Virtual Transit Industry Update and Input Session on the Coordinating Council on Access and Mobility (CCAM)



Agenda

Welcome and Introductions

- Rich Weaver, Co-Director, National Center for Mobility Management, Washington, DC
- Marianne Stock, Chief of Rural and Targeted Programs Office, Federal Transit Administration, Washington, DC

Presentation on the Coordinating Council on Access and Mobility

Presenters:

Marianne Stock, Chief of Rural and Targeted Programs Office, Federal Transit Administration, Washington, DC

Eric Weakly, M.S.W., M.B.A., Western Branch Chief, Division of State and Community Systems Development, Center for Mental Health Services - Substance Abuse and Mental Health Services Administration, Rockville, MD

Questions from Participants

- Facilitator: Marlene Connor, Immediate Past Chair, APTA Mobility Management
 Committee; and Principal/Manager, Marlene Connor Associates, LLC, Holyoke, MA
- Wrap Up and Closing





























Coordinating Council on Access and Mobility (CCAM)

Coordinating Council on Access and Mobility Industry Update

January 25, 2017



Agenda

1. About the CCAM

- Introduction to the CCAM
- CCAM Organization Structure
- History of the CCAM

2. CCAM Strategic Framework

- FAST Act Requirements
- Planning Meeting Outcomes
- Strategic Framework Outline
- Strategic Framework Timeline

3. Next Steps



About the CCAM



Introduction to the CCAM

CCAM Mission

The Coordinating Council on Access and Mobility issues policy recommendations and implements activities that improve the availability, accessibility, and efficiency of transportation for targeted populations.





CCAM Vision

Equal access to coordinated transportation for all Americans



CCAM Organization Structure

CCAM Chair

Secretary of Transportation (DOT)

CCAM Members

Secretary of Health and Human Services (HHS)

Secretary of Education (ED)

Secretary of Labor (DOL) Secretary of Veterans Affairs (VA)

Secretary of Agriculture (USDA)

Secretary of Housing and Urban Development (HUD)

Secretary of the Interior (DOI) Attorney General (DOJ) Commissioner of Social Security (SSA)

Chairperson of the National Council on Disability (NCD)



History of the CCAM



The Secretaries of Health and Human Services and Transportation agree to establish the first Coordinating Council on Human Services Transportation.



President Bush officially establishes the CCAM in **Executive Order 13330** and expands the Council to 11 federal agencies.



The CCAM releases policy statements on coordinated human services transportation planning and vehicle sharing.



The **FAST Act** is enacted, which directs the CCAM to develop a strategic plan.



CCAM Strategic Framework



FAST Act Requirements

Section 3006(c) of the Fixing America's Surface Transportation (FAST) Act requires the CCAM to develop a strategic plan which must:



Outline the roles and responsibilities of each CCAM federal agency



Identify a strategy to strengthen interagency collaboration



Address outstanding recommendations made by the Council and the Comptroller General



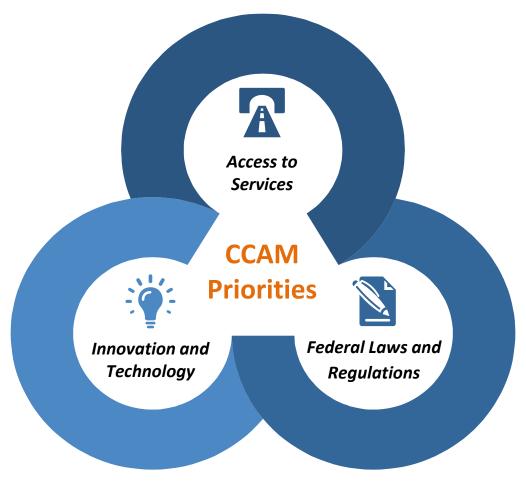
Propose changes to federal laws and regulations that will eliminate barriers to local transportation coordination



Planning Meeting Outcomes

The CCAM convened on July 21, 2016 to determine the initiatives that will be included in the Strategic Framework. The Council identified the following key themes for inclusion in

the Framework:





CCAM Draft Strategic Framework Overview

The CCAM held a meeting on December 12, 2016 to shape the Strategic Framework. The Council agreed upon the following goals and objectives for the CCAM:

CCAM

Goals

Goal 1: Improve Access to the Community through Transportation

Objective 1: Reduce federal policy barriers to coordinated transportation

- Objective 2: Increase state and local transportation coordination
- **Objective 3:** Promote public awareness of available transportation options
- Objective 4: Incorporate the use of innovative technologies in coordinated transportation

Goal 3: Strengthen Interagency
Partnerships and Collaboration
with State, Local, and Industry Groups

- Objective 1: Refresh the CCAM Operating Model
- Objective 2: Coordinate transportation initiatives for targeted populations
- Objective 3: Expand opportunities for external input

Goal 2: Enhance Cost-Effectiveness of Coordinated Transportation

- Objective 1: Enable equitable cost sharing among state and local stakeholders
 - Objective 2: Develop framework for transportation cost reporting
 - Objective 3: Promote the adoption of cost sharing

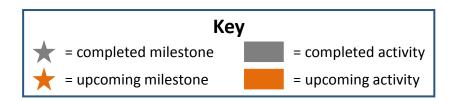


Objective 1: Implement and evaluate CCAM pilot programs

Strategic Framework Timeline

	Jul '1 6	Aug '16	Sep '16	Oct '16	Nov '16	Dec '16	Jan'17	Feb '17	Mar '17	Apr '17	May '17
CCAM Planning Meeting	*										
Agency Interviews											
NEMT Listening Session					*						
Year-End CCAM Meeting						*					
Feedback on Draft Strategic Framework											
Industry Update							*				
CCAM Working Groups									:		
Final Strategic Framework											*





Next Steps



Next Steps

The Council will take the following next steps to implement the CCAM Strategic Framework:

Next Steps

- Develop a time-phased implementation plan
- Establish CCAM Working Groups
- Hold additional listening sessions

Future updates will be published on the CCAM website:

https://www.transit.dot.gov/ccam







Behavioral Health is Essential To Health



Prevention Works





Treatment is Effective



People Recover







Transportation and Behavioral Health

Eric Weakly, Branch Chief
Division of State and Community Systems Development
Center for Mental Health Services

December 7, 2016





MISSION

- The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.
- Prevention, treatment, and recovery support services for behavioral health are important parts of the health service systems for the community.

Transportation Barriers

- Center for Behavioral Health Statistics and Quality at SAMHSA indicated 10% of adults surveyed needed and tried unsuccessfully to obtain transportation to substance use treatment (2011)
- In the 2011 National Survey of Substance Abuse Treatment Services, 39% of substance abuse treatment facilities reported offering transportation assistance to treatment
- States report various barriers to mental health treatment related to transportation

 SAMHSA

 SAMHSA

 Teatment related to transportation

 SAMHSA

 Teatment related to transportation

 SAMHSA

 Teatment related to transportation

 **Teatment related to transport

What is Available through SAMSHA?

- The block grant to states for mental health and substance use treatment may be used to assist with transportation needs but funding is limited
- State Mental Health Agencies and Single State
 Agencies are encouraged to coordinate with
 state transportation agencies and other human
 services providers in the coordination and
 provision of transportation services



SAMHSA's Commitment to CCAM

- SAMHSA is committed to working with DOT/FTA and other federal partners on behalf of behavioral health consumers to assure affordability, accessibility, applicability, availability, awareness, inclusion and coordination are high priorities
- SAMHSA is committed to working with federal partners to provide technical assistance to states in the area of transportation services related to behavioral health

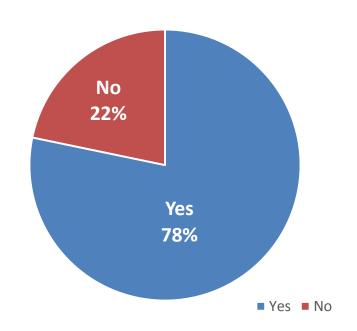
Coordinating Council on Access and Mobility Transit Industry Update

Survey Results

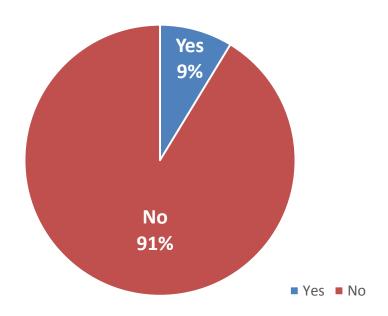


Experience with the Council

Have you heard of the Coordinating Council on Access and Mobility?



Have you worked with the Council in the past?

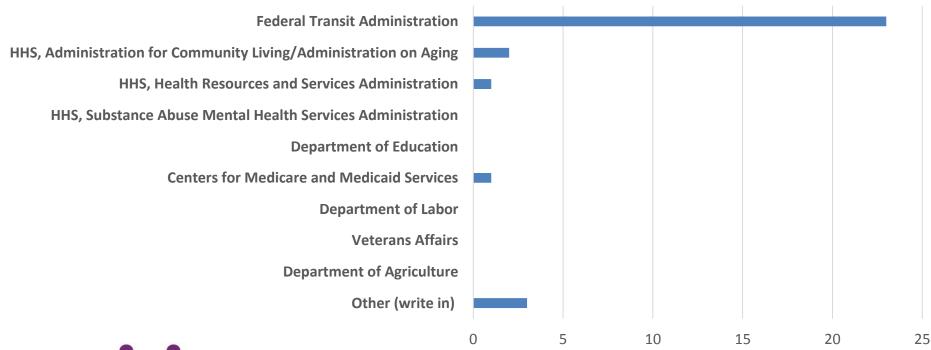




Demographic Information

Does your organization receive funding from any of the following federal organizations?

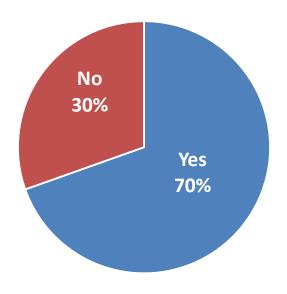
(check all that apply)





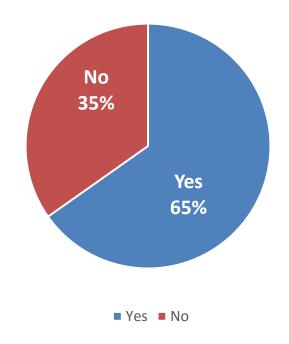
Cost Allocation Model

Do you know the fully allocated cost of each trip you provide?



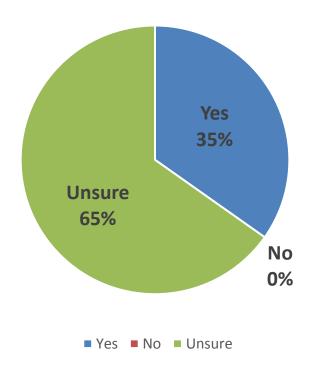


Do you have a cost allocation model in place?



Cost Allocation Model

If a cost allocation model is developed by CCAM and approved by FTA and CMS, would your agency find it useful?





Transportation Coordination Best Practices

Please share a transportation coordination success story.

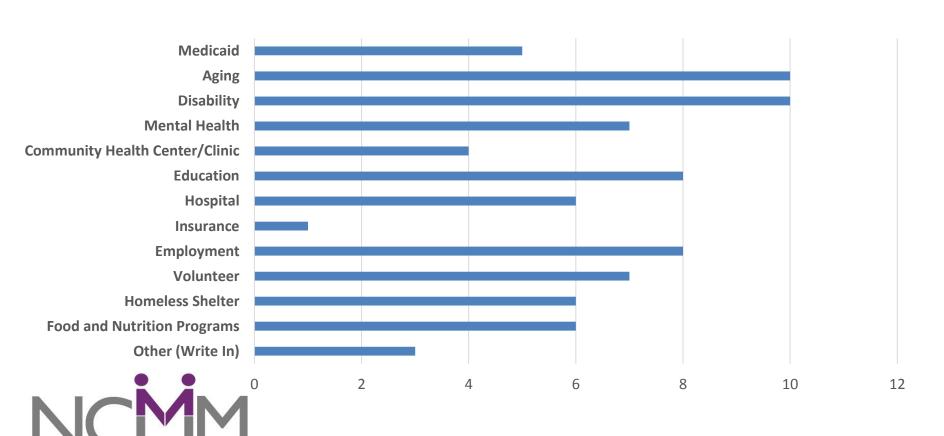
- Recently an agency began partnering with the local VA to offer transportation to the nearest VA hospital (1.5 hours away). Since then, transportation options have doubled and ridership is growing.
- Working with DHHS and a local area agency on aging to coordinate trips on a daily basis. Trips are now coordinated in minutes instead of days.



Opportunities for Collaboration

Have you participated in any transportation coordination efforts in your area?

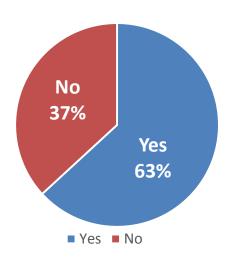
If yes, please select the type(s) of organization with which you've partnered.



National Center for Mobility Management

Opportunities for Collaboration

Is your organization currently working on any initiatives related to transportation coordination?



Types of Initiatives underway:

- Development of a one-call/one-click center
- A greater focus on healthcare
- Volunteer Driver Programs
- Creation of a healthcare transportation coalition



Transportation Coordination Challenges

What transportation coordination challenges does your organization face?

- Not enough staff
- Apathy, education and distribution of information
- Increased demand for service along with reduced funding and increased costs
- Competition from TNCs



National Center for Mobility Management

How can the Council address these challenges?

- Advice and examples of successful models of coordination
- Demonstrate how to pool existing resources through incentives to partner and joint funding projects.
- Provide data which can be used to help show value of transportation spending to businesses and medical providers.
- Educate and advocate for funding.

Transportation Coordination Challenges

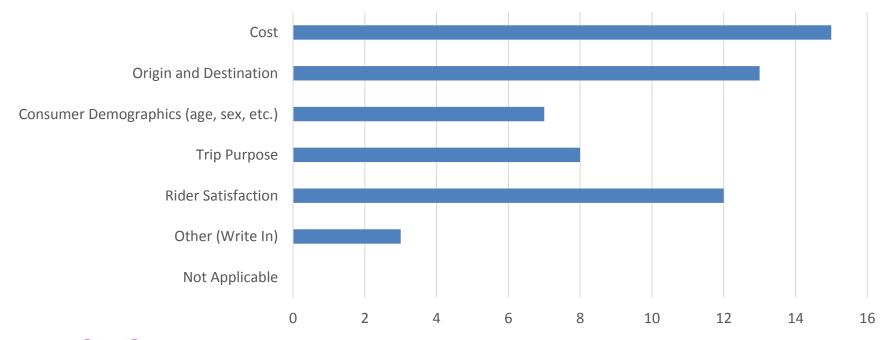
How do Federal policies or regulations impede transportation coordination?

- Restrictions on use of funds for specific populations, trip purposes, geographic areas, or the documentation required to get exceptions
- Siloed funding from federal agencies contributes to siloed thinking at the local level.
- There is no requirement for the money to follow the client.
- Procurement processes and structures don't allow agencies to be nimble.
- Too little funding.



Transportation Data

What types of transportation data above/beyond number of trips and riders does your organization collect? (Check all that apply)





Contact Us Co-Directors

- Judy Shanley, Ph.D., Easter Seals, jshanley@easterseals.com
- Amy Conrick, CTAA, <u>aconrick@ctaa.org</u>
- Rich Weaver, APTA, Rweaver@apta.com

www.nc4mm.org



Thank you for Attending

Contact Information:

- The National Center for Mobility Management (NCMM)
 - Rich Weaver, Co Director, National Center for Mobility Management,
 Washington, DC Email: rweaver@apta.com
- Federal Transit Administration (FTA)
 - Marianne Stock, Chief of Rural and Targeted Programs Office, Federal Transit
 Administration, Washington, DC Email: Marianne.stock@dot.gov
- Substance Abuse and Mental Health Services Administration (SAMHSA)
 - Eric Weakly, M.S.W., M.B.A., Western Branch Chief, Division of State and Community Systems Development, Center for Mental Health Services -Substance Abuse and Mental Health Services Administration, Rockville, MD Email: <u>Eric.Weakly@samhsa.hhs.gov</u>



Questions?

