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FEDERAL TRANSIT ADMINISTRATION

Annual Report on FAST Act Section 3006(b) Pilot Program for Innovative Coordinated Access and Mobility Fiscal Year 2017

DECEMBER 2017

FTA Report No. 0100
Federal Transit Administration

PREPARED BY

Rural and Targeted Programs Division
Office of Program Management
Federal Transit Administration



U.S. Department of Transportation
Federal Transit Administration

COVER PHOTO

Courtesy of Mass Transportation Authority of Flint, MI

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Metric Conversion Table

SYMBOL	WHEN YOU KNOW	MULTIPLY BY	TO FIND	SYMBOL
LENGTH				
in	inches	25.4	millimeters	mm
ft	feet	0.305	meters	m
yd	yards	0.914	meters	m
mi	miles	1.61	kilometers	km
VOLUME				
fl oz	fluid ounces	29.57	milliliters	mL
gal	gallons	3.785	liter	L
ft³	cubic feet	0.028	cubic meters	m ³
yd³	cubic yards	0.765	cubic meters	m ³
NOTE: volumes greater than 1000 L shall be shown in m ³				
MASS				
oz	ounces	28.35	grams	g
lb	pounds	0.454	kilograms	kg
T	short tons (2000 lb)	0.907	megagrams (or "metric ton")	Mg (or "t")
TEMPERATURE (exact degrees)				
°F	Fahrenheit	5 (F-32)/9 or (F-32)/1.8	Celsius	°C

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ABSTRACT

This report provides an update on projects selected pursuant to FTA's Notice of Funding Opportunity (NOFO) (81 FR 17549) for Section 3006(b) of the Fixing America's Surface Transportation (FAST) Act, Public Law 114-94, Pilot Program, titled "Rides to Wellness Demonstration and Innovative Coordinated Access and Mobility Grants." The primary purpose of these projects is to find and test promising, replicable public transportation health care access solutions that support the goals of increased access to care, development of coordination technology, and reduced health care costs. Rides to Wellness is a Coordinating Council on Access and Mobility (CCAM) initiative that works to build partnerships, stimulate investment, and drive change across the health and transportation sectors to ensure that transportation disadvantaged Americans can access non-emergency medical transportation to the health care services they need. CCAM is a federal interagency council established by Executive Order 13330 49 U.S.C. 101 note.

EXECUTIVE SUMMARY

Section 3006(b) of the Fixing America's Surface Transportation (FAST) Act, Pub. L. 114-94, created the new Pilot Program for Innovative Coordinated Access and Mobility (ICAM). ICAM funds must be used for capital projects to improve the coordination of non-emergency medical transportation for persons who are transportation disadvantaged. Funding, which is intended for organizations that focus on coordinated transportation solutions, was authorized for \$2 million in Fiscal Year (FY) 2016 and will increase incrementally each year to \$3.5 million in FY 2019 and FY 2020.

In FY 2016, FTA issued a Notice of Funding Opportunity (NOFO) (81 FR 17549) for "Rides to Wellness Demonstration and Innovative Coordinated Access and Mobility Grants" (R2W Demonstration Grants), to be funded using Section 3006(b) funds as well as 49 USC 5312 Public Transportation Innovation funds. FTA received 78 project proposals from 34 states, requesting a total of \$28 million. In FY 2016, FTA selected 19 R2W Demonstration Grant projects—totaling \$7,211,518—to assist in financing innovative projects for persons who are transportation disadvantaged.

Of the 19 R2W grants, 11 capital-only projects are funded under the FAST Act Section 3006(b) Pilot Program for Innovative Coordinated Access and Mobility Grants. This report presents these 11 projects.

The 8 remaining projects, which include operating assistance as demonstrations, were funded through 49 U.S.C. 5312 (Section 5312) in the amount of \$2,865,233. An annual report on Section 5312, FTA FY 2017 Public Transportation Innovation Research Projects, captures these 8 projects in the CCAM Rides to Wellness Initiative section and will be publicly available on FTA's Reports and Publications webpage in 2018. Project implementation for all 19 awards began in the fall of 2017.

Selected projects are diverse and pilot innovative concepts. They will improve the coordination of non-emergency medical transportation and collect data to prove the value of linking transportation options with medical appointments. The projects will assess new technology innovations, pilot more efficient ways to schedule rides, and deploy real-world solutions for coordinating trips. They will also collect data for performance measures related to the following three goals: increased access to care, improved health outcomes, and reduced costs.

FTA's selected projects include:

- development of travel navigator and mobility management coordination programs
- embedding transportation networks into hospital discharge planning
- development of software interfaces that connect medical scheduling programs and transit schedules to generate real-time transit travel times and costs for use by health care schedulers and patients

- development of rural volunteer-based transit services to improve the coordination of non-emergency medical transportation
- establishment of One-Call/One-Click Centers to expand access for patients at risk of re-hospitalization, targeting areas affected by disproportionately low numbers of health care providers
- implementation of new technology solutions that analyze routing and dispatching among providers to integrate rides, enabling both public and private entities to bid on demand response, long-term, and shared-ride contracts to maximize efficiency
- development of training programs for low-income, high-risk pregnant women and mothers of high-risk infants to help them use the public transportation system for health care appointments
- training of public information and health care staff who will act as mobility managers to help patients utilize transportation

SECTION

1

Legislative Background

Section 3006(b) of the FAST Act, Pub. L. 114-94, created the new Pilot Program for Innovative Coordinated Access and Mobility (ICAM). ICAM funds must be used for capital projects to improve the coordination of non-emergency medical transportation for persons who are transportation disadvantaged. Funding, which is intended for organizations that focus on coordinated transportation solutions, was authorized for \$2 million in FY 2016 and will increase incrementally each year to \$3.5 million in FY 2019 and FY 2020. A summary of the program funding is shown in Table 1.

Table 1
*ICAM Funding,
FY 2016-2020*

	FY 2016 (mil \$)	FY 2017 (mil \$)	FY 2018 (mil \$)	FY 2019 (mil \$)	FY 2020 (mil \$)
Competitive ICAM Pilot Program	2.00	3.00	3.25	3.50	3.50

Additionally, Section 3006(b) requires that

The Secretary shall make publicly available an annual report on the pilot program carried out under this subsection for each fiscal year, not later than December 31 of the calendar year in which that fiscal year ends. The report shall include a detailed description of the activities carried out under the pilot program and an evaluation of the program, including an evaluation of the performance measures described in paragraph (3)(D).

In accordance with Section 3006(b)(3)(D), each applicant was to identify specific performance measures the eligible project will use to quantify actual outcomes against expected outcomes. The performance measures as identified by applicants are included in the table at the end of this report.

Program Background

On March 29, 2016, FTA published a Notice of Funding Opportunity (NOFO) (81 FR 17549) to announce the availability of funding for the FAST Act Section 3006(b) Pilot Program titled “Rides to Wellness Demonstration and Innovative Coordinated Access and Mobility Grants” (R2W Demonstration Grants). Two funding sources support the NOFO: 3006(b) of the FAST Act, which funds eligible capital projects, and 49 U.S.C. 5312 Public Transportation Innovation (Section 5312), which funds projects that include operating expenses.

On September 16, 2016, FTA announced the selected projects with a total of \$7,211,518 in funding: \$4,346,285 for 11 grants funding capital-only projects eligible under Section 3006(b) of the FAST Act, and \$2,865,233 million for 8 projects that include operating expenses eligible under Section 5312. These program funds will provide financial assistance to test promising concepts that will:

- develop replicable, innovative, and sustainable solutions to health care access challenges
- foster local partnerships among health, transportation, home, and community-based services and other sectors to collaboratively develop and support solutions that increase health care access
- demonstrate the impact of transportation solutions to improve access to health care and health outcomes and to reduce costs to the health care and transportation sectors

Eligible applicants included States, Tribes, and Designated or Direct Recipients for FTA funds under 49 U.S.C. 5310 Formula Grants for the Enhanced Mobility of Seniors and Individuals with Disabilities. Each applicant had to serve as the lead agency of a local consortium that included stakeholders from the transportation, health care, and human services industries, as well as other sectors. Members of the consortium were eligible to receive funds as subrecipients. Applicants were required to demonstrate that they had planned the proposed projects through an inclusive process, with the involvement of the transportation, health care, and human-services industries.

Innovative projects for persons who are transportation disadvantaged that improve the coordination of transportation services and non-emergency medical transportation services were eligible for funding. This includes projects to deploy coordination technology, increase access to community One-Call/One-Click Centers, and improve mobility management, health and transportation provider partnerships, and the use of technology and other actions that drive change.

The R2W Demonstration Grants are 18-month projects that began implementation in 2017. Each grantee must submit a detailed final report of its results to FTA within 90 days of project completion. As grantees complete these projects and submit reports, FTA will perform a comprehensive evaluation of the outcomes and impacts of each of the grant projects and include its findings in future reports.

Historically-disadvantaged populations face many challenges to maintain optimal health. The R2W Demonstration Grants will establish ways to overcome barriers to essential services by leveraging diverse partnerships. Through community partnerships that break down industry silos, these projects will provide a framework to improve the health of transportation disadvantaged Americans. This program will develop replicable and sustainable solutions to health care access challenges and bring about fundamental change.

Program Evaluation

FTA selected projects based on the Rides to Wellness goals of increased access to care, improved health outcomes, and reduced health care costs. The benefits identified in the selected projects will be evaluated at the individual and local health and transportation provider levels. Selected projects must provide data illustrating the program impact during and at the conclusion of the pilot projects. Applicants were aware that independent evaluations of the grant would occur at various points in the deployment process.

The Center for Urban Transportation Research (CUTR) at the University of South Florida is currently performing an independent evaluation (including performance measures) of all 19 R2W Demonstration Grants. The evaluations began on May 15, 2017, and a final evaluation report is due to FTA in 2018. Future Section 3006(b) annual reports will discuss the findings.

CUTR began providing evaluation support through:

- Kick-off meeting at FTA on February 14, 2017
- Webinar on April 6, 2017, with all 19 grantees to explain the purpose, expectations, and resources available (webinar recording available through Adobe Connect)
- One-hour evaluation interviews conducted from May–July 2017 with each grantee
- Catalog of performance measures drafted August–October 2017

SECTION

4

Selected Projects

FTA announced the 19 selected R2W Demonstration Grants in the Federal Register (81 FR 79086) on November 10, 2016. Project deployment began in 2017. See Figure 1 for a map of the states that received the II FAST Act Section 3006(b) ICAM grants. Some states have multiple projects targeting different parts and populations within the state.

All II grant project sponsors are contributing at least the required 20% local share. Each project will provide a final report to FTA within 90 days of project completion. The reports will present an evaluation of outcomes and impacts of the projects, and FTA will summarize results in future Section 3006(b) annual reports.

Figure 1
*States with Active
Capital-Only R2W
Demonstration Grants*

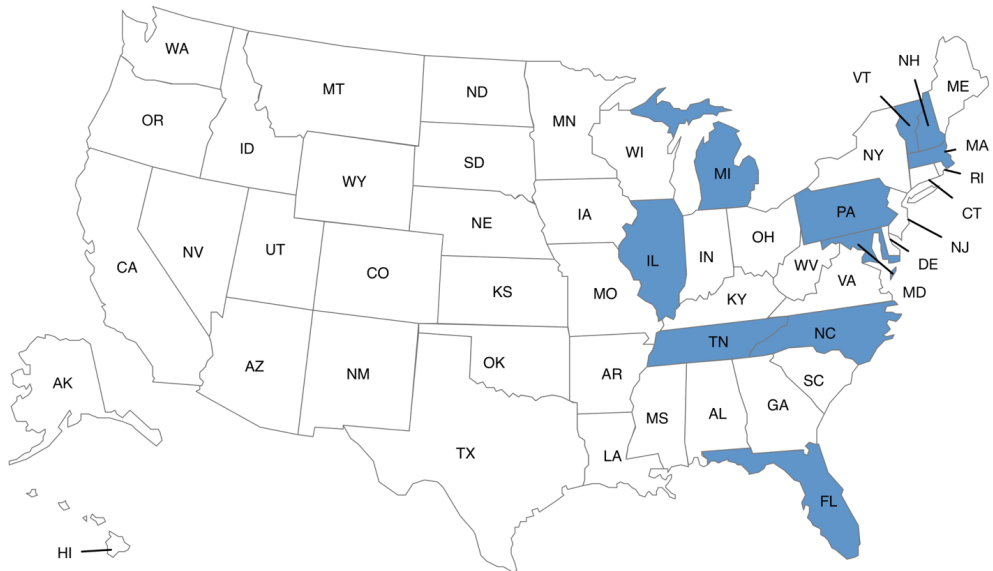


Table 2

Rides to Wellness Pilot Program FY 2016 and FY 2017 Grants

State	Project Sponsor/Title	Project Description	Performance Measures *	Partners
FL	Jacksonville Transportation Authority – I-Click to Wellness	The Jacksonville Transportation Authority received \$399,200 to develop a software interface connecting medical scheduling programs and transit schedules to estimate transit travel times and costs for health care receptionists and patients as they choose appointments. The project aims to improve health outcomes by connecting patient appointments with transit availability. With the potential to link a large number of health care providers to mobility management nationally, the project will provide pilot data to prove the value of linking transportation options with medical appointments.	Missed appointments (tracked by University of Florida Health)	University of Florida Health, Cambridge Systematics, Smart Transit, Health Planning Council

*Method and frequency of data collection, data sources, and some performance measures still being finalized.

Table 2 (cont.)

Rides to Wellness Pilot Program FY 2016 and FY 2017 Grants

State	Project Sponsor/Title	Project Description	Performance Measures *	Partners
IL	Rides Mass Transit District – Transportation Coordination and Mobility Management for Patients in Southern and Southeastern Illinois	The Rides Mass Transit District received \$518,844 to establish a One-Call/One-Click Center, expand mobility management services for patients at risk of re-hospitalization, and initiate transportation coordination for patients seeking drug-abuse and mental health services in an area with a disproportionately low number of health care providers. The project is intended to close the gap in access to mental health services due to transportation challenges in rural areas and builds on a 2015 FTA-funded R2W Health Care Access Challenge Grant through the National Center for Mobility Management.	<p>The grantee will track the following:</p> <p><i>Increased access to care:</i></p> <ul style="list-style-type: none"> number of trips for patients at risk of re-hospitalization referred to mobility management services and number of trips compared to previous year (transportation providers) surveys of patients, case-coordination staff, and participating behavioral health providers (health providers) <p><i>Improved health outcomes:</i></p> <ul style="list-style-type: none"> surveys of transportation and health providers, patients, and behavioral health providers measuring project effectiveness (transportation and health providers) survey of behavioral health providers measuring reduced costs due to fewer maladies and diseases related to drug abuse and other mental health illness <p><i>Percentage-based comparison:</i></p> <ul style="list-style-type: none"> number of patient re-hospitalizations referred from participating hospitals compared to same hospitals prior to inception of project (health providers) median cost of re-hospitalization for each participating hospital (health providers) reduced re-hospitalization costs calculated by multiplying cost of hospitalization by percentage reduction of re-hospitalizations (health providers) 	MedTrans, Memorial Hospital of Carbondale, Marshall Browning Hospital, Franklin Hospital, Herrin Hospital, Rural Medical Transportation Network of Southern Illinois University School of Medicine-Center for Rural Health & Social Service Development, Rides Mass Transit District with funding from Downstate Operating Assistance Program

*Method and frequency of data collection, data sources, and some performance measures still being finalized.

Table 2 (cont.)*Rides to Wellness Pilot Program FY 2016 and FY 2017 Grants*

State	Project Sponsor/Title	Project Description	Performance Measures *	Partners
MA	Montachusett Regional Transit Authority – Integrating Medicaid Rides with Paratransit and Council on Aging Rides in North Central Massachusetts Region	The Montachusett Regional Transit Authority received \$200,000 to implement technology to analyze routing/ dispatching among several providers to integrate management of rides to health care in western Massachusetts and boost underused fixed route and paratransit services. Software will allow paratransit and Council on Aging systems to bid on demand-response, long-term, and shared-ride contracts so people seeking fixed-route, paratransit, and senior ride services can request additional rides or mix rides to maximize efficiencies. It will also determine if provider has capacity to deliver service.	The grantee will track: <ul style="list-style-type: none"> • data on appointments, including number of missed appointments (health care providers) • data collected by hour for all segments per segment (total vehicle miles, total passenger miles, passenger miles/vehicle mile, passengers/vehicle mile, deadheading miles/ vehicle mile, passenger miles/vehicle mile) (transportation provider) 	Software companies, Ashby, Leominster Council on Aging Center
MD	Maryland Transit Administration – Allegany County Mobility Management Program	The Maryland Transit Administration received \$103,344 to increase capacity of the mobility management program that addresses barriers for low-income individuals in Allegany County in western Maryland who lack reliable access to transportation. The project coordinates and provides transportation to and from non-emergency medical appointments at no cost to the individuals and includes transportation coordination software.	The grantee will track: <ul style="list-style-type: none"> • increase in number of transportation-disadvantaged individuals served (individual/ transportation provider) • increase in number of medical providers referring eligible individuals (individual/ transportation provider/ medical provider) • decrease in number of unmet transportation needs by target population (individual) • reduction in number of Level 1 & 2 emergency department visits (individual/ medical provider) • percent decrease in emergency department visit rate, broken down by diabetes, hypertension, mental health, addictions (individual, medical provider) • decrease in time to assist eligible clients and time needed to schedule transportation services 	Western MD Health System, Tri-State Community Health Center, Allegany Co. Health Department, Core Service Agency

*Method and frequency of data collection, data sources, and some performance measures still being finalized.

Table 2 (cont.)*Rides to Wellness Pilot Program FY 2016 and FY 2017 Grants*

State	Project Sponsor/Title	Project Description	Performance Measures *	Partners
MI	Michigan Department of Transportation – Michigan Access to Wellness Project (MAWP)	The Michigan Department of Transportation received \$1 million to expand brokerage-based program currently available only in certain parts of the State to a statewide model. The program manages and delivers non-emergency medical transportation for older adults, people with low incomes, and people with disabilities, ensuring they have access to non-emergency health care. Coordination software records trips reserved by county in each region based on trip types, procedures, and clinic visits. Local health centers will integrate software and refer clients to service.	<p>The grantee will measure performance by call center data per region via software:</p> <ul style="list-style-type: none"> • number of late/missed trips or cancellations; number of no-shows • number of complaints filed and complaint resolutions • average hold times on calls • number of abandoned calls • average turn time for returning calls • trips reserved by county in each region based on trip types, procedural/clinic visits, trip requests, mental health services <p>The grantee will also track data collected from the Michigan Data Warehouse, a searchable database created to allow the Department of Health and Human Services (DHHS) to track Medicaid claims. With input from stakeholders, MAWP will develop additional performance metrics to evaluate the effectiveness of service providers and how access to health care impacts hospital re-admissions and quality of health. Measurable outcomes will include provider recruitment and collaborations with health care systems and among providers.</p>	Michigan Public Transit Association, MassTrans, Community Transportation Association of America, area health centers

*Method and frequency of data collection, data sources, and some performance measures still being finalized.

Table 2 (cont.)*Rides to Wellness Pilot Program FY 2016 and FY 2017 Grants*

State	Project Sponsor/Title	Project Description	Performance Measures *	Partners
MI	Flint Mass Transportation Authority – MTA Rides to Health and Wellness	The Flint Mass Transportation Authority received \$310,040 to develop mobility-management program, including coordinated non-emergency medical transportation, trip planning, and training. The program will provide rides to wellness appointments for behavioral health patients, dialysis patients, primary/urgent care for families, elderly, and elderly disabled patients in Flint and Genesee County, both impacted by Flint's municipal water crisis. Building on a 2015 FTA-funded Health Care Access Mobility Design Challenge Grant, the project will improve local coordination and access to health care in the community.	The project will track: <ul style="list-style-type: none"> • number of people who access services of Mobility Manager to secure transportation (tracked through software) • number of people who use door-through-door service (tracked through software) • improvement of health care outcomes (survey data) • improved communication between providers and transit (survey data, calls to mobility manager) • decrease in anxiety among riders (survey data) • reduction in missed appointments (targeted survey of providers) • reduction in emergency room visits (targeted survey of providers and riders) • increased access to full-service grocery stores (tracked through trips provided and survey of riders) 	Flint MTA Mobility Managers, Valley Area Agency on Aging, Program for All-Inclusive Care for the Elderly, Genesee Health System, state/local Departments of Health & Human Services, Greater Flint Health Coalition, Michigan Children's Health Access Program, Jewish Community Services

*Method and frequency of data collection, data sources, and some performance measures still being finalized.

Table 2 (cont.)*Rides to Wellness Pilot Program FY 2016 and FY 2017 Grants*

State	Project Sponsor/Title	Project Description	Performance Measures *	Partners
NC	Research Triangle Regional Public Transportation Authority – GoHealth! in Durham County, North Carolina	The Research Triangle Regional Public Transportation Authority received \$65,600 to expand GoTriangle’s Regional Call Center to improve coordinated transit planning and application assistance for paratransit riders who are low income, uninsured, or have mental health special needs. By co-locating paratransit mobility management services with fixed-route mobility management services, the project will increase access to care. The project builds on a 2015 FTA-funded R2W Health Care Access Challenge Grant through the National Center for Mobility Management that tested solutions for transportation for low-income, uninsured, or Medicaid consumers of behavior health care and developed a plan to implement solutions.	The grantee will track the following: <i>Increased access to care:</i> <ul style="list-style-type: none"> kept health care appointments and reasons for missed appointments <i>Improved health outcomes:</i> <ul style="list-style-type: none"> consumer, clinician, and case manager surveys, which will include health-supportive goals such as obtaining prescription medications, attending group meetings, and ease of arranging transportation <i>Reduced health care costs:</i> <ul style="list-style-type: none"> clinician and/or case manager time spent arranging transportation, success rate, and workplace satisfaction length and volume of calls (transit and paratransit providers) number of consumers assisted (transit and paratransit providers) number of paratransit trips provided (transit and paratransit providers) number of trips converted to fixed route (transit/ paratransit providers) 	GoTriangle, GoDurham ACCESS, Durham County Cooperative Extension (Durham County ACCESS), Department of Social Services, Alliance Behavioral Health Care, Carolina Outreach, Duke University Health System, Lincoln Community Health Center, Project Access of Durham County

*Method and frequency of data collection, data sources, and some performance measures still being finalized.

Table 2 (cont.)*Rides to Wellness Pilot Program FY 2016 and FY 2017 Grants*

State	Project Sponsor/Title	Project Description	Performance Measures *	Partners
NH	New Hampshire Department of Transportation – Bridge to Integration	The New Hampshire Department of Transportation received \$182,880 to fund technology that will bridge the gap between Medicaid-funded transportation brokers and New Hampshire DOT's coordination software vendor system. This innovation will be tested at three pilot sites with the goal of increasing access to transportation for health care appointments for Medicaid recipients, older adults, and people with disabilities. Under New Hampshire's managed care model authorized in 2011, all Medicaid populations must be in a managed care program, resulting in an increase in the Medicaid care management population. Partnering with brokers and implementing a coordinated software system will allow more efficient and effective coordination of transportation resources and assets throughout New Hampshire.	Performance measures will be generated by the software, with data collected from the Medicaid broker through ride-sharing component.	New Hampshire DOT, Department of Health & Human Services, Department of Education, Governor's Commission on Disability, New Hampshire Transit Association, Endowment for Health, United Way, Granite State Independent Living, AARP, Easter Seals, Univ. of New Hampshire Institute on Disability, Aeronautics, New Hampshire Department of Transportation, Upper Valley Lake Sunapee Regional Planning Commission, Coordinated Transportation Solutions, Tri-County Community Action Program

*Method and frequency of data collection, data sources, and some performance measures still being finalized.

Table 2 (cont.)*Rides to Wellness Pilot Program FY 2016 and FY 2017 Grants*

State	Project Sponsor/Title	Project Description	Performance Measures*	Partners
PA	Pennsylvania Department of Transportation – Integrated Medical/Transportation Scheduling (IMATS) via FindMyRidePA	The Pennsylvania Department of Transportation received \$1,190,000 to fund a One-Call/One-Click Center and real-time transportation service serving a three-county area in central Pennsylvania. Building off the One-Call/One-Click Center concept developed by the FTA-funded Veterans Transportation and Community Living Initiative project, this project will address the challenge of missed health appointments due to lack of transportation in a targeted community, then be scaled for deployment in other areas of Pennsylvania.	<p>The grantee will track:</p> <ul style="list-style-type: none"> percent of appointment bookings for which transportation options are available, by types of services available percent of no-shows for patients with no transportation intervention (control group) vs. those who received information or booked shared-ride trip predicted health care outcomes based on industry-wide statistics and metrics that link missed appointments to outcomes perceived health care outcomes comparing patients who did and did not receive integrated scheduling services time and effort expended by caregiver scheduling staff variations in all above measured by patient type, condition, health care facility, proximity of patient's residence to facility qualitative data from focus groups and other interviews <p><i>Reduction in health care costs:</i></p> <ul style="list-style-type: none"> grantee estimates yearly loss of about \$1.8 million due to missed appointments because of transportation issues; the project will use specific performance measures to quantify actual outcomes against expected outcomes to test the impact of effective non-emergency medical transportation on health care costs 	Keystone Health, Family Health, Smart Transit, rabbittransit

*Method and frequency of data collection, data sources, and some performance measures still being finalized.

Table 2 (cont.)*Rides to Wellness Pilot Program FY 2016 and FY 2017 Grants*

State	Project Sponsor/Title	Project Description	Performance Measures *	Partners
TN	Knoxville Area Transit (KAT) – Rides to Wellness, Knoxville, Tennessee	The Knoxville Area Transit (KAT) received \$200,000 to expand the 2-1-1 call center as a single point of entry for older adults and people with disabilities to access transit to health care facilities in the region. The project will improve local coordination and access in the community and train public information staff, health care providers, and residents on how to use KAT buses.	Specific measures under final development with project partners.	Cherokee Health Systems, Knox County Health Department, Knoxville Regional Transportation Planning Organization
VT	Vermont Agency of Transportation – Improved Access to Health Care through Community Transit	The Vermont Agency of Transportation received \$170,000 to develop a program to train staff at Community Health Services to act as mobility managers to help individuals in Ascutney, Windsor, and St. Johnsbury regions of Vermont schedule and attend medical appointments. The project will lead to better health outcomes, reduction in missed appointments, and a reduction in use of emergency services for routine medical care. Modeled on a program in another region of Vermont, this project will train mobility managers to help patients, medical providers, and social service agencies identify individuals most at risk and to provide alternative transportation options via local transit providers.	The grantee will track: <ul style="list-style-type: none"> • number of and percent of no-shows (health providers) • percent of compliance for certain chronic illnesses that are appointment heavy (individual surveys and health providers) • ranking of transportation barriers on community health assessment and change in those barriers (individual surveys) • total cost of care (health providers) • total number of well visits (health providers) • number of emergency department visits, excluding trauma (health providers) • number of ambulance trips (health providers) 	Vermont Agency of Transportation, local transit providers

*Method and frequency of data collection, data sources, and some performance measures still being finalized.



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