

MEMORANDUM

To: Capital Area MPO Executive Committee

Via: Capital Area MPO Technical Coordinating Committee

From: Crystal Odum, MPO Staff and the Mobility Coordination Committee

Date: July 31, 2022

Subject: MCC's Short-Term Implementation Status Report

Background

Final recommendations for the 2018 Coordinated Public Transit-Human Services Transportation Plan (CPT-HSTP), Amendment #1 for Wake County and the Raleigh urbanized area are broken into three tiers or timeframes – Tier 1, the short-term from years 2019-2022, Tier 2, the middle-term from 2023-2025 and the long-term recommendations in Tier 3 to be completed beginning year 2025 and beyond. This report outlines the Mobility Coordination Committee's progress on implementing the short-term Tier 1 recommendations.

The federally required CPT-HST plan sets regional priorities for transportation investments and initiatives for human services and public transit coordination and guides funding and service development for transportation projects supporting older adults, people with disabilities and individuals with low incomes. The vision for regional coordination outlined in the plan reflects five overall organizational and service delivery strategies that include 1) establishing a working organizational structure for coordinating and collaborating regional transportation services, 2) developing a consistent and coordinated framework for Wake County's Americans with Disabilities Act (ADA) Services, 3) preparing for and monitoring the State's Medicaid program transformation, 4) creating a mobility management structure to navigate available services in the CAMPO service area and 5) establishing a regional mobility management framework for working with emerging mobility partners.

The plan, which was developed with input from a diverse Human Services Transportation Working Group sub-committee of the Wake Bus Plan Core Technical Team, is in concert with the Wake Bus Plan, a larger effort designed to guide transit service and capital investments associated with the Wake Transit Plan. The ultimate objective of the coordinated plan is to create a seamless transportation system which maximizes mobility for individuals, eliminates barriers for travelers and achieves operational efficiency. One of the core strategies is to create an organizational infrastructure to lead coordinated planning efforts. The plan recommends formalizing the Mobility Coordination Committee (MCC), and under the administrative oversight of CAMPO, to assign this group responsibility for implementing the recommendations identified in the plan.

Executive Summary

Beginning May 22, 2019, CAMPO staff convened the MCC working group, inviting transit provider members from the CAMPO planning area - GoCary, GoRaleigh, GoTriangle, GoWake Access, Wake County, Johnston County Area Transit System (JCATS), Kerr Area Transportation Authority (KARTS) and the Harnett Area Rural Transit System (HARTS) followed by regional human service and non-profit agencies stakeholders. See Attachment A for the full MCC Agencies Roster list.

Since its inception, the MCC has met regularly to advance the plan's short-term goals through collaborative agencies discussions and negotiating. The short-term goals are:

- 1.1 Create an organizational infrastructure – the Mobility Coordination Committee
- 1.2 Create a consistent regional urbanized area ADA structure & incorporate into provider ADA plans
- 1.3 Coordinate ADA Service Delivery
- 1.4 Monitor the State's changing Medicaid Transportation Program
- 1.5 Initiate a Rural Transportation Network
- 1.6 Develop a Mobility Management Program
- 2.1 Develop Emerging Mobility Policy (as part of Task 1.6)

Two of the seven plan goals, 1.1 creating the infrastructure for collaboration and coordination and 1.4 preparing for changes in the State's Medicaid program, have been successfully completed and implemented. The committee continues to advance work on the remaining recommendations addressing and closing out strategies to reach final conclusions on the goals. Given the challenging backdrop of COVID and the subsequent programming, operational and service challenges the last few years, as well as multiple agencies staffing and driver shortages and federal Triennial Reviews and state audits, the MCC must adjust the plan's original implementation timeline to work through and address all of the plan's recommendations. Staff is recommending the remaining short-term goals be addressed in the first year of the plan's mid-term goal's implementation time frame in FY 2023.

The Committee's short-term work status is summarized below in the Executive Summary Recommended Implementation Schedule Status Update and detailed in this report. See the legend:

Executive Summary/Tasks Legend	
	Goals Identified in the CPT-HSTP
	Completed tasks & milestones
	Items in progress
	To be determined

Executive Summary Recommended Implementation Schedule Short Term (2019- 2022) Status Update

	Goals/Milestones/Tasks	Completed	Next Steps
1.1	Create Organizational Infrastructure (Adm)	2/20/2020	
1	MCC recognized by TCC/Executive Board	2/20/2020	NONE
2	Amend/Adopt the CPT-HSTP	2/20/2020	NONE
3	Support 5310 PMP Update- Adopt and Endorse	9/16/2020	NONE
4	Support 5310 Program - Call for Projects 2020-2021	5/19/2021	NONE
5	Research coordination & collaboration opportunities	ongoing	Complete MMIS
	Regular Human Service Agency participation	ongoing	HR Tours/Site visits
6	Provide Regional Programs coordination	ongoing	Continue meetings
	Social Pinpoint Potential Pilot program	12/30/2022	Recommendation
	Wake Micro Transit Study/Implementation	3/19/2022	Data analysis
	Community Funding Area Program	ongoing	Data Analysis
	Live Well Wake	ongoing	Review
	Transportation Demand Management (TDM)	ongoing	MMIS strategies
7	Identify Funding for MCC initiatives	ongoing	MMIS strategies
	Wake Transit & 5310 Program funds for Coordination	6/30/2023	Complete MMIS
	Wake Cty/Kramden Institute Srs Learning Pilot	5/30/2022	Monitor & Analysis
	Wake Cty CARES ACT funds - Mobility Mgmt. study	6/30/2022	Wake Program use
1.2	Create Regional ADA Structure (ADA)	6/30/2023	
1	Consistent ADA Application and eligibility process	6/30/2023	Recommendation
	Final appl/process discussion and reviews	6/30/2023	Recommendation
2	Uniform application materials and process	6/30/2023	Recommendation
	Continuing discussions between GoTriangle/GoCary	6/30/2023	Recommendation
3	Joint contract Independent Functional Assessment	12/30/2019	NONE
	Added language to City of Raleigh contract	12/30/2019	NONE
	New task/goal/milestone agency Sign-off sheet	1/20/2021	NONE
4	Consistent no show/late cancellation definitions	6/30/2023	Add'l reviews
	Review & negotiations between GoTriangle/GoCary	6/30/2023	Add'l Discussions
5	Coordinated no show/late cancellation policies	6/30/2023	Add'l reviews
6	Consistent fare structures, tix media and outlets	12/30/2019	NONE
	See 2018 Fare Study recommendations	12/30/2019	NONE
7	Consistent ticketing technology	6/30/2023	MMIS strategies
	Raleigh's pilot mobile app w/RouteMatch/Uber?	6/30/2023	COR Project review
8	Create a single User Guide	6/30/2023	MMIS strategies
	Discuss additional coordination changes	6/30/2023	Add'l Discussions
9	Recommend prioritized program improvement opps	6/30/2023	MMPIS strategies
	Mobility Management Study/Review Strategies	6/30/2023	Recommendations
10	Incorporate standardized policies into ADA Plans	6/30/2023	Add'l Discussions
	Identify and review policies	6/30/2023	Add'l Discussions
	Prepare uniform ADA Gap methodology	9/2/2020	NONE
	Develop/Create an ADA regional map	11/18/2019	Add transfer points
	Prepare uniform sign /close out sheet for MCC	2/20/2021	NONE

1.3	Coordinate or Centralize ADA Service Delivery	6/30/2023	
	Mobility Management Study to inform Goal	6/30/2023	MMIS strategies
1	Create centralized Call Center/Scheduling Dispatch	6/30/2023	MMIS strategies
	Review w/Raleigh-Wake maintenance facility plans	6/30/2023	NCDOT/FTA
2	Explore common scheduling software	6/30/2023	report out
	Raleigh's pilot mobile app w/RouteMatch/Uber	6/30/2023	COR Presentation
3	Develop Travel Training Program for Fixed Route	6/30/2023	MMIS strategies
	Review existing 5310 recipient programs	12/30/2022	Review with MMIS
1.4	Monitor State's Medicaid Program	6/30/2023	
	Prepare for 7/1/2021 Changes in NEMT	7/1/2021	Implemented
	Transit provider service impact analysis	6/30/2023	Data Analysis
	Continue to monitor and help refine service	6/30/2023	report out
1.5	Rural Transp Program/Develop MM Approach	6/30/2023	
1	Increase Information about Availability of Service	6/30/2023	Inc HS agencies
	Mobility Management Study	6/30/2023	report out
2	Build a Broader Coalition with HS Agencies	6/30/2023	Site Visits?
	Possible Comm Pilot Program	6/30/2023	Meetings ongoing
1.6	Develop Mobility Management Program	6/30/2023	
1	Research MMP for regional needs & programs	6/30/2022	report out
	Conduct Mobility Management Study	6/30/2023	report out
	Develop Mobility Management Program Work scope	3/25/2020	NONE
	Prepare and Issue a Request for Proposals	4/9/2021	NONE
	Complete Solicitation - Hire a MMP study consultant	8/11/2021	NONE
2	Prioritize MMP Goals and Steps	10/1/2022	Task 6 MMIS
	Conduct Mobility Management Study	12/30/2022	Recommendations
3	Identify Funding needs & resources specific to MMP	12/30/2022	Task 6 MMIS
	Conduct Mobility Management Study	12/30/2022	Recommendations
4	Develop a MMP Budget	12/30/2022	Task 6 MMIS
	Conduct Mobility Management Study	12/30/2022	Recommendations
5	Determine best org structure/agency for MM	12/30/2022	Task 6 MMIS
	Conduct Mobility Management Study	10/30/2022	Recommendations
6	Secure resources needed.	6/30/2023	Research
	Hire Mobility Manager, if needed	6/30/2023	Recommendations
2.1	Develop Emerging Mobility Policy	6/30/2023	
1	Initial emerging mobility research	6/30/2023	Research
	Conduct research and Mobility Management Study	12/30/2022	Recommendations

MCC Short Term Goal Accomplishments to date:

The following outlines the MCC accomplishments for each of the specific CPT-HST plan short-term recommended goals and strategies, the discussion points, and/or committee recommended initiatives. Each goal is either completed, in progress or has yet to be determined as more discussion and exchange between the partner agencies is necessary.

Goal 1.1 Establish the MCC – Completed

In 2019, the committee members agreed to the initial structure of the committee, to work in a collaborative fashion, to coordinate services and policies, and to review and discuss the feasibility of implementing each of the plan's goals and strategies as is or whether or not the plan recommended goal should be amended to better improve transportation coordination for the region's customers. The members committed to collaboratively focusing on streamlining and coordinating the services to provide a seamless transportation network with improved customer service. Further, the MCC's approach is for each of the committee members to share their agency's existing operations and practices including being mindful of federal, state, and local requirements, regulations, and individual jurisdiction's leadership guidance. Staff identifies impacts to existing and future customers and service and agree by consensus on any potential recommended changes to policies, procedures, and operations and then determine if the item can be implemented in individual agencies/jurisdictions.

Three working sub-committees were created - Administration, ADA, and Community Transportation, to focus on each of the plan's recommended goals. The committee developed a Recommended Implementation Schedule of Work and an Executive Summary to manage and track committee work and goals attainment. At the initial monthly meetings, the MCC Sub committees also worked through necessary changes to the 2018 CPT-HST Plan's amendment #1 updating the timeline and schedule of work and clarifying roles and responsibilities based on meeting discussions and leadership expectations.

On February 19, 2020, the CAMPO Executive Board officially endorsed the group of jurisdictional transit provider and human service agencies staffs as the MCC, approved the amended coordinated plan and timeline and the recommendations establishing clearer direction for the MCC for achieving the plan's short-term, mid-term and long-term goals.

CAMPO staff maintains the administrative functions of the committee while also providing regular MCC updates to and seeking guidance from CAMPO leadership and the various other regional boards. CAMPO staff has given numerous presentations during the short-term time period to keep leadership apprised of MCC activities.

The committee also worked together to establish the MCC's role in supporting the 5310 Program's two-year Call for Projects and participated in the regional 5310 program for seniors, disabled and low-income persons providing input for the City of Raleigh's Project Management Plan's update.

The MCC, led by CAMPO, Wake County and GoCary, researched existing national mobility management programs seeking input from peer agencies across the country to learn best practices for establishing a regional program in the CAMPO area per Goal 1.6. The CAMPO Executive Board approved the hiring of expert consulting services to assist staff in developing the regional mobility management program. The MCC developed the budget, and detailed work scope to study mobility management and its implementation and following leadership's approval in the 2022 UPWP. As a result of the MCC work, CAMPO staff prepared an Interlocal funding agreement for the partners and issued a Request for Proposals to procure expert consulting services for the MCC funding partners Wake County, GoCary, GoRaleigh and CAMPO. CAMPO staff acts as Project Manager for the ongoing two-year Mobility Management Implementation Study set to conclude 6/30/23. (See Goal 1.6)

The MCC continually researches opportunities to coordinate services and improve communication between the region's transit providers and human service agencies. During the short-term time period, the MCC recruited human service agency and other staff members to participate in the MCC. Agencies such as, but not limited to, the Town of Apex, the three Wake County Regional Centers, the Community Partnership Network/Transformation Exchange and the NC Council of the Blind are represented and have regularly participated in the MCC sharing ideas and information on transportation challenges and new services.

Members also participated in other transportation program meetings to determine opportunities for further regional MCC opportunities for coordination and collaboration. For example, this included the Live Well Wake, the TDM program, the CFAP, etc. The MCC continues to research MCC funding opportunities such as the CARES Act funds for the MMIS, the 5310 program, Wake County's Kramden Institutes Seniors Learning Pilot, etc. and will continue determining the feasibility of initiating a social pinpoint pilot for greater coordination between Wake County's Regional Centers and transit providers.

Goal 1.2 Create a consistent framework and structure for Wake County's ADA Services – in progress

The MCC ADA Sub-Committee, chaired by the City of Raleigh and CAMPO staff and supported primarily by the fixed route transit provider agencies GoCary, GoTriangle and GoWakeAccess, coordinate existing and new initiatives while addressing the feasibility of incorporating the ADA recommendations (Goals 1.2 and 1.3) outlined in the CPT-HST plan.

The following ADA program components were either noted in the plan as strategies to streamline the ADA policies in the region and to develop a consistent ADA framework for ADA services or initiated after MCC discussions:

Set consistent fare structures, tickets, media, and outlets – **Completed**

In 2018 the region (GoCary, GoDurham, GoRaleigh and GoTriangle) participated in a regional fare integration study resulting in a set of recommendations to develop consistent fare structures that were incorporated by the regional transit providers for fares, pass options, and discount policies for all to be made consistent. The tiered regional fare structure with aligned discount policies, consistent pass options, and fare capping as recommended by the fare integration study and the discount policies were implemented in 2019 including discounts for media and ticket outlets.

The MCC reviewed the recommendations and report and determined the CPT-HST plan strategy was encompassed in this fare study's recommendations and are complete. The ADA subcommittee developed and prepared the attached Close Out Form (Attachment B_ Consistent fare structure) to close out completed goals which will be reviewed during the next CPT-HST plan update in 2023.

*Establish a universal ADA application and eligibility process and develop uniform application materials and process– **To be determined***

The MCC's initial discussions with the transit partners centered around ensuring a consistent application and regional eligibility process rather than developing a universal ADA application. Rationale is the existing jurisdictional applications have very similar and consistent language in each of the applications, but also include important specific information that highlights agencies operational differences. Given the agency applications reference the other regional applications, the agencies in-take processes include interviews and discussions with the applicants, the additional time it would take each agency to make any desired changes to the application, the fact that some agency applications have recently been updated and most applicants are only completing one jurisdiction's application, the MCC members initially recommended closing out this item without creating a universal application, but rather adding shared language to the applications. Members contend that creating a uniform application would not make the process easier or more seamless for potential riders.

However, following the recent initial mobility management implementation study's tentative strategy recommendations and discussion around language streamlining efforts, CAMPO staff has recommended additional committee and mobility management consultant discussions regarding the application for the regional mobility management program. The MCC/CAMPO will engage the consultant on this topic as we proceed with the mobility management program development.

*Joint contracting for functional assessments- **Completed***

The City of Raleigh has added language in their 2020 service contract to allow for additional functional assessments for ADA applicants for the region. Transit Partner agencies can now participate and provide the same eligibility assessments for ADA service as GoRaleigh. See the attached Close Out Form (Attachment C.)

*Regional ADA Gap Methodology and service map – **Completed***

GoRaleigh and CAMPO staff prepared a regional ADA service map that outlines the gaps beyond traditional ADA service areas. Since the implementation of the Wake Transit Plan and recent growing fixed route service areas, GoRaleighAccess and other provider's complementary paratransit service supports a growing service area. The boundary of a paratransit service is defined by a "3/4" mile buffer of the fixed route, but the reshaping and growth of the Access program service area has also created gaps along the outer limits and in between currently identified Access service areas. The MCC works to identify and monitor these ADA service gaps. Raleigh staff determined that geographic attributes, such as roads and highways, were the best means to create and set micro-gap boundaries and developed a consistent methodology policy that could be used to consistently define ADA service beyond the ¾ mile. Raleigh staff as part of the MCC created a regional ADA Gap Methodology, adopted it in their ADA Plan and shared with the other providers. (See Attachment D Close out form- Gap Methodology)

An ADA Gap map of the Wake/Raleigh area was also created. GoTriangle elected not to adopt the gap methodology at this time due to the linear nature of their service. GoCary has agreed to review their ADA access area using the methodology but has not formally adopted the methodology at this time. The agencies and the MCC will continue to follow the ADA gaps and revisit this item as needed. See Close Out Form (Attachment E).

Coordinated and consistent no show/late cancellation policies – In progress/to be determined

GoRaleigh and GoTriangle have similar operational parameters with consistent no show/late cancellation policies while GoCary's program has the three Tier service levels. Discussion have evolved around GoCary and GoTriangle opportunities to coordinate some services so policies could be more consistent regionally. Discussions between GoCary and GoTriangle staff are scheduled to be restarted in earnest in FY 23 following the COVID crisis and new recent staff hires. Pending these discussions, the MCC will revisit further discussions on coordinating all of the regional agencies no show and late cancellation policies.

Consistent ticketing technology – To be determined

The city of Raleigh and GoTriangle completed an ILA following the Fare Integration Study. The MCC will re-examine this item in FY 23.

Incorporating standardized policies into ADA Plans- To be determined

This item is pending standard discussions with GoCary and GoTriangle and then the ADA sub-committee working group..

Creating a Single User Guide – To be determined

This item is pending further discussions after the mobility management program's structure is determined and implementation agreed to.

Goal 1.3 Coordinate the management and delivery of ADA services – In Progress

The CPT-HST plan recommends three initiatives to help coordinate the management and delivery of ADA services. Recommendations include: • Create a centralized or inter-operable call center scheduling and dispatching service. • Explore opportunities to use a common scheduling software. • Develop Wake County travel training program to encourage use of the fixed-route network.

MCC discussions included providing all regional call centers the same unified script for all agency customers and potentially providing one call center for a mobility manager. GoRaleigh/GoWakeAccess pending a unified operations/maintenance facility, is scheduled to house combined space for call center staff from both agencies. In addition, with GoRaleigh and GoWakeAccess planning on sharing a single service provider contractor, opportunities to use common scheduling software increase for the region. As these projects are further planned and advanced, the MCC will continue discussions and collaborations.

For the ADA program, it should be noted the ongoing mobility management implementation study and its recommendations is not expected to directly impact Wake County ADA services and there is no direct overlap of the ADA sub-committee goals. There is some correlation between the committee's and the study's initial strategies that are in discussion.

Both work products may include advancing similar coordinating and collaborative strategies. The MCC, MMIS Technical Steering Committee and consultants will continue this discussion in parallel as the study participants complete Phase I of the mobility management study.

Goal 1.4 Support and Monitor ongoing changes in the State’s Medicaid program – Completed/on - going

The MCC CT Subcommittee, chaired by GoWakeAccess and co-chaired by JCATS, has taken the lead on completing Goals 1.4, 1.5, 1.6 and 2.1. For Goal 1.4, the CPT-HST plan recommends the MCC work with agencies and associations, including NCDOT and the North Carolina Public Transportation Association (NCPTA) by participating in established working groups that monitor Medicaid transportation both the national and the local experience. The MCC is also charged with developing plans and analyzing datasets to fully prepare the region for future changes in the NEMT services.

Medicaid is transforming to the broker model to ensure that North Carolinians can continue to access critical state-funded health services and improve the delivery of state-funded services. In February 2019, the NC Department of Health, and Human Services (NCDHHS) selected five health plans as part of the Medicaid Transformation transition. Key partners emerged including the NCPTA, NC DOT, NCDHHS, Medicaid providers and other key stakeholders to ensure Medicaid transportation needs are conducted in a safe and cost-effective way providing guidance to system members and transportation brokers.

MCC member agencies (GoWakeAccess, GoTriangle, GoRaleigh, GoCary, JCATS, KARTS, HARTS) are funding agencies of NCDOT and member agencies of NCPTA participate in the planning for NEMT transformation. On July 1st, 2021, the phased implementation launch occurred. During the MCC short term the agencies have been adjusting to the changes, participating in roundtable discussions, and providing feedback to key agencies. MCC CT Sub-committee co-chair JCATS, Executive Director, also serves as a NCPTA Board of Director providing input and leadership to minimize impact to the provider customers. He regularly provides updates to the MCC on NEMT leadership activities and direct impact to the systems. The transit provider agencies work together to provide input to help stabilize the new broker transportation model and address issues as they arise.

According to the NCPTA’s December 10, 2021, membership letter updating NEMT progress since the July 1, 2021, launch, NEMT has cleared a number of roadblocks that affect the agencies, including:

- NCPTA transit systems have become first-choice providers for four of the five health plans since the July 1st broker launch.
- NCPTA’s collaborative efforts have culminated in rewritten “public-transit” versions of both brokers’ agreements.
- Removal of liquidated damages from contract language.
- Removal of requirement for broker to be additional insured on auto policy and replaced insurance requirement with compliance to NC Medicaid NEMT policy guide
- Removal of non-compete clause in agreements.
- Added language to ensure public transit systems to continue coordinated trips.
- Provider credentialing through NCDHHS instead of broker.
- Provider Manual requirements for credentialing, driver standards, and vehicle standards superseded by contract language referencing credentialing.
- Replaced submission of compliance documentation to broker with annual attestation by transit system to broker to prove compliance with NCDOT Business Guide/FTA requirements.
- Removed indemnification or added reciprocal indemnification language for transit systems.

In January 2021, NCDHHS updated its policy guidance to reduce administrative burden regarding credentials, driver standards, and vehicle standards already covered by NCDOT and FTA. The agency increased long distance, coordinated, multi-loaded trips from a one hour to two-hour drop-off and pick-up window.

NCDOT/Integrated Mobility Division streamlined language for NCDHHS to reduce administrative burden from brokers regarding transit credentials already covered by NCDOT and FTA, updated NEMT-related items in its Business Guide and prepared a rate conversion tool to assist system members with calculations of billing rates for the new broker models. NCPTA is partnering with ITRE and NCDOT/IMD to gather relevant public transit data to evaluate the newly launched transportation model.

While a number of negative barriers to make the transformation successful have been overcome, reportedly the overall impact to rural transportation has not been without concern as the rural public trips are not prioritized. Agencies are in discussions and are collaborating to determine the best way to improve this negative impact to persons in the region just looking for general purpose trips.

Wake County is expected to be phased into Medicaid transformation in FY 23, Wake, the agencies and MCC are participating in discussions to ensure the impact to Wake is minimized. The MCC is monitoring the program's existing impact to JCATS, KARTS and HARTS and will be proceeding with reviewing the impact to operations.

Goal 1.5 Transition rural transportation programs into a mobility management framework/
Develop a Mobility Management Approach – In Progress

The plan identified a clear need to connect Wake and Johnston Counties rural communities with employment, service, and education by increasing information about available services and building a broader coalition with human services agencies. The MCC is a successful forum to discuss opportunities to oversee the implementation of new services and identify opportunities to coordinate services in rural areas. The MCC is helping build infrastructure for mobility management through sharing of information improved data collection, travel training, and work with GoWake Access Transit Advisory Board (TAB), the Regional Centers in Wake County, and the Johnston County TAB. To date, the MCC has increased human service agencies participation in the MCC by actively recruiting and reaching out to these agencies and TABs whose participants advocate for transportation services for the elderly, low income and disabled. These efforts are on-going and are expected to be coordinated with the strategies recommended by the mobility management implementation study at its 2023 conclusion.

The MCC, particularly GoWakeAccess and JCATS, are poised at the end of July to participate in study focus groups through the MMIS to help look for cost effective ways to increase information about the availability of service. The MCC is reviewing the ways in which information is provided to stakeholders and individuals and developing a strategy to improve communication overall.

The MCC is also examining the feasibility of a social pinpoint data collection pilot program with the Wake Regional Centers aimed at gathering and sharing key data and also providing outreach assistance to keep them and their clients informed of relevant transit projects, including implementation of new services but also capital projects, such as park and ride lots, transit centers and bus stop improvements. The goal is to obtain/give direct information from/to the center's clients and underserved populations.

As part of the 5310 program and others, the MCC is continuing its efforts to examine how to expand travel training programs to learn about navigating fixed route and focusing on rural transportation and people that are receiving transit for the first time like Holly Springs, Rolesville, Garner and Morrisville.

GoWake Access/Wake County measures, tracks, and reports transportation demand in rural communities, including trip assignments, requests, denials, and costs, but along with the MCC will be examining data of the new initiatives and services in more detail with a broader group of stakeholders. We are sharing information between agencies and this will continue to improve communication between urban and rural transit providers.

Goal 1.6 Develop a Mobility Management Program – In Progress

Development of a Mobility Management Program (MMP) goal has been assigned to the MCC's CT sub-committee and is in progress. Agency funding partners Wake County, the City of Raleigh, the town of Cary and CAMPO, as previously mentioned, have partnered to complete a two-year Mobility Management Implementation Study scheduled to conclude June 30, 2023. Consultant's Nelson Nygaard with PPP is leading the effort supported by the MCC and a technical steering committee made up of over 20 regional, jurisdictional/agency stakeholder members. The study is designed to help the MCC/agencies develop a successful mobility management program that primarily benefits rural agencies per the CPT-HST plan's recommendation.

Key milestones of the study include:

Phase I

Task 1 – Project Management

Task 2 - Review of key state, regional and local studies, and plans

Task 3 - Review existing and planned transportation services and regional programs

Task 4 - Engagement and presentations

Task 5 - Peer review and best practices analysis

Task 6 - Recommended implementation framework and associated transit services impact

Task 7 - Phase I "White Paper" and report

Task 8 – Interagency Participation Agreement

Phase II

Task 9 - Detailed Implementation Strategy

Task 10 – Participant's Operational Review, Analysis and Recommendations

Task 11 - Public Outreach and Engagement Strategy

Task 12 – Study Final Report

The study, including a universal definition of mobility management, was introduced to the CAMPO TCC and Executive Board in March along with the Raleigh City Council, Transit Advisory, and other key stakeholder boards. Presently the consulting team is preparing the recommended Implementation Framework report and meeting with rider and agency helper focus groups. After additional stakeholder's engagement and preparation of a Draft "White Paper", agencies boards will get the chance to determine whether to participate in a regional MMP around the fall of 2022.

Other MCC strategies are being coordinated with the MMIS discussions and recommended strategies. Some of the strategies outlined in the coordinated plan have been identified by the MMIS consultant's as potential strategies to support a regional mobility management program. (i.e., developing a Travel Training program). As with the ADA sub-committee, the CT-sub-committee is working closely with the MMIS consultant to coordinated strategies for all programs. During the mid-term, implementation of a new Mobility Management program is expected the beginning of FY 2023.

Goal 2.1 Develop Emerging Mobility Policy – In Progress

The MCC agencies have begun researching and entering into pilot programs with emerging mobility options including statewide and peer efforts. Partners have entered pilot projects such as, GoWakeAccess' NE Micro transit project with Uber and GoRaleigh' s potential pilot with RouteMatch/Uber. These will be shared at the MCC meetings and incorporated in the discussions as a new mobility management program (MMP) is developed and structured. We will be researching best practices and discussing ways to incorporate new technologies in our changing programs. Once the regional MMP is implemented the coordination of emerging mobility can be more fully discussed and will be addressed considering the new regional programs.

It should be noted, in addition to the MCC's primary responsibilities to implement the above short-term goals, MCC members/agencies staffs are also working to advance agency-specific high priority initiatives and collaborations that support the MCC's overall mission. Many of these initiatives are identified in the coordinated plan, while others are the results of ongoing work and coordination efforts between the jurisdictions/agencies. The MCC member staffs develop, work on and/or support regionally significant projects such as, but not limited to:

Wake County's Northeast Micro transit service study and the GoWake Smart Ride NE pilot- Micro transit is an on-demand service similar to Lyft or Uber that allows users to request same-day service from a pickup location to a specified location. The study area included the towns of Zebulon, Rolesville, Wendell and the surrounding unincorporated areas like Riley Hill, Hopkins, Lizard Lick and Eagle Rock. The goal of the study was to gather data to help successfully launch an on-demand service that provides northeastern Wake County residents with greater access to jobs, school, healthcare, and other essential services. GoWake Smart Ride NE pilot launched March 19, 2022, is a result of the micro transit study and is a free on-demand public transit service that allows riders to schedule same-day trips within the northeastern region of Wake County through a mobile app or phone call. Those in Northeast Wake County can use Smart Ride NE to travel to any location within the designated area.

GoApex /GoCary/GoWakeAccess new transit service – The Town of Apex has partnered with GoCary to provide fixed route service and GoWakeAccess to provide the complementary ADA paratransit service, called GoApex Door to Door beginning July 30, 2022. GoApex Route 1 is free to the public, and provides hourly trips from 6 AM to 10 PM, Monday through Saturday except certain holidays.

Johnston County Area Transit System (JCATS) new maintenance and operations facility building – JCATS, a division of the Community & Senior Services of Johnston County, who provides transportation through contracting with human service agencies and for the general public, developed facility plans and has been seeking federal funds to build a new maintenance facility.

During the short-term period JCATS staff succeeded in obtaining the necessary funding and the groundbreaking for the future site of the JCATS facility in Selma occurred on February 2, 2022. The new facility will allow for better accommodations for riders and drivers. Construction is currently underway with Bobbitt Construction.

JCATS is also expecting to begin a micro transit study in October 2022. Recently, the agency's Board approved funding for a micro transit study for service between Selma and Smithfield.

GoRaleigh/Wake County joint operations/ administrative/maintenance facility –

GoRaleigh and GoWake Access share the former GoRaleigh bus facility for an operations and maintenance facility for their demand response services. As of 2022, GoRaleigh has about 10 ADA vehicles stored at the facility, which also houses 80 GoWake Access vehicles. The two agencies are collaborating on building a new operations and maintenance facility or facility upgrades. The City of Raleigh is the lead agency trying to procure property for the facility. Unfortunately, given the pandemic, rising costs and a volatile real estate market, a purchase has been difficult and delayed, but efforts are ongoing.

GoRaleigh/ Wake County joint provider service contract –

Rather than just continuing the existing contracted management and operation of the County's Wake Coordinated Transportation Services (WCTS) and Rural General Public (RGP) Transportation Services and Raleigh's ADA GoAccess service, the City of Raleigh and Wake County staffs have been working on a combined service agreement for both the fixed route service and the ADA services to further improve regional coordination and collaboration of services in Wake County.

The Raleigh Department of Transportation, a department of the City of Raleigh and Wake County have recently issued, after much negotiating and collaborating, a request for proposals seeking a qualified Contractor/Transit Management Company to provide professional transit management, operations and maintenance services for GoRaleigh, GoRaleigh ACCESS and GoWake ACCESS, the City of Raleigh's Transit and Para-Transit Systems plus the County's Human Service, Rural General Public and ADA demand response provider. The goal is for the winning contractor to provide day to day operations of the GoRaleigh fixed route and ACCESS systems aligning performance indicators of service quality with the agencies priorities of providing safe, convenient, reliable, courteous, efficient, and clean transportation.

The agencies are looking for the new contractor to bring added value in providing insight in maximizing ridership, regional accessibility and the contractor's experience improving service quality and finding ways to increase the operational efficiency of the transportation system. The city and county are looking for a rider - centric and performance-based contractor with valuable insight into industry trends and best practices. Bids are due August 1, 2022, and the initial contract term will be for five years, with the option to extend the contract for two additional one - year periods, for a total contract term of seven years.

GoRaleigh taxi service software collaboration with RouteMatch/Uber –

City of Raleigh staff has been working with RouteMatch/Uber to improve the city's taxi program by piloting a software mobile application. The MCC will continue to work with the City of Raleigh to explore if the taxi program could be expanded regionally.

Agencies staffs use the MCC meetings to share information about and the progress of the projects and to continue coordinating as needed.

Next steps 2023-2025

During the period July 1, 2022, to June 30, 2023, the MCC will continue addressing the outstanding short-term recommendations to close out outstanding goals 1.2, 1.3, 1.5, 1.6 and 2.1. It is anticipated the MCC will look at streamlining park and ride/transfers between rural and urban systems, make recommendations for the facilities, and map transfer points on a universal map to assist agency staff. CAMPO and the partners will complete the MMIS, recommend administrative funding for the MCC and/or mobility management program (MMP) and consider developing a regional travel training program in the MMP work scope. The MCC will review the state Medicaid transformation data for impact to the rural transportation network and make recommendations for policy decisions. Also in the next year, the MCC will begin updating the coordinated plan including the MCC providers and human service agencies for input, update the administrative agreement for the 5310 program between the City of Raleigh and CAMPO and support a call for projects for the federal Section 5310 program.

Upcoming in the mid-term phase (2023 to 2025), the MCC will continue to participate in the stakeholder meetings to evaluate the success of the new NEMT model and to analyze fully and prepare for the long-term impact to Wake County and the rural agencies.

Explore Future Opportunities:

Going forward the MCC will be examining identified service needs, gaps and threats to service, exploring the impacts to newly created initiatives and the future opportunities including, but not limited to, the WT Bus Plan /Bus Stop Improvements program and accessibility, Wake County's changing funding model, CFAP investments in South East Raleigh, new microtransit services/routes, building on Shared Policy and Programs between GoWakeAccess/GoRaleigh, expanding the Taxi Program Model, and potential overlap of the TDM program.

The MCC plans to keep the focus on a combination of data analysis and input and comments from stakeholders, ♣ examine travel across county borders, including between Wake and Durham Counties, but also between Wake and Orange Counties; and Wake and Johnston Counties. ♣ More public transit and human service generally, especially service that is available in the evenings and weekends. ♣ The improved ability to reserve and schedule trips outside of regular business hours and flexibility of scheduling the trips. ♣ improving service information, eligibility and reservation systems. ♣ increasing opportunities to use technology in Wake County's human service transportation network.

The next MCC TCC and Board updates will be at the end of the first quarter of FY 23. For more information about the MCC and its activities see the CAMPO website at:

<https://www.campo-nc.us/about-us/committees/mobility-coordination-committee>

Mobility Coordinating Committee

Date: 3/3/21

Sub Committee Goal/Milestone Sign off sheet

Sub Committee:

ADA Sub-Committee

Goal/Milestone or Task:

1.3 Create Regional ADA Structure/Develop consistent fare structures, ticket media and outlets

Discussion topics
successes and or
challenges:

As part of the Wake Transit Plan, a **Fare Integration Study** was adopted 2018 by the 3 ADA provider agencies (Raleigh/Cary/GoTriangle). This plan recommended changes to the regional fare structures to create a consistent program for the region. Improving Pass distribution, Balancing revenues, improving passenger experience and improving regional coordination were just a few of the goals of this study that has been endorsed by the ADA subcommittee agencies.

Resolution:

Study was completed in November 2018 and endorsed by GoTriangle, GoCary and GoRaleigh by their appropriate boards.

Individual Agency process for resolution

GoCary		Agreement to Adopt and incorporate into appropriate policy or manual.
GoRaleigh		Agreement to Adopt and incorporate into appropriate policy or manual.
GoTriangle		Agreement to Adopt and incorporate into appropriate policy or manual.
GoWake		Not Applicable for this agency.

Mobility Coordinating Committee

Date: 3/3/21

Sub Committee Goal/Milestone Sign off sheet

Sub Committee:

ADA Sub-Committee

Goal/Milestone or Task:

1.2 Create Regional ADA Structure/ Shared Independent

Functional Assessments

**Discussion topics
successes and or
challenges:**

GoRaleigh procured a vendor to manage their ADA Assessments and now has a 5 year contract with an options for 2 additional years. This contract allows for off site testing in portions of western Wake County (location TBD) by other agencies a minimum of 2x's per month. this new contract has an expiration date of June 30, 2025 (plus the 2 year option). All agencies have been made aware of this option to utilize the GoRaleigh contract. to date, no agencies have elected to utilize this option. GoCary and GoWake both handle all of their reviews internally. GoTriangle has their own vendor that provides a very similar service to that of GoRaleigh's new vendor.

Resolution:

An option for agencies to use a similar process for ADA functional testing currently exists via the GoRaleigh contract and will be available to utilize thru June 30, 2025. Agencies would need to coordinate with the GoRaleigh Access program manager to determine how 'cash flow' would be handled if they choose to use this option.

Individual Agency process for resolution

GoCary		Will continue to review and consider, but cannot adopt at this time
GoRaleigh		Agreement to Adopt and incorporate into appropriate policy or manual.
GoTriangle		Will continue to review and consider, but cannot adopt at this time
GoWake		Will continue to review and consider, but cannot adopt at this time

Mobility Coordinating Committee

Date: 3/3/21

Sub Committee Goal/Milestone Sign off sheet

Sub Committee:

ADA Sub-Committee

Goal/Milestone and Task:

1.2 Create consistent regional ADA process & structure/Develop ADA Gap methodology

Provide topic detail and Discussion topics successes and or challenges:

MCC to develop regional language to consistently address gaps in ADA coverage beyond required 3/4 mile. This milestone has been discussed over the last 6 months. GoRaleigh provided text for a gap coverage methodology that has been placed in their ADA program manual and endorsed by the RTA.

Resolution:

GoCary has agreed to the methodology and will be implementing as needed. GoTriangle agrees with the methodology in theory, but cannot implement due to the different nature (more linear) of their services.

Individual Agency process for resolution

GoCary		Agreement to use methodology verbally
GoRaleigh		Agreement to Adopt and incorporate into appropriate policy or manual.
GoTriangle		Will continue to review and consider, but cannot adopt at this time
GoWake		-

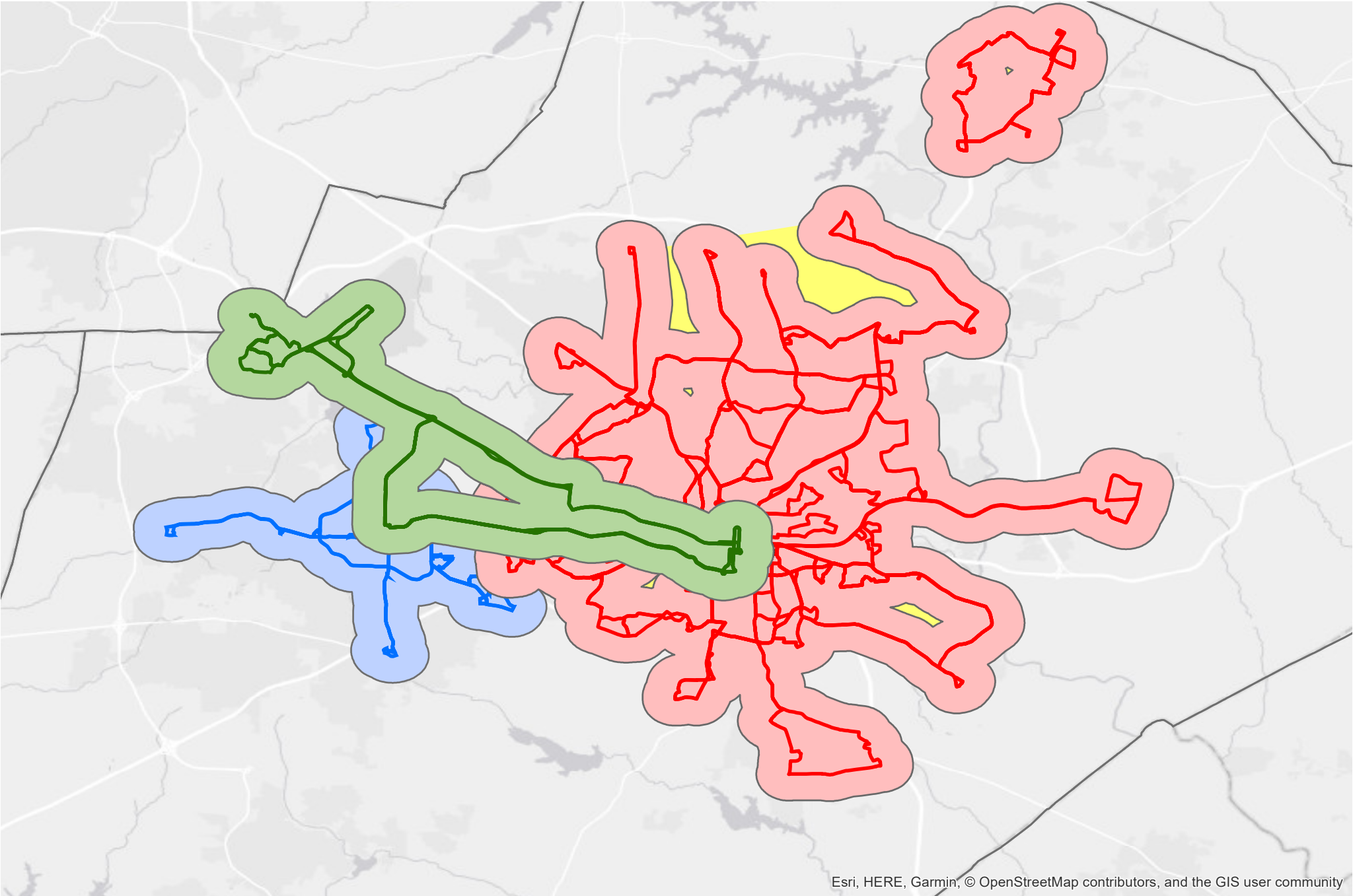
Information below provided by GoTriangle representative, Andrea Neri on Monday April 5th, 2021 via e-mail.

Goal/Milestone or Task:	ADA Service Gap Methodology					
Discussion topics successes and or challenges:		The linear rather than radial shape of GoTriangle fixed-route service creates large gaps that would be difficult to serve without major changes in the financial and operational structure. Also from a customer communication perspective, moving away from the current policy could potentially lead to confusion. For these reasons, GoTriangle prefers to maintain the ¾ mile buffer as the sole criteria of ADA trips eligibility.				

ADA Coverage - Wake County Transit Services

ADA Service Area Overlap for Transit Systems in Wake County

as of November 2019



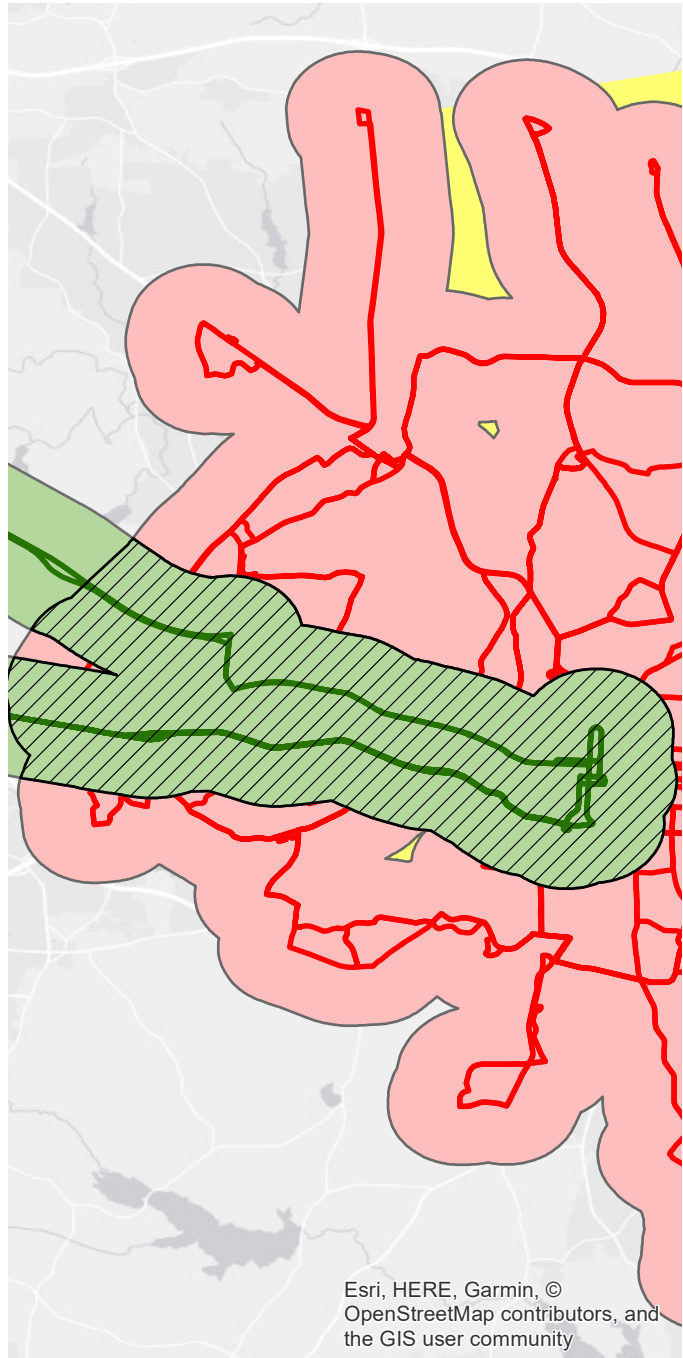
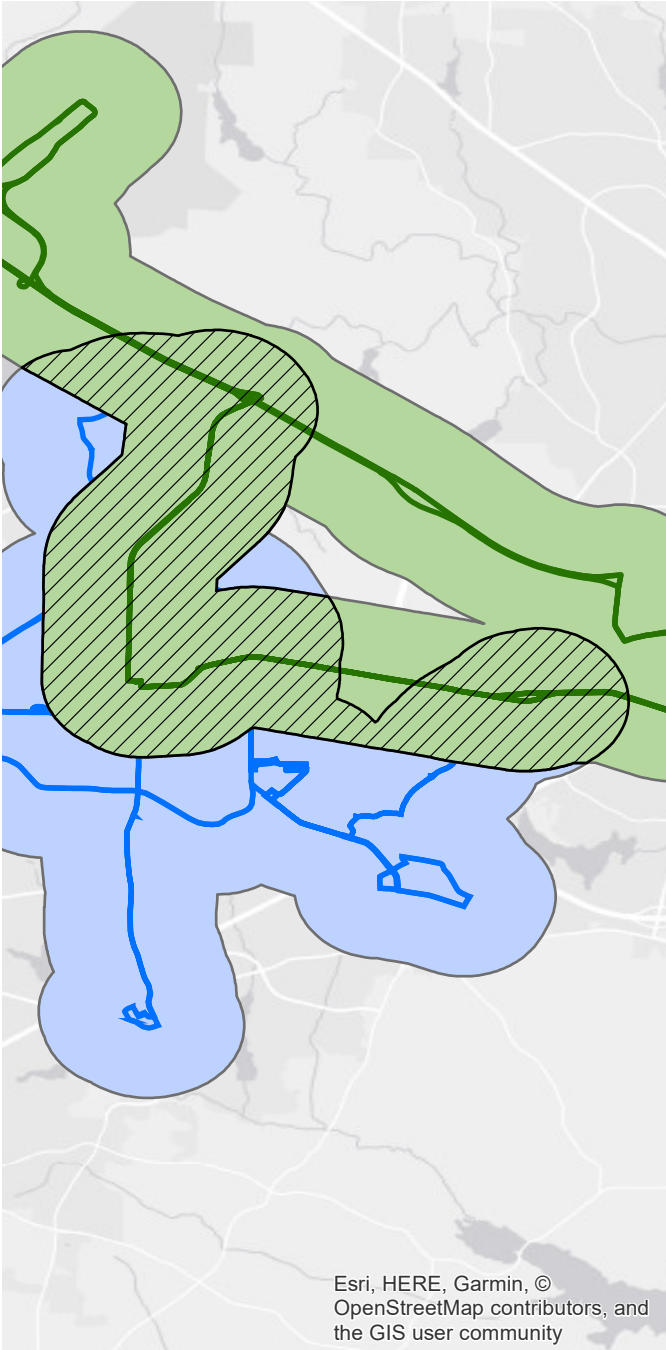
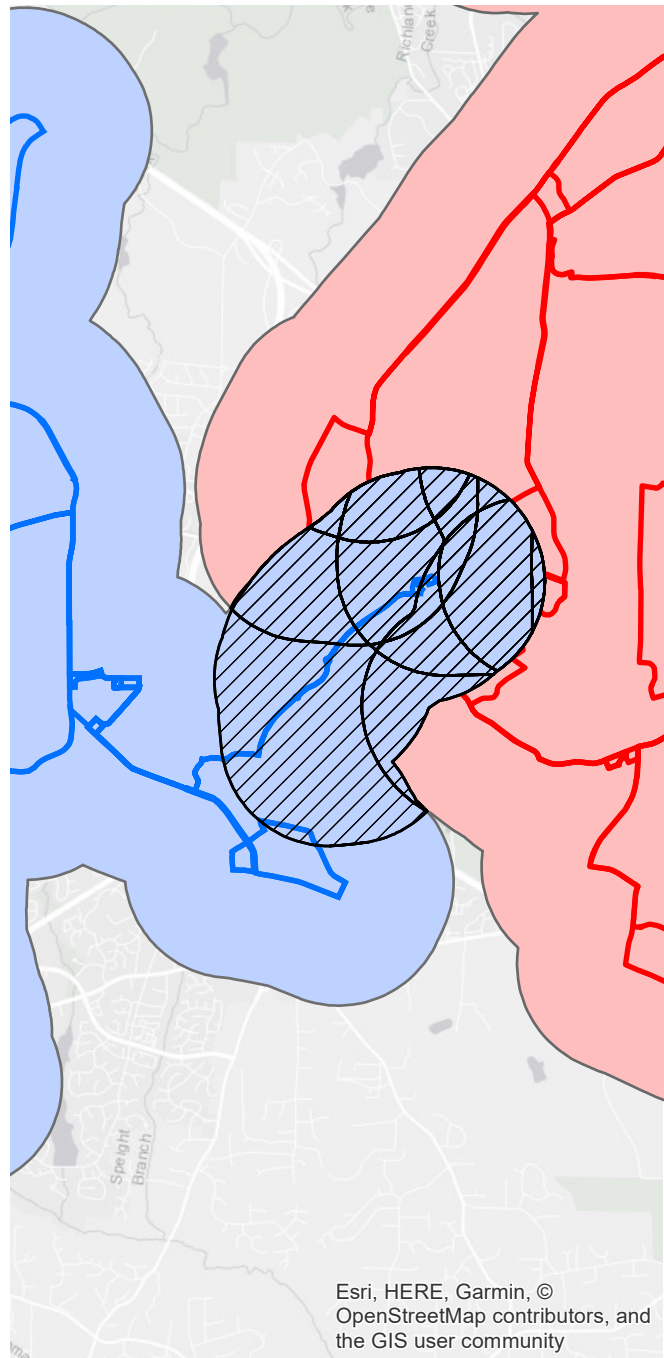
- GoCary Routes
- GoCary ADA Buffer
- GoRaleigh Routes
- GoRaleigh ADA Buffer
- GoTriangle Routes
- GoTriangle ADA Buffer
- Overlapping ADA Buffer Area
- Gap Coverage Area

Map updated November 2019 by City of Raleigh Department of Transportation- Transit Division. This map is provided as a public information resource and geographic representation. Every reasonable effort has been made to assure the validity and quality of this information. This geographic representation is not a legal document and is not intended to be used as such. The City of Raleigh and GoRaleigh Transit System makes no guarantee, express or implied, as to the accuracy, reliability, utility or completeness of this information. In addition, no liability is assumed either for any errors, omissions, or inaccuracies in the information provided regardless of the cause of such or for any decision made, action taken or not taken by the user in reliance upon this map or information provided herein.

ADA Coverage - Wake County Transit Services

ADA Service Area Overlap for Transit Systems in Wake County

as of November 2019

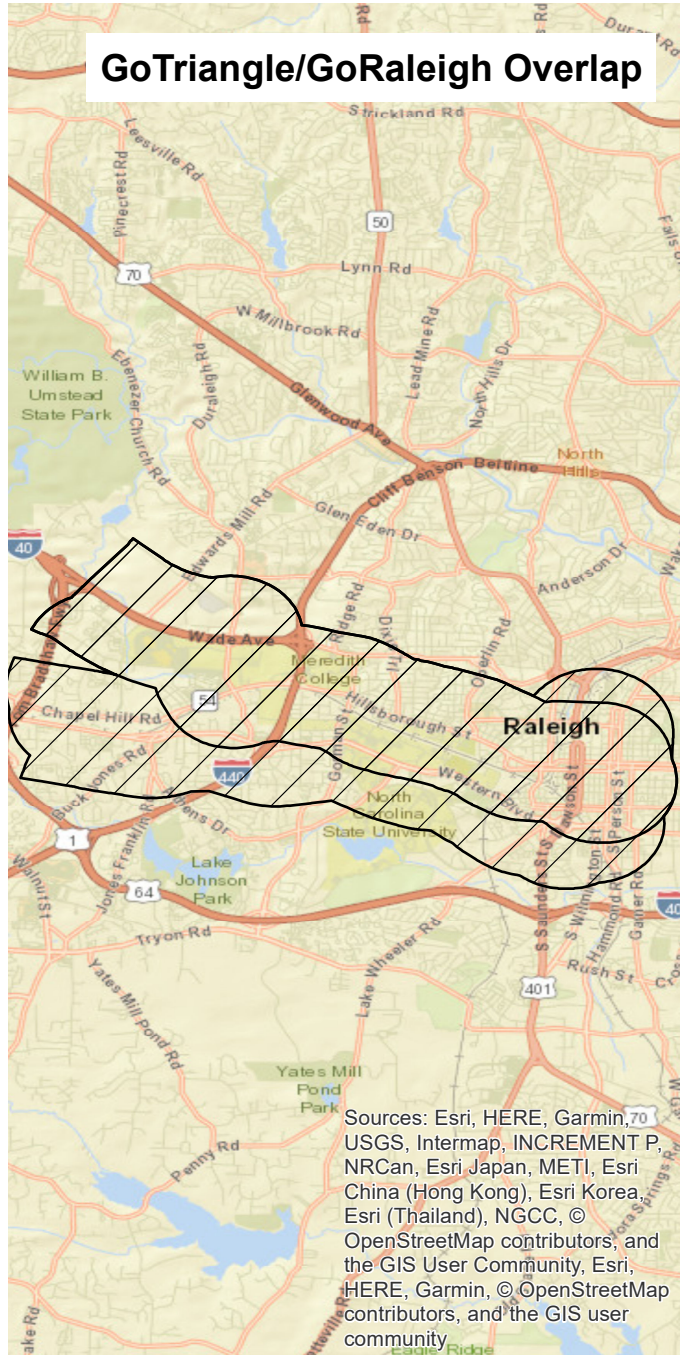
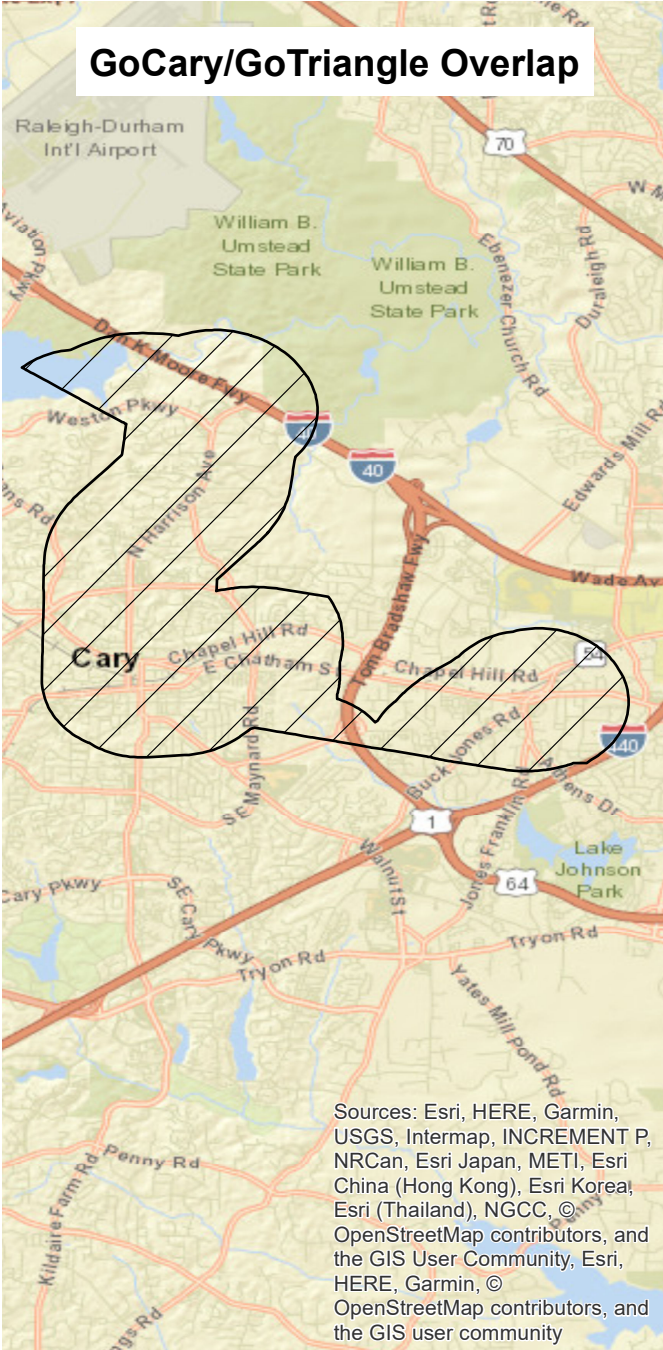
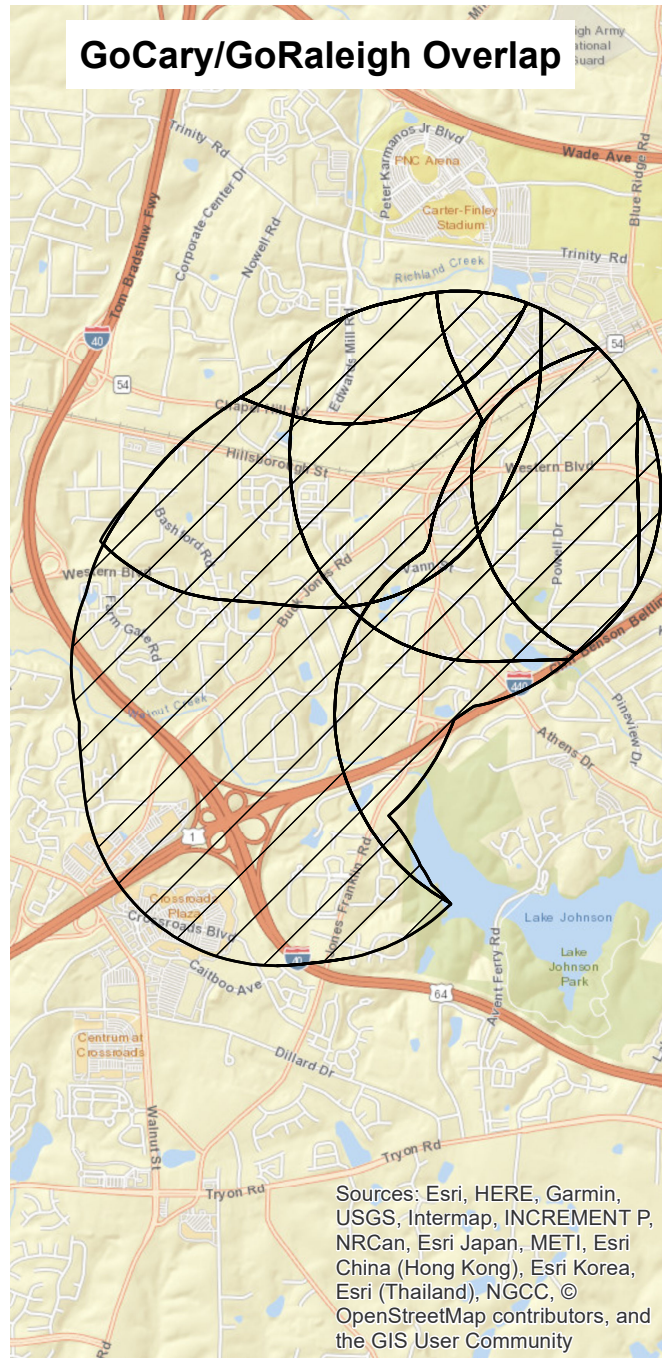


- GoCary Routes
- GoCary ADA Buffer
- GoRaleigh Routes
- GoRaleigh ADA Buffer
- GoTriangle Routes
- GoTriangle ADA Buffer
- Gap Coverage Area
- Overlapping ADA Buffer Area

Map updated November 2019 by City of Raleigh Department of Transportation- Transit Division. This map is provided as a public information resource and geographic representation. Every reasonable effort has been made to assure the validity and quality of this information. This geographic representation is not a legal document and is not intended to be used as such. The City of Raleigh and GoRaleigh Transit System makes no guarantee, express or implied, as to the accuracy, reliability, utility or completeness of this information. In addition, no liability is assumed either for any errors, omissions, or inaccuracies in the information provided regardless of the cause of such or for any decision made, action taken or not taken by the user in reliance upon this map or information provided herein.

ADA Coverage - Wake County Transit Services

ADA Service Area Overlap for Transit Systems in Wake County



- GoCary Routes
- GoCary ADA Buffer
- GoRaleigh Routes
- GoRaleigh ADA Buffer
- GoTriangle Routes
- GoTriangle ADA Buffer
- Overlapping ADA Buffer Area

Map updated November 2019 by City of Raleigh Department of Transportation- Transit Division. This map is provided as a public information resource and geographic representation. Every reasonable effort has been made to assure the validity and quality of this information. This geographic representation is not a legal document and is not intended to be used as such. The City of Raleigh and GoRaleigh Transit System makes no guarantee, express or implied, as to the accuracy, reliability, utility or completeness of this information. In addition, no liability is assumed either for any errors, omissions, or inaccuracies in the information provided regardless of the cause of such or for any decision made, action taken or not taken by the user in reliance upon this map or information provided herein.