to an all-time high. Native Americans are struggling to overcome increased drug abuse related to the COVID-19 pandemic.

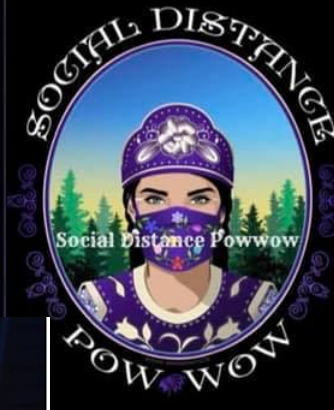
Teachers from Head-start and grade-schools delivered meals as well as daily lessons since virtual classes were not able to be done at the beginning since computers and internet service is limited to nil on many parts of the reservations..

Cultural teachings have renewed on the reservations for our younger generations, through the use of social media. Culture and traditions have been lifesaving to many on the reservations, where isolation is a must.

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SOCIAL DISTANCE POWWOW



Through mobility Indigenous
people will survive.

Miigwech – Thank you!



Amber Simmons



Joy Annette

Audience Poll

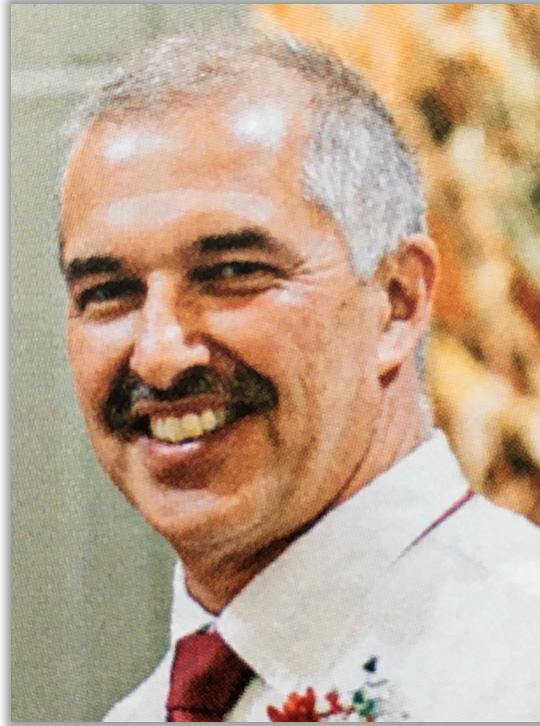
Please take a few moments to
answer the questions on your
screen



Panel Discussion / Audience Q&A



Amber Simmons



Alan Herrmann

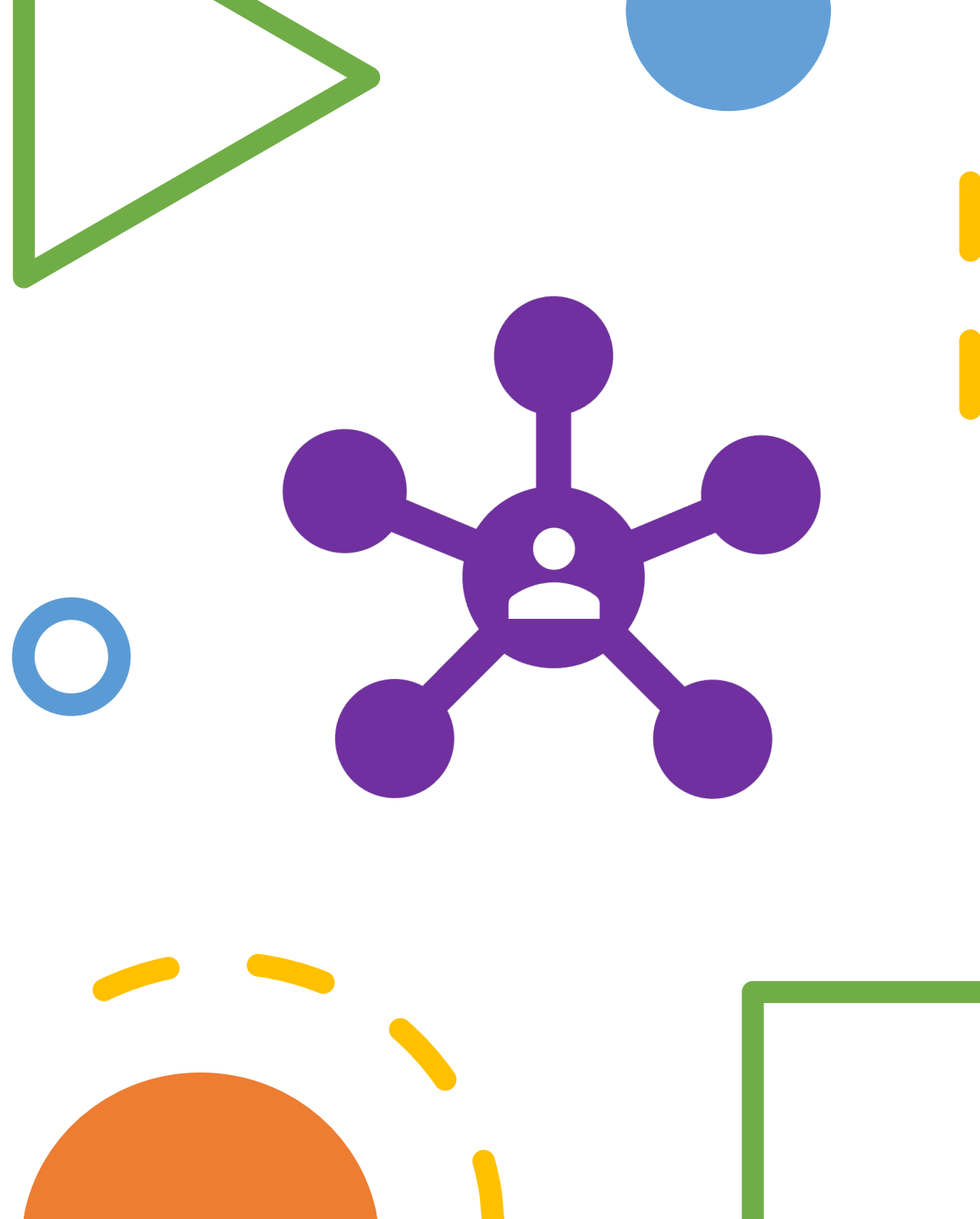


Vernon S. Chambers



Joy Annette

Please take a few moments to fill out the evaluation which has been posted in the chat box



Thank You!

We're here to help!

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