

TTD MOBILITY MANAGEMENT VISION:

Provide effective and efficient transportation for older adults, persons with disabilities and individuals with low incomes to preserve the quality of life in the Lake Tahoe Basin by improving community health outcomes and public safety, increasing economic vitality and promoting environmental conservation.

INTRODUCTION:

Transit-dependent populations require safe, reliable and competitive travel times to employment, healthcare and social service destinations, which is often challenging in the Tahoe Basin. The mountainous terrain, inclement weather, broken sidewalks and isolated regions all make the area difficult for individuals with limited mobility. Although there are multiple providers in the region, transportation services and information is often incomplete or dated, resulting in a fragmented network with services concentrated in small geographical pockets. The Tahoe Regional Mobility Management Program will focus on the coordinated delivery of transportation services to older adults, persons with disabilities and individuals with low incomes, while responding to the three areas of need described in the Tahoe Basin Coordinated Human Services Transportation Plan:

- 1) **Non-Emergency Medical Transportation:** Many specialized medical or social services are not available in the Lake Tahoe region
- 2) **Demand-Responsive Service:** Advanced scheduling required by demand-response services
- 3) **Fixed Route Transit:** Lack of year-round fixed route services between residential areas and major employers

By coordinating with existing transportation providers and collaborating with health and human service agencies, this mobility management program will promote and develop effective transportation options to common destinations. The mobility management plan includes short and long-term strategies and will be implemented in two phases. The first phase contains three goals, seven measurable objectives, and numerous ancillary activities.

The second phase of the program will build on the experience and accomplishments from phase one to develop a single point of contact system. Both short and long range plans will be executed dependent upon funding and regional priorities.

PHASE ONE

Goal 1: Ensure Access through Coordination

Objective 1.1: Engage Stakeholders and Develop a Regional Coordinating Council (RCC)

- Optimize community participation

The purpose of engaging the public and increasing awareness is to improve access to transportation, support preventive medicine and decrease health disparities, ultimately reducing adverse events and tragedy. The mobility manager will facilitate discussions between transit service providers and health and human service organizations to create a multi-disciplinary Regional

Coordinating Council (RCC) that supports a passenger-centered approach to transportation, by selecting the most appropriate service for each individual. To ensure interdisciplinary and regional representation from all areas of the Basin, individuals from medical groups, social service agencies, faith-based institutions, school districts, non-profit organizations, colleges, area general improvement districts, local government, and resort associations will be invited to participate in the RCC. To keep stakeholders active and engaged the RCC will target efforts that are universally beneficial to stakeholders, while facilitating the completion of individual agency and participant goals. Transportation is integral to most community programs, so the achievement of goals identified through the RCC and the regional coordinating process will contribute to the mission and success of individual member agencies.

Objective 1.2: Public Awareness

- Ten monthly meetings with RCC
- TTD website updates reflecting developments and accomplishments
- Press release to launch program and invite public participation
- Ongoing media campaign to promote efforts

Public awareness is critical for community understanding and appreciation for the goals, opportunities and positive impacts of mobility management. The RCC will hold 10 monthly public meetings and individuals from the target populations will be encouraged to attend. Meeting locations will vary to reach representatives in different areas; keeping each location close to public transportation. The TTD website will be updated to reflect current functions of the RCC and mobility management program. The program will be launched with a press release inviting members of the community to participate in public workshops. These workshops will be held at different venues around Lake Tahoe (Tahoe City, South Lake Tahoe, Incline Village, Carson City, etc.) to obtain information from various communities. Program accomplishments and developments will be announced as they occur to stimulate the ongoing media campaign. Educational and promotional materials (brochures, poster, magnets, etc.) will be designed and distributed to increase awareness and understanding of the transportation choices and overall program. Encouraging transparency among transportation service providers will increase public involvement and overall success of the program.

Objective 1.3: Improve Eligibility and Intake Process

- Identify eligibility and standardize client intake forms
- Provider profiles to inventory current services
- Document trip characteristics
- Coordinate trip planning and reduce travel time
- Explore brokerage system

Clarifying and aligning program eligibility requirements will promote the standardization of client intake forms and improve the quality and consistency of service across providers. The region includes two states and five counties, so regulations vary. It is beneficial for all providers to be consistent with eligibility criteria for reduced fares. For example, the eligibility age for older adults varies between 60-65 years; this should be consistent to limit confusion between providers.

Provider profiles are used to inventory existing vehicle and program capacity, identify service parameters, document emerging needs and establish coordination and improvement options. Trip pattern data and other characteristics collected from the client intake forms and provider profiles will make trip-sharing opportunities more apparent. Ultimately, this information will lead to reduced travel time through direct services and coordinated trips. It is anticipated that additional trip-sharing opportunities will transpire from collaboration during RCC meetings. A referral database or matrix of client and provider characteristics will be created and all agencies providing referrals will have access to the database or matrix, as well as a script questionnaire to support consistent and accurate information.

A brokerage system should also be considered, to connect providers, passengers and funding agencies, while standardizing all processes, providing clients with the most efficient and appropriate mode of transportation and ensuring reimbursement.

Objective 1.4: Service Area Expansion

- Explore additional fixed route services or vanpools
- Facilitate trips outside of region
- Develop partnerships
- Coordinate with medical providers
- Review bi-state regulations and other interstate transportation programs

Expanding the transportation service area, coverage of service providers and the RCC as a whole, improves opportunities for employment and access to specialized medical or social services for all people residing within the affected areas. Existing service limitations will be established through the provider profiles.

Enhancing the fixed route services between residential areas and locations of major employers will reduce the barrier to work for individuals with disabilities. Service hours may also need to be expanded to accommodate employees working non-traditional shifts (i.e. nights, weekends and holidays). Other options are to investigate vanpools along routes commonly used by workplace commuters or collaborate with major employers to connect with existing employee shuttles.

Facilitation of non-emergency medical transportation services must be coordinated to create flexible travel for those who require specialized services outside of the Lake Tahoe Basin. Examples of the benefits of expanding geographical service coverage and coordinating delivery of services includes flexible provider (multiple option) trips to Truckee, Reno, Carson City, Sacramento and Davis (i.e. UC Davis Medical Center or Veteran's Affairs). Individuals traveling to these destinations are often receiving advanced medical care and should not be subjected to multiple transfers or wait times between providers. Collaborating with common destination medical centers (e.g. dialysis clinics) could also promote ridesharing among individuals with appointments at the location. Researching other interstate transportation programs could also provide ideas for approaching the bi-state situation in the Tahoe Basin.

Goal 2: Improve the Rider Experience

Objective 2.1: Safe, Consistent and Quality of Service Delivery

- Ensure passenger comfort
- Develop uniform standards and protocols
- Facilitate community travel training, including travel buddies

A passenger-centered approach is fundamental to accommodate the needs of transit-dependent groups and provide services that are safe, reliable and easy to access. The rider experience should be welcoming, consistent and comparable across providers.

Passenger comfort is critical, as the transit-dependent population may be experiencing unpleasant and even painful conditions, which can be heightened through the use of uncomfortable vehicles. Many vehicle applications currently used in specialized transportation are modified from a truck chassis, which generally provides a very rough ride. One strategy in improving the passenger experience is to explore the potential of standardizing vehicle fleets and/or fleet components, while identifying vehicle types that are both more comfortable for passengers and more economical to operate.

Another area for improving the passenger experience is in the delivery of consistent quality service throughout the region. One opportunity to achieve consistency in service delivery is driver and support personnel training. A uniform training program could consist of customer service basics, ADA, defensive driving, first aid, CPR and PASS (Passenger Service and Safety). Drivers who display similar behaviors and practices (dependability and on-time performance) will make riders more confident in the service. Additionally, drivers may need to be flexible with passengers who have specialized needs.

Utilizing public transportation can be an intimidating experience. To reduce the anxiety, travel buddies or travel ambassadors will be trained to accompany novice riders. Community training curriculums will also be developed and incentives may be offered to encourage participation. Riders who typically use demand-response services can be guided to use a fixed route system, which promotes same day use and does not require advanced scheduling.

Objective 2.2: Improve Ease of Use among Riders

- Record of ridership
- Seamless transfers between providers
- Consistent external marketing
- Universal fare media

Improving the ease of use for passengers is another avenue to enhance the overall rider experience. The referral database/matrix of clients and providers will record ridership information to assist in trip planning and coordinating transfers. Clear transfer information will be included in the referral, allowing the rider to go from their origin to their destination with minimal wait between systems. Consistent external marketing (e.g. loading zone design and signage) will increase passenger recognition and make transfers between providers transparent.

Passenger fares are paid with tokens, vouchers, cash and many other potential forms that make transfer between systems cumbersome. Incorporating a universal fare media would eliminate the

inconvenience of purchasing two different types of fares for a single trip. One example of standardized or universal fare media that is frequently used in larger operating environments is a 'Smart Card'. A Smart Card makes transferring between service providers easier. It is also more difficult to replicate a smart card than a paper pass, mitigating fraud. Cards record ridership data and allow passengers to load credit and register cards for security. Individuals eligible for reduced fares could also receive a Smart Card, enabling tracking of trip characteristics and ultimately assisting with mobility management improvements.

Goal 3: Increase Service Capacity

Objective 3.1: Improve Efficiency and Decrease Unit Cost

- Utilize fixed route options instead of demand response
- Explore taxi-voucher program
- Utilize underused vehicles
- Vehicle selection and maintenance
- Coordinated use of available resources
- Cooperative purchasing agreements

Increasing existing service capacity throughout the region has the potential to provide low cost options for improving the entire transportation situation through the effective re-deployment of otherwise idle or duplicate resources. Additional emphasis can be placed on reducing the unit cost to provide transportation services. As it is implied, by decreasing the unit cost, the number of units provided increases.

Encouraging passengers to utilize fixed route options instead of demand response services will reduce time spent on non-service hour travel. A taxi voucher program will be reviewed to replace on-call services delivered after traditional business hours. Vehicles currently not in operation or those that are underused will be considered for additional use or vehicle sharing. An example of underutilization of existing resources occurs when multiple providers make several trips per week to outlying areas that have common destinations such as a hospital or medical facility. Trips such as these provide the opportunity to merge trips and use only one provider (resource) to deliver both passengers. Creating a consortium of volunteer drivers should also be explored to provide operators for the underused vehicles. Through information gained from provider profiles regarding the availability of resources and capacity, the mobility management program can identify and pursue opportunities to consolidate services.

As the cost of fuel continues to rise, the use of more fuel efficient and alternative fuel vehicles will be explored. Uniform maintenance standards will improve the function of the vehicles and reduce the likelihood of major repairs.

Consolidating support and services (e.g. trip-sharing) offers a great opportunity to decrease cost and improve efficiency. Cooperative purchasing agreements utilize economies of scale to negotiate reduced pricing on the purchase of bulk products or services (i.e. vehicles, insurance, fuel, auto parts, training and maintenance). Creating a standardized training curriculum that incorporates bi-state regulations and requirements could facilitate the purchase of a unified or centralized insurance policy. Communicating health and human service related funding information and

sharing grant opportunities will benefit RCC stakeholders, as well as the greater mobility management program.

PHASE TWO

Goal 4: Develop a Single Point of Contact System

Objective 4.1: Centralized Phone Number

- Standardize information across agencies

A single point of contact system includes 'One Call-One Click' centers that allow passengers to gain transportation or program information from a single telephone number or website. Single point of contact systems can be very basic (telephone operator with printed information) to very complex operations (joint computerized scheduling and dispatching). The development of this system will be an incremental process, beginning very simplistic, but evolving to meet the needs and technological capacity of the RCC. A single point of contact system is anticipated to take place in the third year of the program.

To initiate single point of contact system, the eligibility process across participating agencies should be standardized, while moving toward integrating more elements of information for referral and trip scheduling. A centralized toll-free number will be marketed to increase public awareness and eliminating referral information coming from multiple agencies.

Objective 4.2: Web-Based Applications

- Enable riders to register online
- Integrate exiting referral matrix/database
- Secure online system

As technology progresses and more individuals rely on the internet as a transportation resource, additional advancements for web-based applications will be implemented to meet the needs of the user. Riders will have the option to register online and apply for reduced-fares. Information compiled in the referral database/matrix from phase one will be integrated into a web-based system, which allows reservationists to create and edit documents online in real-time. The system will store client information securely and only reservationists with heightened privileges will have access to confidential information and editing.

Objective 4.3: Electronic Referrals

- Facilitate online referrals
- Send reservation requests electronically
- Allow providers to review trip details and reimbursement information
- Send electronic trip reservation to client
- Mobile applications

This uniformity among providers will facilitate online referrals and clients can send reservation requests electronically. Providers will be able to review trip details, including ADA eligibility or Medi-Cal/Medicaid reimbursement information and accept each request electronically. If there are

static and reoccurring requests (i.e. individual has a standing appointment every Friday), a provider will have the opportunity to accept the ongoing reservation. Clients will receive a call or electronic message indicating the name of the provider who accepted the reservation and trip detail confirmation, facilitating smooth transitions between providers or routes.

The web-based systems level of complexity will be user or client dependent. For example, clients may elect to only register online, but prefer to use the centralized number to make reservations. Ultimately, web-based applications will expand to include mobile applications (apps) and integrated trip planning features.

CONCLUSION

Effective mobility management will enhance the quality of life for older adults, persons with disabilities and individuals with limited means, by improving community health outcomes and public safety, increasing economic vitality and promoting environmental conservation. Both short and long range strategies will be executed in phases, with priorities based on feasibility, resources and timelines.