



Coordinating Council on Access and Mobility: Industry Update

Date: January 25, 2017, 2:00 - 3:00 pm

Speakers:

- **Marianne Stock:** Rural and Targeted Programs Division Chief, Federal Transit Administration, Department of Transportation
- **Eric Weakly:** Western Branch Chief of the Division of State and Community Systems Development, Substance Abuse and Mental Health Services Administration, Department of Health and Human Services
- **Richard Weaver:** Co-Director, National Center for Mobility Management; Director of Planning, Policy, and Sustainability, American Public Transportation Association
- **Marlene Connor:** Principal, Marlene Connor Associates LLC

Background:

The Coordinating Council on Access and Mobility (CCAM) is a federal interagency council that works to build equal access to coordinated transportation for all Americans by improving the availability, quality, and efficiency of transportation services. The Fixing America's Surface Transportation (FAST) Act directed the CCAM to develop a strategic plan outlining the Council's approach to strengthen interagency collaboration, address outstanding recommendations, and eliminate burdensome regulatory barriers. In response to this requirement, the Council engaged in a strategic planning process informed by agency input, lessons learned, and the evolving transportation needs of the American public.

Purpose:

The National Center for Mobility Management and the Federal Transit Agency hosted a webinar to update the transit industry on the progress of the CCAM and gather industry input on transportation coordination to further inform the development of the CCAM Strategic Framework.

Agenda:

1. **Welcome and Introductions: Richard Weaver, Co-Director, National Center for Mobility Management; Director of Planning, Policy, and Sustainability, American Public Transportation Association**
 - a. This webinar is hosted by the Federal Transit Administration and National Center for Mobility Management (NCMM), a technical assistance center managed by Easterseals, the Community Transportation Association of America (CTAA), and the American Public Transportation Association (APTA). NCMM helps communities adopt transportation strategies and mobility options that empower people to live independently and advance health, economic vitality, self-sufficiency, and community.
 - b. Our first presenter is Marianne Stock from the FTA. Marianne and her team administer grants that enhance mobility for tribes, rural communities, elderly adults, and people with disabilities. Marianne's team also represents the FTA on the CCAM.
2. **Overview of the CCAM and the CCAM Strategic Framework: Marianne Stock, Rural and Targeted Programs Division Chief at the Federal Transit Administration, Department of Transportation**
 - a. Introduction to the CCAM
 - i. Agencies across the Federal Government administer more than eighty programs that are authorized to fund transportation services for individuals with disabilities, older adults, and persons with lower incomes.
 - ii. These transportation services can be costly and fragmented due to inconsistent program rules and a lack of interagency collaboration.
 - iii. The Coordinating Council on Access and Mobility brings together federal agencies that fund transportation to coordinate their efforts and improve the availability, accessibility, and efficiency of transportation for targeted populations.
 - iv. The vision of the Council is to enable equal access to coordinated transportation for all Americans.
 - b. CCAM Organization Structure
 - i. The CCAM is chaired by the Secretary of Transportation or his/her designee.
 - ii. Its members include designated representatives from the Departments of Health and Human Services, Education, Labor, Veterans Affairs, Agriculture, Housing and Urban Development, Interior, and Justice, as well as the Social Security Administration and the National Council on Disability.
 - iii. Like DOT, HHS has many administrations within it, and we have been fortunate to be working with several of them under the CCAM umbrella. These include the Centers for Medicare and Medicaid



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Services (CMS), the Health Resources and Services Administration (HRSA), the Administration for Community Living (ACL), the Substance Abuse and Mental Health Administration (SAMHSA), and the Office of the Assistant Secretary for Health (ASH).

- c. History of the CCAM
 - i. The CCAM was first established in 1986 by the Secretaries of HHS and DOT in response to concerns about the lack of transportation coordination across federal programs.
 - ii. In early 2004, President George W. Bush signed Executive Order 13330, officially establishing the Council and expanding it to its current membership of 11 federal agencies.
 - iii. The Council made important advances in the mid-2000s, including issuing policy statements and launching the “United We Ride” campaign.
 - iv. Following the transition from the Bush to Obama administration in 2009, CCAM activity decreased.
 - v. In December 2015, the Fixing America’s Surface Transportation Act (FAST Act) was enacted. The law has reinvigorated CCAM efforts by directing the Council to develop a strategic plan.
- d. FAST Act Requirements
 - i. The FAST Act directs the CCAM to develop a strategic plan that outlines the roles and responsibilities of CCAM agencies, strengthens interagency collaboration, addresses outstanding recommendations, and proposes changes to Federal laws and regulations.
- e. Planning Meeting Outcomes
 - i. In response to the FAST Act directive, representatives of the Council met on July 21, 2016 to discuss strategic initiatives and set priorities.
 - ii. The CCAM identified the following key themes:
 - 1. Access to Services: Older adults, people with disabilities, and low-income individuals depend on transportation resources to access employment, healthcare, education, and other community services. The CCAM seeks to improve access to these essential services during the life of the FAST Act.
 - 2. Federal Laws and Regulations: Differing eligibility requirements, safety standards, and restrictions across federal programs prevent recipients from operating efficiently and sharing transportation resources. The Council endeavors to minimize program overlap and improve service by streamlining statutes and regulations.
 - 3. Innovation and Technology: As technology continues to advance, the Federal Government will need to anticipate, integrate, and accommodate new transportation innovations. In the coming years, the Council seeks to improve the efficiency and quality of transportation service by incorporating disruptive technologies.
 - iii. The Council used this input to develop the CCAM Strategic Framework.
- f. CCAM Draft Strategic Framework Overview
 - i. The CCAM organized the Strategic Framework around four overarching goals.
 - 1. Improve Access to the Community through Transportation: As we have discussed, many people rely on transportation resources to access the community and many vital services. Personal mobility enriches individuals’ lives and allows them to fully participate in their communities.
 - 2. Enhance Cost-Effectiveness of Coordinated Transportation: The CCAM seeks to improve the cost-effectiveness of coordinated transportation to reduce administrative spending and improve access for targeted populations.
 - 3. Strengthen Interagency Partnerships and Collaboration with State, Local, and Industry Groups: In order to: build upon the Council’s previous success; improve relationships across the cohort of federal partners; and define channels for stakeholder input, internal and external collaboration is critical for the success of the CCAM.
 - 4. Establish Future Models for Coordinated Transportation: In the next four years, the CCAM will develop a suite of transportation coordination solutions and recommendations, ranging from improved technologies to unified policies and procedures. The CCAM plans to combine its solutions and recommendations to establish new models for coordinated transportation delivery.
- g. Strategic Framework Timeline
 - i. To date, we have:
 - 1. Reviewed policy to identify gaps and overlaps in federal programs;
 - 2. Conducted interviews to better understand agency challenges and priorities;
 - 3. Held a Listening Session with state Medicaid directors to gather ideas on improving the provision of NEMT; and



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4. Developed a draft Strategic Framework that addresses FAST Act requirements, outlines the Council's mission and vision, and set goals and objectives for the life of the FAST Act.
- ii. Upcoming activities include:
 1. Hold working groups that will execute on the goals and objectives outlined in the Strategic Framework;
 2. Finalize and publish the CCAM Strategic Framework in May;
 3. Host additional listening session such as this; and
 4. Develop an implementation plan to accompany the CCAM Strategic Framework.
- h. Next Steps
 - i. In the coming months, the CCAM will work to:
 1. Develop a time-phased plan that will outline the implementation of the Strategic Framework;
 2. Establish the CCAM working groups; and
 3. Hold Listening Sessions with additional stakeholder groups, as well as an online dialogue.
 - ii. We will post the meeting minutes from the CCAM Year-End Meeting as well as any additional updates on the CCAM website.

3. Transportation and Behavioral Health: Eric Weakly, Western Branch Chief, Division of State and Community Systems Development, Center for Mental Health Services, SAMHSA

- a. SAMHSA Mission
 - i. SAMHSA 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.
 - ii. Prevention, treatment, and recovery support services for behavioral health are important parts of community health service systems.
 - iii. SAMHSA provides leadership and devotes resources to help the US act on the knowledge that:
 1. Behavioral Health is essential to health
 2. Prevention works
 3. Treatment is effective
 4. People recover from mental and substance use disorders
- b. Transportation Barriers
 - i. The Center for Behavioral Health Statistics and Quality at SAMHSA has indicated that 10% of adults surveyed needed and tried unsuccessfully to obtain transportation to substance use treatment.
 - ii. In the 2011 National Survey of Substance Abuse Treatment Services, 39% of substance abuse treatment facilities reported offering transportation assistance to treatment. Much of this assistance comes in the form of vouchers, but also includes support in locating and accessing transportation.
 - iii. States report various barriers to mental health treatment related to transportation.
 1. There are fewer transportation resources in rural communities.
 2. Many people are not aware of the transportation resources available to them.
- c. What resources are available through SAMHSA?
 - i. Block grants to states for mental health and substance abuse treatment may be used to assist with transportation needs, but funding is limited.
 - ii. The mental health block grant and the substance use block grant are most relevant to transportation services because grantees can use funds for transportation.
 - iii. SAMHSA encourages mental health agencies and single state agencies to coordinate with state transportation agencies and other human services providers in the coordination and provision of transportation services.
- d. SAMHSA's commitment to CCAM
 - i. SAMHSA is committed to working with DOT/FTA and other CCAM federal partners to promote transportation coordination and advance the interests of behavioral health consumers.
 - ii. The CCAM will work together to meet the needs of the American public.
 - iii. There is an opportunity for SAMHSA to work with its CCAM partners to provide technical assistance to states.

4. Industry Survey Results: Rich Weaver, Director of Planning, Policy, and Sustainability, American Public Transportation Authority

- a. Industry Survey
 - i. In advance of this webinar, NCMM issued a brief survey to better understand coordination challenges and opportunities within the transit industry.
 - ii. The results of the survey will help to inform the CCAM's strategic planning process and will be posted on the NCMM website.



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5. Question and Answer

Question	Response
Will APTA members have a chance to provide input to the CCAM work groups?	<ul style="list-style-type: none"> The members of the work groups will be members of CCAM agencies; however, work groups will gather input from external stakeholders and may invite experts to join select meetings. The CCAM work groups have not yet been formed. Check the CCAM website for updates. If you would like to share coordination best practices, please send them to NCMM for inclusion in the best practices database.
How will the Trump Administration impact the CCAM?	<ul style="list-style-type: none"> The CCAM will continue to develop and implement the CCAM Strategic Framework. Members of the new cabinet will sit on the Council and set its priorities.
Did the HHS Inspector General consult the CCAM before issuing the recent ruling on NEMT?	<ul style="list-style-type: none"> The panelists were not aware of an effort by the HHS Inspector General to consult the CCAM on this matter.
The NCMM hosts the mobility management best practices database and is conducting interviews to gather information on coordination best practices. Please continue to reach out to NCMM.	<ul style="list-style-type: none"> All that are interested are encouraged to contribute to the NCMM best practices database.
Has Congress expressed an interest in uniting oversight of all programs that fund transportation under one Congressional committee or subcommittee?	<ul style="list-style-type: none"> Congress expressed an interest in coordination by including the CCAM strategic plan requirement in the FAST Act; however, the Council is not aware of any effort to consolidate Congressional oversight.
Will the CCAM host future forums that will provide opportunities for members of the health and human service industry and the transportation industry to interact?	<ul style="list-style-type: none"> Yes, the CCAM hopes to continue to bring together industry groups to improve coordination.
When will states be required to reestablish a coordinating council on access and mobility?	<ul style="list-style-type: none"> There is no statutory or planned requirement for states to form coordinating councils. However, we will ask the State DOT's for their input on this during the 2/1/17 State DOT CCAM listening session. The input will be shared with the CCAM work groups.
Will the CCAM seek input from patients and customers on the provision of NEMT?	<ul style="list-style-type: none"> Yes, the CCAM will continue to gather input from the consumers of transportation services. In the coming months, the FTA and NCMM will host webinars to gather input from advocacy groups, the public, and users of transportation services.
We need to eliminate the silos between the traditional 5310 projects and the expanded projects. It would be great if projects could come from coordinated plans so that we can move away the 5310 definition. Further, the floor of the 5310 program for capital projects is a challenge if an area is trying to move towards creative ideas. I don't know if transportation network companies (TNCs) will take off, but it would be great to not be pushed into using funds for capital if we need to work with TNCs. Especially if it doesn't make sense for a nonprofit to have that expertise. It would also be helpful if the CCAM could educate state DOTs on the more creative/flexible ways to use 5310 funds.	<ul style="list-style-type: none"> Strengthening coordinated planning is a goal of the CCAM. The 5310 program requires that at least 55% of funding be spent on capital. The 5310 program allows for acquisition of service under a contract, lease, or other arrangement. Both capital and operating costs associated with contracted service are eligible capital expenses. User-side subsidies are considered one form of eligible arrangement. Mobility management is also considered capital. 5310 Fact Sheet: https://www.transit.dot.gov/funding/grants/enhanced-mobility-seniors-disabled-fact-sheet-section-5310
Will copies of this presentation be distributed?	<ul style="list-style-type: none"> Yes, the presentation will be available on the NCMM website (www.nc4mm.org).
Will the CCAM develop performance measures? Will outcomes be evaluated? Will performance be measured on the local level?	<ul style="list-style-type: none"> Yes, the CCAM plans to develop performance measures that will measure the Council's progress towards the achievement of established goals and objectives. The Council will consider measuring performance at the local level.



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<p>The CCAM should consider a consistent way to record dollars spent on transportation. Shifting mobility resources impact every community, and consistent measurement will help to assess the use and impact of transportation spending.</p>	<ul style="list-style-type: none">• The CCAM plans to explore ways for programs to gather and share consistent transportation cost data.
<p>Are you aware of the TRB research around dialysis transportation? Can the CCAM incorporate this into their Strategic Plan?</p>	<ul style="list-style-type: none">• The Council will consider the results of the research.• The HHS Office of the Inspector General recently finalized a rule that permits healthcare providers (including dialysis clinics) to choose to fund local NEMT or shuttle services that go beyond the limits of NEMT.• NCMM will host a webinar on February 21 to discuss the updated rule.• The Community Transportation Association of America published a summary of the HHS rule regarding financial contributions to and provision of NEMT. (http://web1.ctaa.org/webmodules/webarticles/articles/OIG_NEMT_rule.pdf)